

Suggested EFT Protocol for Research Purposes

I. Why a Research Protocol is Needed

Legal Disclaimer: Emotional Freedom Techniques and EFT are registered trademarks of Gary Craig. This EFT research oriented protocol is provided as a good faith effort to provide researchers with a standard to conduct research. It represents the ideas of the ACEP Research Committee and does not necessarily represent the complete, standardized EFT training offered at <http://www.emofree.com>.”

Since EFT was introduced in the mid 1990s by Gary Craig, there has been little or no change in its **general** nature. Within this general framework, however, many minor variations have evolved. This can be seen in Craig’s instructional DVDs over the years. In addition, many clinicians report variations in the ways in which each chooses to apply EFT in his/her clinical practice. For clinical work, in our view, such variation is fine. We believe that EFT produces such robust effects that such variation would not in any noticeable way attenuate its effectiveness. (In fact, some variations may enhance effectiveness.)

When it comes to conducting research, however, such variation does pose problems. First, unless the EFT method is similar across studies, critics can challenge attempts to combine results from different studies in a meta-analysis. Second, when researchers simply refer to Craig’s EFT Manuals or DVDs as a source of their EFT methodology, some ambiguity arises since within Craig’s materials there are variations. These variations are perfectly reasonable for clinical training and practice (and Craig’s materials are clearly aimed at clinical training and practice), but such variation can be problematic when conducting a series of research studies. Third, sorting through the various clinical variations requires considerable clinical skills and training. This complexity could discourage young researchers such as graduate students and others who don’t have extensive clinical experience. We have therefore concluded that, **for research purposes only**, there is a need for a standardized EFT research protocol.

Recently, Craig has been teaching that EFT is less effective if the person doing the intervention does not get to the core issue (see his recent DVDs). We think this view is correct. We also think that if a researcher is not sufficiently skilled, clinically, to get at a core issue, EFT is still robust enough that statistically significant and clinically meaningful progress will be observed in a study that restricts its focus to incidents and aspects, as described below. Of course, if the person/people doing the interventions are skilled clinicians and can also get to core issues, even better results should be observed.

The ACEP Research Committee believes that one of Craig’s suggested shortcut protocols would be preferred for a number of problems that would be encountered in research. Issues such as fears, anxiety, phobias and other specific discrete problems could be addressed with this protocol. This protocol could also be used for improved performance, such as athletic performance.

Previous research and thousands of case studies indicate that a short form of EFT can produce measurable, statistically significant results for the types of problems as described. We do not deny that using a longer procedure might produce somewhat better results, but it is not needed to get statistical or clinical significance.

Craig's book, *The EFT Manual*, can be used as a treatment manual for clinical and research purposes. To standardize the protocol for research purposes, we suggest using one of the shortcuts recommended by Craig – eliminating the 9 gamut procedure and the sequence that follows the procedure. (Note: Craig does not state that the sequence following the 9 gamut should be eliminated along with the 9 gamut. However, he teaches that they both be eliminated together in his workshops and instructional DVDs.)

Some current researchers (for example, Dawson Church, PhD) are currently using a similar Research Protocol with PTSD veterans with promising results. If for some reason, a researcher working with a severely disabled clinical population prefers to use Craig's "Full recipe, which includes the 9 gamut procedure, we refer him/her to Craig's website (www.emofree.com) and to his EFT Manual (*Craig, G. The EFT Manual, Energy Psychology Press, 2008*)

Some researchers may find the material regarding "Treatment Fidelity" presented in Appendix C relevant to the planning of their studies.

II. The ACEP Recommended EFT Research Protocol

The ACEP EFT Research Protocol has been selected from shortcuts recommended by Gary Craig in his book, "The EFT Manual." (See the manual for additional details.)

Step 1. Identifying the issue/incident/aspects.

a. Choose an incident/issue//aspect which the subject wants to work on, or that is the focus of the research.

b. Ask subject to tell you about a time when he/she experienced this issue and the emotions involved. E. g., "There was this time that I felt panic when I saw a spider in the bathroom".

