Advances in Energy Psychology:
Proceedings of the Fifth Annual Research Symposium

Association for Comprehensive Energy Psychology
Hilton Regency, Reston VA
May 28, 2015
“The discussion of mechanisms of treatment is interesting, especially since we don't really know how any psychotherapy works. Theoretically, each method has its formulation, but underlying physical mechanisms are harder to discern. And when an explanation of mechanism of functioning is discovered, it just gives rise to questions about the next lower level of analysis. Therefore it is remarkable that physiological mechanisms are already being discovered for energy psychology, even though it is younger and stranger than more established methods.”

Welcome from the Symposium Coordinator

In an article published in the *Energy Psychology Journal* (2014), psychologist Gary Bakker wrote that research in energy psychology had ‘flatlined,’ and compared research in EP to a ‘swamp.’ Fortunately, as you can see from this year’s Symposium, Bakker’s assertions are patently untrue. There have been over 60 research studies on EP conducted over the last 15 years. These studies have been published in professional journals such as the *Journal of Emergency Mental Health*, the *Journal of Nervous and Mental Disease*, *Depression Research & Treatment*, *Counselling and Psychotherapy Research* and the *Review of General Psychology*. Research studies have been conducted in Argentina, Australia, Canada, the Congo, Greece, Korea, Germany, Rwanda, the UK and the US, and continue to grow in both quantity and quality.

I’d like to welcome you to ACEP’s Fifth Annual Research Symposium. We have expanded the Symposium from the previous half-day format to a full day. Our keynote speaker this year is Dr. Elizabeth Boath, assistant professor at Staffordshire University in the UK; her presentation is entitled “Tapping our way into the mainstream: A systematic review of EFT.” Following the keynote, we will hear presentations of research from Australia, Canada, the UK and the US. Noteworthy among these is a study conducted by Amy Gaesser at the University of Connecticut comparing EFT to CBT in the treatment of anxiety in gifted children; and a study by Dawson Church and colleagues measuring epigenetic changes of PTSD remediation in veterans using clinical EFT. This is one of the first (and very few) studies correlating changes in gene expression with psychological changes using a therapeutic modality.

Just as “it takes a village to raise a child,” it takes a community to conduct quality research. I would like to express my gratitude to: ACEP president Fred Gallo, past presidents Debby Vajda, Carole Stern and Greg Nicosia, and executive director Bob Schwarz; David Feinstein and Dawson Church; board liaisons Bob Pasahow and Paula Shaw; members of ACEP’s research committee including Lorna Minewiser, Shirley Conrad, Susan Hannibal, Andrea Hanson, Sarah Murphy, Julie Weiner, Rafael Quintero, Dan Benor, Gary Peterson, Rick Leskowitz, Larry Burk, Robin Smith and Tony Tranguch; and to the researchers who are making presentations this year.

In service,

John Freedom, CEHP
Chair, ACEP Research Committee
Welcome from ACEP’s Executive Director

Thank you for attending this year’s research symposium. ACEP is proud to be a leading force for research in energy psychology and energy medicine approaches. You can always stay on top of the cutting edge research by visiting our research pages at energypsych.org/research.

I want to thank John Freedom and the research committee for their tireless efforts that make this symposium possible. I also want to acknowledge all those who do the actual research, fund the research, and spread the word about the research that is making it possible for EP and EM to become more mainstream and more available to all of those who need it. Over the last 5 years ACEP has granted close to $60,000 toward multiple research projects through the Harvey Baker Research Fund. You can contribute online at www.energypsych.org/donation.

Donation forms are also available at the conference registration desk.

About Energy Psychology

Energy psychology (EP) is a family of integrative approaches to psychotherapy, coaching and healthcare treatment rooted in mind-body healing traditions that are up to 5,000 years old. EP methods blend the bio-energetic insights of these traditions with the best of contemporary psychological practice, and have been refined through 35 years of modern clinical experience with thousands of clients throughout the world.

Embracing both modern physics and ancient wisdom traditions, energy psychology acknowledges the role of bio-energetic systems within and between people as important determinants of health and well-being, illness and pathology.

Energy psychology theory suggests that psychological problems are related to disturbed bio-energetic patterns within the mind-body system—a system that involves complex communication between a person’s neurobiology and their cognitive-behavioral-emotional patterns.

Energy psychology practitioners combine cognitive interventions (including focused awareness and mindfulness, imaginal exposure and cognitive reframing) simultaneously with the stimulation of the human bio-energy system to effect therapeutic change, alleviate suffering and enhance peak performance.

This powerful combination facilitates rapid positive change and optimal psychotherapeutic outcomes, and is aligned with the latest findings from neuroscience and traumatology. With over 60 published research studies to date, EP meets the criteria as evidence-based treatment.

About ACEP

The Association for Comprehensive Energy Psychology is a non-profit organization with a global membership of over 1,200 licensed mental health professionals and allied health practitioners. ACEP members are dedicated to exploring, developing, researching and applying energy psychology methods to alleviate human suffering, enhance human performance and access human potential.

ACEP works on behalf of its members to establish the credibility and efficacy of energy psychology methods through its programs of education, certification, ethics, humanitarian aid and research. By
upholding standards of practice and a code of ethics for energy psychology practitioners, ACEP raises the bar of professionalism for this emerging field. ACEP also has ongoing initiatives to increase public awareness of the clinical effectiveness and cost efficiency of these methods. ACEP is a U.S. Internal Revenue Service 501(c)(3) non-profit organization and publicly supported foundation.

ACEP 2015 Research Symposium
Presentation Review Committee

Our review committee this year consisted of Jenny Edwards, PhD; Robert Hoss, MS; and Suzan K. Thompson, PhD. Many thanks to each of them for their painstaking efforts in reviewing and rating the research presentations.

**Jenny Edwards, PhD**, received her MS and BS from University of Tennessee-Knoxville, and her PhD from Fielding Graduate University in Santa Barbara, CA. She serves on the faculty for the doctoral program in Educational Leadership and Change at Fielding Graduate University in Santa Barbara, CA. She is a Master Practitioner in Neuro-linguistic Programming, a certified Clinical Hypnotherapist, and certified in Voice Technology by Callahan Techniques. She has served as Chair of the Research Committee for the TFT Foundation since its inception in the early 2000’s, and has presented trainings in Thought Field Therapy® in 12 countries.

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**Robert Hoss, MS** is the author of *Dream Language*, a Director and past President of the International Association for the Study of Dreams, Director of the Dream Science Foundation, advisory board of the Soul Medicine Institute, faculty member of Haden Institute and former adjunct faculty at Sonoma State University. He hosted the Voice of America Dream Time Radio series and has been an internationally acclaimed lecturer and instructor on dreams for over 30 years. Formerly a researcher in the field of optical communications, he holds multiple patents and served as Corporate Vice President for Global Telecommunications at American Express and IBM. His approach to understanding dreams blends the science and neurology of dreaming with his Gestalt training and background in Jungian studies. His latest book, *The Dream To Freedom Technique*, co-authored with his wife Lynne, is a practitioner’s handbook for integrating dream work and energy psychology.

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**Suzan K. Thompson**, PhD, is a Licensed Professional Counselor, Reiki Master, Meridian Tapping (EFT) and EMDR practitioner. Suzan has been a ropes/challenge course facilitator since 1981, which was her introduction to experiential education as well as integrating creativity and innovation into her counseling work. In addition to being a full time faculty member, Suzan has a private practice, where she has been using energy psychology tools since 2000. In 2005 she co-created a course on Complementary, Alternative and Integrative Therapies at Old Dominion University, which is now offered each fall semester.

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RESEARCH SYMPOSIUM SCHEDULE

Thursday, May 28, 9:00 – 5:00pm

9:00 – 9:55am  Keynote Lecture: "Tapping our way into the mainstream: A systematic review of EFT" by Dr. Elizabeth Boath, associate professor at Staffordshire University, UK.