Step 2. Assign a title to the incident and the emotions involved.

Example of a title: "*The panic I felt when I saw a spider in the bathroom.*" This phrase will be used for the setup statement and the reminder phrase that follows.

Step 3. Subject rates their level of distress on a 0-10 Subjective Units of Distress Scale (SUDS) with 0 being none and 10 highest that person ever experienced regarding this issue and 5 is half-way between . Ask the subject to put their attention on the incident//aspect. And then ask: "What is your level of distress **right now** as you think about this?"

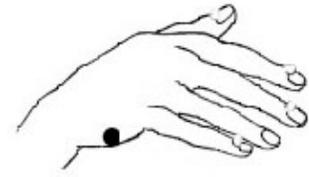
Step 4. The Set-up

Tap on the karate chop point, while saying:

“Even though I felt this (title), I deeply and completely accept myself.”

Example, “Even though I felt this panic when I saw a spider in the bathroom, I deeply and completely accept myself.”

Repeat 3 times



Karate Chop point

Step 5. The EFT Tapping Sequence

a. Subject should tap about 7 times (5 to 9) with the balls of the fingertips of their index and middle fingers on each specified location while repeating “this....(title)” to act as a reminder phrase to keep the subject focused on the problem.

b. During an ongoing research session, subject does not need to be told how many times to tap. The experimenter demonstrates and all the subject has to do is to follow the experimenter. Subject should be told “Tap along with me.” (It could be difficult for the subject to focus on the problem and count the number of taps.)

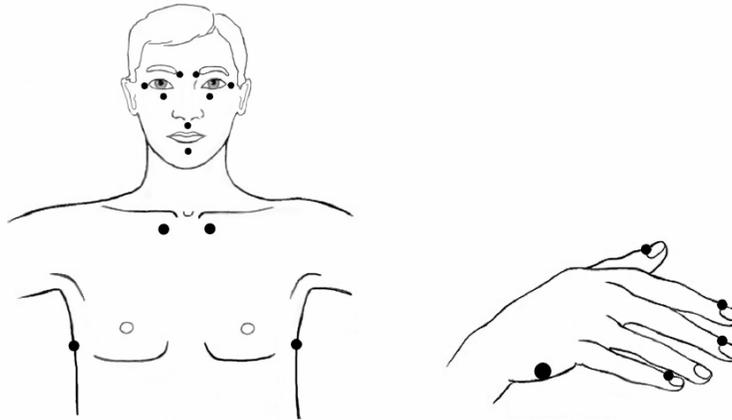
c. If there is homework assigned to subjects, then the subject needs to be taught how many times to tap (see *a* above).

d. Tap about 7 times on each of the following acupressure points while repeating “this....(title)” to act as a reminder phrase at each point:

Note: Tap with either hand on either side of the body.

- Eyebrow (at the inner edge of either eyebrow)
 - Side of eye (on the bony area beside either eye)
 - Under eye (on the cheek bone under either eye)
 - Under nose (halfway between nose and upper lip)
 - Chin (halfway between lower lip and point of chin)
 - Collarbone (under the bump at the beginning of the collarbone on either side)
 - Under arm (About 4 in. below either armpit)
 - Thumb (Outer edge of thumb beside fingernail)
 - Index finger (Outer edge of finger beside fingernail)
 - Middle Finger (Outer edge of finger beside fingernail)
 - Little Finger (Outer edge of finger beside fingernail)
- (Note: Ring finger is not used)

Tapping Points



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Step 6. Assess progress

Re-assess the Level of Distress (SUDS). Ask the subject to think about incident again and rate their level of distress on a scale from 0 to 10.

a. If the SUDS is the same, or higher repeat steps 4, 5 and 6 up to five times. If SUDS does not drop after 5 rounds, move to another incident or aspect.

b. If SUDS is lower, repeat steps 4, 5 and 6, using the following modifications.