10:00 – 10:30  “A Randomized, Controlled Study of Self-Treatment for Chronic Pain Using WHEE: Wholistic Hybrid Derived from Eye Movement Desensitization and Reprocessing (EMDR) and Emotional Freedom Techniques (EFT), including SPECT Brain Scans,” by Daniel J. Benor, MD, John Rossiter-Thornton, MD, FRCP and Loren Toussaint, PhD.

10:30 – 10:45  Morning break.

10:45 – 11:15  “Integrating EFT with Traditional Counseling: A Grounded Theory Analysis and Proposed Theoretical Model,” by Christine Berger, PhD, Abie Tremblay, BA, and Diana Hughes-Luce, BS.

11:15 – 11:45  “Acutonics Self-Care Program & Stress: Multiple Case Study of an Intervention to Ameliorate Symptoms of Severe Stress and Compassion Fatigue in Nurses,” presented by Ellen Franklin, PhD.

11:45 – 12:15  “A Randomized Controlled Investigation of CBT & EFT Interventions to Reduce Adolescent Anxiety,” by Amy Gaesser, PhD

12:15 – 1:15  Lunch


1:45 – 2:15  “Building Student Success Through Academic Resilience, Motivational Interviewing & EFT,” by Peta Stapleton, PhD, Brett Porter, Daniel Murphy, MClinical Psychology and Terri Sheldon, BA (Hons).

2:15 – 2:45  “Quantum Movement (QM) as a Tool for State and Trait Change in Psychological Functioning & Quantitative EEG Patterns,” by Jeff Tarrant, PhD.

2:45 – 3:00  Afternoon break.
3:00 – 3:30  “An Examination of Self-Reported Pain & Quantitative EEG Changes in Pranic Healing Vs Placebo Conditions: A Pilot Study,” by Jeffrey Tarrant, PhD and Neus Raines, PhD.

3:30 – 4:00  “Tracking, Sudden Gains, Trajectories of Change and Super Shrinks,” by Philip Friedman, PhD.

4:00 – 4:30  “Epigenetic Effects of PTSD Remediation in Veterans Using EFT (Emotional Freedom Techniques),” by Dawson Church, PhD, Garret Yount, PhD, Louis Fox, BS, and Jerrod Nelms, PhD.

4:30 – 5:00  “EFT (Emotional Freedom Techniques) Simultaneously Improves Mental Health and Physical Impairment: A Randomized Controlled Dismantling Study,” by Dawson Church, PhD and Jerrod Nelms, PhD.

5:00pm Symposium ends.

Abstract of Research Keynote Presentation

"Tapping our way into the mainstream: A systematic review of EFT,” by Elizabeth H. Boath, PhD.

Background: EFT (Emotional Freedom Technique) is a new and emerging energy psychology. This narrative systematic review aimed to identify and assess the quality of all published randomised controlled trials (RCTs) of EFT in order to: evaluate the effectiveness of EFT in treating a range of psychological disorders and to compare the effectiveness of EFT with other interventions used for treating those disorders.

Methodology: A literature search was carried out of CINAHL, Cochrane Library, MEDLINE, PsycINFO, PsychARTICLES, Proquest, PubMed, Sciedirect, SPORTdiscus, Swetswise, Web of Knowledge, Web of Science and ZETOC, using the key terms EFT and energy psychology. Calls for published, unpublished and ongoing RCTs of EFT were sent to Newsletters and to the Association of Energy Psychology and the Foundation for Epigenetic Medicine. Contact was made with researchers and practitioners in the field. Conference proceedings and reference lists of retrieved articles were hand searched. Abstracts of articles were reviewed and full copies acquired if the title and/or abstract identified the paper as an RCT of EFT. Two authors independently rated and assessed the quality of each trial using the Critical Appraisal Skills Programme (CASP) for randomised controlled trials and the Jadad Scale.

Results: The search strategy identified a total of 42 published studies of EFT. Seven RCTs of EFT were included. Methodological flaws in the studies are highlighted and discussed. EFT was shown to be effective in treating Post Traumatic Stress Disorder (PTSD), Fibromyalgia, Phobias, test anxiety and athletic performance. EFT was shown to be superior to diaphragmatic breathing (DB), Progressive Muscular Relaxation (PMR), an inspirational lecture and a Support Group. Only Eye Movement, Desensitization and Reprocessing (EMDR) was superior to EFT. EFT may be an efficient and effective intervention for a range of psychological disorders. Given the methodological limitation of these RCTs, further quality research on EFT is warranted.
Elizabeth Hardie Boath PhD, BA(Hons) is an Associate Professor in Health, an academic psychologist, and National Teaching Fellow at Staffordshire University, UK. She is an Advanced EFT, Matrix Reimprinting, Emotion Code and Reiki practitioner. She has over two decades of experience in health service research and has published widely. She is currently conducting two systematic reviews of EFT research, one on EFT for PTSD and the other on EFT for anxiety. She has co-authored the first ever peer-reviewed study on Matrix Reimprinting and is currently writing the second. She has co-authored an evaluation of an NHS EFT service that has now gone viral. She has published a number of studies on the impact of EFT on students' presentation and communication skills that demonstrate that as anxiety is lowered, school grades improve. She has also reviewed numerous books and publications, and has particular expertise with postnatal depression (PND).

Abstracts of Research Presentations

“A Randomized, Controlled Study of Self-Treatment for Chronic Pain Using WHEE: Wholistic Hybrid Derived from Eye Movement Desensitization and Reprocessing (EMDR) and Emotional Freedom Techniques (EFT), including SPECT Brain Scans,” by Daniel J. Benor, MD, John Rossiter-Thornton, MD, FRCP and Loren Toussaint, PhD.

Introduction: People with chronic pain also suffer from depression and anxieties that are debilitating. Medications, the most common treatment for these problems, may not be sufficiently effective in some people to restore their abilities to live a normal life. WHEE: Wholistic Hybrid Derived from Eye Movement Desensitization and Reprocessing (EMDR) and Emotional Freedom Techniques (EFT), has been reported anecdotally to relieve these problems. Two pilot studies of WHEE for exam anxiety showed significant effects.

Objectives: To explore the benefits of WHEE in helping people with chronic pain to reduce their pain, anxiety and depression, and to explore whether there are any changes on brain SPECT scans of these people from before to after using WHEE.

Participants: Twenty-four patients from the psychiatric practice of Dr. John Thornton in Toronto who had suffered incurable pain for at least 1 year and volunteered to participate. Most had had pain for 10 or more years and were taking maintenance doses of medications for pain, depression and/or anxiety.

Methods: All participants were asked to do their best to keep their medication treatments unchanged for the duration of their participation in the study. Study 1. Participants were randomized into a WHEE treatment and a wait-list control group receiving normal medical care. Treatment and control group participants were assessed with the Brief Pain Inventory (BPI), Beck Depression Inventory (BDI), Zung Self-Rating Anxiety Scale (SAS) and an overall self-assessment Likert scale prior to, during and at 1 and 3 months following their WHEE lessons. Study 2. After participants in the control group completed their wait list period, they received their own course of WHEE lessons, thus creating a separate study of WHEE. All participants received an HMPAO SPECT scan prior to the first WHEE lesson and after the sixth WHEE lesson for both treatment and control participants; and for the waitlist, as the second experimental group, received an additional scan following the own sixth WHEE lesson as well.

Results: The first, WHEE vs Wait-List controls study showed benefits of WHEE for anxiety (p < 0.5) and depression (p < .05) but no significant decreases in pain. The second, Wait-List self-control study
demonstrated significant decreases in pain severity (p < .05) and depression (p < .04) but no decreases in pain interference or in anxiety. Results of the SPECT scans will be reported in a separate publication.

**Conclusions:** WHEE appears to be a promising method of self-treatment for pain, anxiety and depression, compared to standard medical maintenance care for their symptoms in this pilot study. Further study appears warranted.