1) At Step 4, change the setup phrase to “even though I **STILL** have **SOME** of this (title) ..., I deeply and completely accept myself”

2) At Step 5, change the reminder phrase to “**Remaining** ...(title).” at each point tapped

If SUDS drops to zero, have subject select another incident or aspect related to the original issue (i. e., fear of spiders).

Step 7. Ending the EFT Intervention

The intervention should end after the specified duration of that research session has occurred. Even if a subject shows very good progress and reaches a SUDS level of “0” on all incidents/issues/aspects, a research protocol requires that you continue the session until the specified duration of that session has been reached. So have subject continue tapping on incidents/issues/aspects, even if he/she already reached a “0” on those incidents/issues/aspects. The extra tapping should help consolidate the gains which that subject has made.

III. Example for Working With An Issue: Fear of spiders

Step 1. Ask the subject to, **“think of a time when you felt this fear of spiders.”**

Step 2. “Create a title for the incident.” Subject says, “The panic I felt when I saw a spider in my bathroom.”

Step 3. Take SUDS: Ask “What is your level of distress **right now** as you think about that incident?” (Let’s say that it is an “8”. The experimenter will record this.)

Step 4. Set-Up: Subject taps continuously on the Karate Chop Point, while repeating the statement after the researcher “Even though I had this panic when I saw a spider in the bathroom, I deeply and completely accept myself.” He/she repeats this three times.

Step 5. Tapping sequence: Tapping 5-9 times at each point beginning with the Eyebrow Point, say “This panic when I saw a spider in the bathroom” once at each point.

Eyebrow: “This panic when I saw a spider in the bathroom”
Side of the eye: ““This panic when I saw a spider in the bathroom”
Under the eye: ““This panic when I saw a spider in the bathroom”
Under the nose: ““This panic when I saw a spider in the bathroom”
Chin: ““This panic when I saw a spider in the bathroom”
Collarbone: ““This panic when I saw a spider in the bathroom”
Under arm: ““This panic when I saw a spider in the bathroom”
Thumb: ““This panic when I saw a spider in the bathroom”
Index Finger: ““This panic when I saw a spider in the bathroom”
Middle Finger: ““This panic when I saw a spider in the bathroom”
Little finger: ““This panic when I saw a spider in the bathroom”

Step 6. When the subject has tapped through all the points, again ask the subject to think about the incident/issue/aspect and follow the instructions in Step 6 above.

If the SUDS has decreased, repeat step 4, adding the words “still” and “some.”

Eg. “Even though I still have some of this feeling of panic when think of seeing a spider in the bathroom, I deeply and completely accept myself.”
Repeat three times.

While tapping through the points add the word “remaining” to your reminder phrase.”

“This remaining panic about seeing a spider in the bathroom”

When Subject has completed working on this initial memory of a specific incident, ask him/her to tell you about another time when he/she experienced this issue and the emotions involved.

Now work on this specific incident in the same way that you worked on this initial incident. Proceed through as many specific incidents as time will allow.

If a particular Subject does not have any specific incident to work on (or does not have enough incidents to work on), you can turn to one or more specific aspects. You may choose to specify in advance many aspects commonly associated with the issue which you are studying. (See example in Appendix B.) We suggest that you write each aspect which you have identified on a separate index card. You can then have a subject divide the pile of index cards into aspects which involve high fear, anxiety, or emotion, etc. vs. aspects which involve low fear, anxiety etc. You can then have subject work on those aspects (one at a time) with high fear or anxiety etc. during the remainder of your EFT intervention.

Appendix A

Definitions for EFT Research Protocol Purposes

When participating in EFT Research, it is important to use a common language that defines the various terms used in the EFT Protocol and procedures. The following definitions have been created to support clarity and understanding.

Issue

The *Issue* is the specific problem, troublesome emotion, or other topic the client/subject or research project has identified to work on with EFT. This could be a phobia, fear, past trauma, physical symptom, (ie: insomnia, knee pain, shoulder immobility), or performance enhancement focus (ie. sports, music, theatre, etc).