“Integrating EFT with Traditional Counseling: A Grounded Theory Analysis and Proposed Theoretical Model,” by Christine Berger, PhD, with Abie Tremblay, BA, and Diana Hughes-Luce, BS.

**Background:** Although Emotional Freedom Technique (EFT) has become more embraced by a variety of health care practitioners in recent years it is still unclear how the integration of this treatment modality interacts with traditional counseling methods. There have been many studies looking at EFT from a macro- and generalizable perspective which continues to be needed. However, it seems that a deeper understanding of how these modalities work together both from a client and practitioner perspective would enhance the knowledge base as well as enable better communication about the benefits of integrating these two approaches.

**Objective:** To build a theoretical model about the integration of EFT and counseling from the perspectives of both clients and an EFT practitioner who is a licensed professional counselor. This model will be created using qualitative research methods.

**Methods:** This study will use the grounded theory method of qualitative research design. The rationale is that this approach will enable the field of energy psychology to continue to develop theory about the integration of EFT and counseling from the ground up. Most of the EFT studies to date have focused on hypothesis-testing. In contrast, grounded theory is a process that generates theoretical models. This study will include one licensed professional counselor who is also an EFT trainer and practitioner who integrates both modalities in her work. Four to six clients will also be interviewed about their experiences receiving both EFT and counseling. As a comparison two clients will be interviewed who have not received the integrative therapies. All participants will be interviewed using semi-structured interviews both in general and after client sessions about their experiences with this integrative healing process.

**Expected Results:** It is expected that the clients who received the integration of therapies will experience a richer and more complete healing process. It is expected that there will be a more efficient process with both, but not at the cost of depth or completeness. Some of these clients will be clients struggling with trauma and it is expected that EFT will treat the trauma more efficiently and more effectively than traditional counseling alone.

**Conclusion:** While Energy Psychology as a whole and EFT in particular, continue to be emerging fields that are focused on demonstrating scientific efficacy in the larger scientific arena through quantitative experimental studies, there continues to be a need to develop a model of how these modalities work directly with traditional counseling techniques. This study will illuminate the qualities and dimensions of the experience of both EFT and counseling as to how they successfully interact. The comparison with a traditional model will provide an effective contrast with which to compare the integrative model.
“EFT (Emotional Freedom Techniques) Simultaneously Improves Mental Health and Physical Impairment: A Randomized Controlled Dismantling Study,” by Dawson Church, PhD and Jerrod Nelms, PhD.

**Background:** Many studies have demonstrated the efficacy of clinical EFT (Emotional Freedom Techniques) for depression, anxiety, phobias, PTSD and other psychological conditions. EFT combines acupoint stimulation with elements of cognitive and exposure therapy.

**Objective:** To determine whether acupressure is an active treatment ingredient in Emotional Freedom Techniques (EFT), by analyzing EFT’s acupressure component against an active control condition.

**Method:** The study recruited 34 participants with clinically verified “frozen shoulder” consisting of limited range of motion (ROM) measured in five different planes of arm movement. Participants were randomized into a wait list, or one of two treatment groups. ROM, pain, and the breadth and depth of psychological conditions such as anxiety and depression were assessed before and after a 30 minute treatment session, and 30 days later. One treatment group received Clinical EFT, while the other received an identical cognitive/exposure protocol but with diaphragmatic breathing (DB) substituted for acupressure.

**Results:** No significant improvement in any psychological symptom was found in the wait list. Participants in both the EFT and DB groups demonstrated significant posttest improvement in psychological symptoms and pain. Follow-up showed that both groups maintained their gains for pain, but only the EFT group for psychological symptoms. ROM changes posttest and on follow-up were non-significant for most measures in all groups.

**Conclusions:** The results are consistent with an earlier dismantling study showing that acupressure is an active ingredient in EFT treatment. Reductions in psychological distress were associated with reduced pain but not with improved ROM. As in other EFT studies, psychological gains were maintained on follow-up. EFT should be classified an efficacious evidence-based treatment for pain and psychological conditions.

“Epigenetic Effects of PTSD Remediation in Veterans Using EFT (Emotional Freedom Techniques),” by Dawson Church, PhD, Garret Yount, PhD, Louis Fox, BS, and Jerrod Nelms, PhD.

**Background:** Prior research indicates links between PTSD and gene expression. Clinical EFT (Emotional Freedom Techniques) has demonstrated efficacy in rehabilitating PTSD in veterans in several randomized controlled trials.

**Objective:** To assess the epigenetic effects of EFT, and gene expression correlates of successful PTSD treatment.

**Method:** Participants (N=16) were randomized into a wait list receiving treatment as usual (TAU) or EFT. The EFT group received 10 one-hour sessions in addition to TAU. Gene assays were obtained before and after the wait period, and after treatment. Symptom levels of psychological conditions such as PTSD, anxiety and depression were assessed, as were physical symptoms such as pain, insomnia, and traumatic brain injury (TBI). The expression of 100 regulatory genes was measured using real-time PCR. Participants were followed at 3 and 6 month intervals.
**Results:** Significant improvements were found in all psychological symptoms. PTSD declined significantly (-53%, p < .00001). Participants maintained their gains on follow-up. Genetic markers of pathology, such as the pro-inflammatory gene Interleukin-8, were regulated in the EFT group but not in the control group.

**Conclusions:** The results are consistent with prior research showing that EFT remediates PTSD, and that treatment results hold over time. Courses of EFT treatment are associated with both physiological and psychological effects. Along with previous research, this study confirms EFT’s utility as an evidence-based primary treatment for PTSD.

“**Acutonics Self-Care Program & Stress: Multiple Case Study of an Intervention to Ameliorate Symptoms of Severe Stress & Compassion Fatigue in Nurses,” by Ellen F. Franklin, PhD.**

Previous work indicates nurses often experience high levels of stress and compassion fatigue resulting in physiological and psychological challenges (Pendry, 2007; Watson et al., 2009). This study explored whether Acutonics, a holistic, sound-based modality that applies specialized medical grade tuning forks to acupuncture points, ameliorates nurses’ self-reported stress symptoms. An exploratory mixed-methods multiple case study design was employed, with seven participants drawn from two medical facilities. Three questions guided this study: (a) How do nurses describe the meaning of stress and compassion fatigue in their lives? (b) After engaging in a self-care intervention with Acutonics, does any aspect of nurses’ experience change? (c) Do nurses identify specific aspects of working with the tuning forks that have archetypal significance for them?

Data included two semistructured recorded interviews pre- and post intervention, participant and researcher journals, and pre-intervention, the Professional Quality of Life Survey Scale (ProQOL), which measures effects of extremely stressful events. Data from interviews and participant and researcher journals were content analyzed and synthesized to identify key themes. ProQOL scores were compared with published norms. Preliminary interviews were compared with follow-up interviews and journals to identify observed changes. Prominent symptoms were: anger and frustration, anxiety, pain, sleep disturbances, tears, grief, sadness, and withdrawal. ProQOL scores were below the median for initial secondary traumatic stress and compassion fatigue, supporting coping capacity.

After completing the protocol 7 to 15 times over a 4-week period all participants reported feeling calmer with most reporting reduction in anxiety, anger, and frustration. Five (71%) identified improved sleep and greater ability to focus, ground, and center. Four (57%) cited improvement in work relationships. Two (29%) indicated reduced use of medication. All participants identified some aspects of working with the tuning forks that had archetypal significance. All expressed interest in continuing to use the tuning forks.

Chronic stress poses a serious health threat. This study supports the promise of a self-care intervention with tuning forks to ameliorate stress-related symptoms.