Specific incidents

Specific Incidents are past events during which the person experienced the troublesome *Issue*. Recall of these past events may occur spontaneously, while the subject is tapping on the *Issue* or the subject may be asked by the experimenter if they can recall a *specific incident* when the issue was troublesome for them. Using the *specific incident* as a focus for the EFT Intervention can often enhance treatment by activating the *emotional and physiological Aspects* (see definition below) of the *Issue*.

Associated Traumas/ Incidents/Memories

When the distress over an **Issue** or **Specific Incident** does not clear up easily with EFT there are often *associated memories, traumas or negative events*, which may have a similar emotional charge or sensory feeling, and have become unconsciously associated with the *Issue* being treated. For example: a student who is working on his school phobia, may recall a past traumatic incident that occurred on the school playground when he felt judged or taunted by his peers. Even though the student thought that his school phobia was due to exam and performance issues, the fact that this associated incident happened on the school grounds was enough to tie it in. These associated incidents may also tie in to *Core Issues or Core Beliefs* (see below).

When working in a research setting, this may require **Reminder Phrases** that are more specific to the associated trauma/event to be repeated on each treatment point OR a greater number of rounds of EFT to clear the emotional charge.

Core Beliefs or Core Issues

Core Issues or Core Beliefs are deeply (and often unconsciously) held points of view about self and the world that can color many facets of a person's life. These beliefs are generally developed very early in childhood. Examples include: "I don't deserve to be loved; No matter how hard I try, I will never amount to anything; I am so stupid; It

is not safe for me to: _speak up, be smart, look good, etc_.; All _____(men, women, red people, white people, black people, yellow people) are _____(/bad drivers, untrustworthy, lazy, demanding, dangerous, safe, etc.” If the *Issue* a person is working is related to a *Core Belief* it will be difficult to resolve completely until the *Core Belief* and related traumas/memories are effectively treated.

Subjective Units of Distress or Level of Distress

Sometimes called by the acronym *SUDS*, this is the subject’s rating of their degree of distress, when thinking about the *Issue at the time of treatment*. This is rated on a numerical scale of 0 to 10, with 0 being “no distress”, 10 being maximum perceived distress and 5 being half way between. It is generally recorded as a fraction **n/10**.

The Set-Up and The Set Up Phrase

The *Set Up* is the part of the EFT Protocol that is applied to ensure the person’s energy system is in an optimum state for intervention. For this, you create a **Set Up Phrase** which combines the negative emotion/ issue /memory you are treating with a positive self-statement or self affirmation,

ie. “*Even though I have this emotional issue/ specific incident / aspect “I deeply and completely accept myself”.*

To do the Set Up, the Set Up Phrase is repeated three times while tapping on the karate chop area on the side of the hand.

“NOTE: The Set Up phrase in ONLY repeated during the Set Up portion(s) of the protocol (see Step 4 on page 3). When carrying out the EFT Tapping Sequence (see Step 5 on page 3), only the **Reminder Phrase** (see below) is repeated.

Reminder Phrases:

The Reminder Phrase is the statement or range of statements that are repeated while tapping on each of the EFT Tapping points.” etc

Reminder Phrase(s):

The Reminder Phrase is the statement or range of statements that are repeated while tapping on each of the treatment points. They focus specifically on the negative emotions/issues/memories being treated. For example: “*This fear of spiders*” could be repeated over and over, **OR** different *aspects* of the fear can be repeated on each tapping point, eg. “ *This fear of spiders creeping out at me*”; “ *This fear of spiders biting me*”; “ *This fear as I recall my brother pushing me into a nest of spiders*”, etc. Note: These more specific thoughts may arise spontaneously as the subject taps each point and can be incorporated at any time. When working in a research setting, this may require (a) **Reminder Phrases** that are more specific to the associated trauma/event to be repeated on each treatment **OR** (b) greater number of rounds of EFT to clear the emotional charge.