“**Tracking, Sudden Gains, Trajectories of Change and Super Shrinks,” by Philip Friedman, PhD.**

This presentation will map out the Practice Based Evidence Approach (PBEA) to assessment and change in a clinical practice. It will demonstrate different empirical trajectories of change that frequently occur in a clinical population, both more and less rapidly than the average change in a psychotherapists clinical population. It also permits clinicians to compare the amount and rate of change they are experiencing in their clinical practice with the amount and rate of change of other clinicians. It also potentially allows
therapists to discover how much more empirically effective they are before and after introducing energy therapy interventions into their clinical practice. Finally the feedback from these assessments allows a therapist to learn early in treatment whether the interventions are working, and if not to make adjustments in the treatment strategy and interventions. The Practice Based Evidence Approach (PBEA) is also cost and time effective.

In order to implement the Practice Based Evidence Approach clients are administered a battery of psychological scales. Typically I include the Hopkins Symptom Checklist or HSCL (Derogatis et. al, 1973); the Kroenke and Spitzer PHQ-9 Depression Scale (2002); the Friedman Well-Being (1992), Affect (1998), Belief (1993), Meaning, Purpose and Vision (1997) and Self-Worth (1997) Scales; the Bradburn Well-Being Scale (1969); the Fordyce Well-Being/Happiness Scale (1987); the Diener et. al. Satisfaction with Life Scale (1985); the Diener et. al. Flourishing Scale (2010); the McCullough and Emmons GQ6 Gratitude Scale (2002); the Raes, Pommer, Neff et. al. (Self-Compassion Scale (2011); the Snyder et. al. Hope Scale (1991); the Thompson et. al. Heartland Forgiveness Scale (2005); and the Marital/Relationship Positivity and Cohesion subscales (adapted from Snyder, 1996) if they are married or living together. With the exception of the HSCL all these questionnaires were short (from 5 to 20 questions), and easily administered and scored. Some were administered every session; many were administered every five sessions. This permits the tracking of change over time. Most clients are also asked to complete the 240 item NEO-PIR personality inventory (Costa and McCrae, 2010) and the clinical inventory, the 344 item, Personality Assessment Inventory or PAI (Morey, 1991) between the first two sessions.

**Results:** Results show changes over time on a wide variety of measures. The client’s scores showed major decreases in overall stress and negative affect, negative beliefs and depression and major increases in well-being, flourishing, positive affect and beliefs, self-compassion and self-worth and life satisfaction. New data will be presented at the ACEP conference.

“A Randomized Controlled Investigation of CBT & EFT Interventions to Reduce Adolescent Anxiety,” by Amy Gaesser, PhD.

This study examined the effectiveness of two interventions: Cognitive-Behavioral Therapy (CBT) and Emotional Freedom Technique (EFT). Using the Revised Children’s Manifest Anxiety Scale-2 (RCMAS-2) to measure students’ anxiety levels, Phase I of this study examined anxiety in gifted youth (n = 153) participating in private and public gifted education programs, grades 6-12, in two Northeastern states. ANOVAs were used to assess differences in the anxiety levels, and results indicated that gender (F[1, 149] = 13.52, p < .001, η² = .08) and school setting (F[2, 149] = 21.41, p < .001, η² = .23) were significant factors in the anxiety levels of the gifted students in this study. In Phase II, a randomized controlled research design was used to investigate the effectiveness of CBT and EFT interventions for gifted adolescents. Utilizing permuted randomized assignment, participants (n = 63) identified with moderate to high levels of anxiety on the pre treatment RCMAS-2 were assigned to one of three treatment groups: a) CBT, the current gold standard of anxiety treatment, b) EFT, an innovative modality presently showing increased efficacy in anxiety treatment, and c) a wait-listed control group. Students assigned to CBT or EFT treatment groups received three individual sessions of the identified therapy from upper-level counseling, psychology, or social work students enrolled in graduate programs at a large Northeastern research university. Treatment outcomes were measured by administration of the RCMAS-2 post treatment and analyzed using ANCOVA with pre treatment RCMAS-2 scores serving as the covariate. Using a Bonferroni correction of p = .016, EFT participants (n = 20, M = 52.163, SE = 1.42) showed significant reduction in anxiety levels when compared to the control group (n = 21, M = 57.93, SE = 1.39, p = .005). EFT participants experienced a greater reduction in anxiety than the CBT group.
CBT participants (n = 21, M = 54.82, SE = 1.38) did not differ significantly from either the EFT or control groups (p = .12 and p = .18, respectively).