Aspects:

Aspects include the more specific components of an *Issue*, which may be known at the start of treatment, or may show up as treatment progresses. For example:

Aspects of a phobia:

Various situations which will trigger the phobic reaction. For example, a person with a phobia of riding in elevators, might be triggered by thinking about being in an elevator, seeing an elevator in the hallway, or similar feeling situations such as being in any enclosed space.

Aspects of a trauma:

Smells, sounds, places, people, or various specific scenes related to the trauma, which trigger more specific memories and/or negative emotional reactions in the client/subject.

Some Examples of Aspects related to a spider phobia:

Situations:

Seeing a spider web
Walking in the forest (I might run into a spider web or spider)
Watching a movie where a spider might show up
Walking bare-foot (I might step on a spider)
Seeing a photo or picture of a spider

Physiological Aspects:

Something tickling on my body (it might be a spider)
My heart racing and palms sweating at the thought of a spider
Sensation of my throat closing over as I think about a spider
My legs shaking uncontrollably as I imagine a spider in the room.

Thoughts:

I might be poisoned by a spider
Where there is one spider, there are many spiders
I could die if a spider gets near me.
Spiders are unpredictable and I am not safe.

Emotions:

Fear
Shame
Embarrassment
Anger
Frustration

Appendix B: WORKING WITH ASPECTS

EFT works best when the person administering EFT is skillful regarding aspects. Experienced clinicians, based on the client's manner, tone of voice, or other non-verbal cues, are often able to sense when there is some other aspect or issue troubling the client. Progress is often blocked until such other aspects or issues are addressed.

In research settings, where often there is an absence of experienced clinicians, there are some procedures which can enhance dealing skillfully with aspects. In working with fears of small animals, for example, Harvey Baker, PhD devised a list of about two dozen aspects commonly present regarding fear of spiders. He lists them separately on index cards, and the S chooses which ones are applicable for him/her.

These include:

Spiders in my food

Where there is one spider, there are many spiders

A spider in my bed

Walking into a spider

I don't know what a spider will do next

The speed of spiders

A spider may bring me nightmares

A spider crawling in my mouth

The sound of a spider

Hairy spiders

I might be poisoned by a spider

A spider in my shoe

Being bitten by a spider

A spider on my body

Stories about spiders

The color of spiders

Spiders are ugly

A bad experience with a spider

Seeing spiders

I am reluctant to watch a movie about a spider

I am reluctant to have you bring a spider, which you have in the next room, into this room

A spider crawling up my leg

Big spiders

Moving spiders

Stepping on a spider with my bare feet

For subjects who identified themselves as very fearful of spiders, this list was used to identify which aspects most disturbed the particular subject. Those identified aspects were then focused upon during the treatment of that subject. This list was developed through a brainstorming session with a small group of people, to list the possible events that might trigger the fear. This was done prior to the beginning of the study. **A similar list can be developed for many research studies.**

Appendix C: *Treatment Fidelity*

If you aspire to submit the write-up of your study to a highly competitive journal which reports research on psychotherapy, then you need to include in your write-up a short (1 or 2 paragraphs will do) section on “Treatment Fidelity”. Treatment Fidelity” refers to the specific steps which you have taken to ensure that the treatment intervention “as-written-up-in-your-published-article” in fact corresponds exactly with the treatment intervention that was “actually-administered-to-your-subjects”.

Here, you would want to specify:

- (1) the written source which describes your intervention (for example, this ACEP EFT Research protocol);
- (2) the specific training which you gave to the people who administered your intervention. (If your treatment personnel are inexperienced, they clearly need to be trained. But even if you used experienced clinicians, you may well find that they prefer administering treatments as they normally do in their practice and thus you must train them (and persuade them) to follow the research protocol *exactly*).
- (3) the steps that you took to monitor that what took place during the EFT treatment intervention session actually corresponded with what is prescribed in the treatment protocol which you are using.