The purpose of this study was to investigate the feasibility of using Clinical Emotional Freedom Techniques (EFT) to treat Major Depressive Disorder in an adult population by way of a therapeutic group setting. Adults were assigned to EFT group treatment for a period of eight weeks. Diagnostic assessment was completed immediately pre and post treatment using the Mini International Neuropsychiatric Interview. In addition to this, self-report assessments measuring symptomatic evidence of depression were completed by the participants before the treatment, after the treatment and at three month follow-up. Comparisons with a community group were made at pre and post intervention and three month follow-up. The results indicated a change in diagnosis in each of the participants, with data indicating an overall improvement for the treatment group for depressive symptoms. Study implications and limitations are discussed.

“The Efficacy of Emotional Freedom Techniques for Improving Student Wellbeing: A Controlled Clinical Trial,” by Peta Stapleton, PhD, Daniel Murphy, M Clinical Psychology, Brett Porter, Sally Thibault, and Terri Sheldon BA (Hons).

In academic settings, fear of failure and associated emotional difficulties are common and often result in maladaptive behaviours such as self-handicapping and defensive pessimism, which often lead to failure or lowered scholastic achievement in students who otherwise have the personal characteristics necessary for success. Higher levels of self-esteem and resilience have been shown to protect against fear of failure and emotional difficulties, and predict improved academic outcomes in both high school and university students; however, few studies have investigated the efficacy of low-cost group intervention methods aimed at improving self-esteem and resilience. Emotional Freedom Techniques (EFT) represents an emerging therapy approach that has been shown to improve a range of psychological disorders. This non-randomised controlled clinical trial represents the first Australian study of the efficacy of a group EFT treatment program within a high school, aimed at increasing student self-esteem and resilience, and decreasing fear of failure and emotional difficulties. The EFT intervention and control groups (N = 121) were drawn from two different Year 10 cohorts, and no significant group differences were observed on baseline outcome measures. Mixed design repeated measures analysis of variance (rANOVA) tests showed that the EFT intervention resulted in significant improvements in resilience scores at post-intervention. No significant changes were observed in measures of self-esteem, fear of failure, or emotional difficulties. A one-way rANOVA of EFT group results (pre, post-intervention, and 3-month follow-up) with post hoc pairwise comparisons demonstrated that post-intervention improvements in resilience scores were significantly maintained at follow-up. The results suggested that EFT might be a cost-effective group intervention for some students; however, further research is required.

“An Examination of Self-Reported Pain & Quantitative EEG Changes in Pranic Healing Vs Placebo Conditions: A Pilot Study,” by Jeffrey Tarrant, PhD, DCEP and Neus Raines, PhD.

Background: While there have been a few studies examining the impact of energy healing (e.g., prayer, healing touch) on physical wound healing and subjective pain (Wirth, D. P. 1990; Redner, R., Briner, B.,
& Snellman, L. 1991; Wientjes, K. A. 2002), there has been no research specifically addressing the impact of Pranic Healing (PH). Pranic Healing is a no-touch energy healing technique based on two main principles: (a) the body is a self-repairing living entity that has the ability to heal itself, and (b) the healing process is accelerated by increasing the life force that is readily available from the sun, air and ground. Pranic Healing can be used in the healing of the physical body as well as emotional and mental ailments.

**Objective:** The objective of this study was to determine if there were any significant difference in self-reported pain and EEG activity when subjects received a Pranic Healing session versus a placebo control.

**Methods:** For this pilot study, four subjects received two sessions, a week apart, during which they would either receive a Pranic Healing treatment or no treatment. Subjects were blind to which condition they received at the time of each session and consequently served as their own controls. Subjects completed consent forms and a pre-post questionnaire regarding current level of pain and discomfort. EEG recordings included a 5 minute baseline, a 25-30 minute recording during the treatment condition and a 5 minute post-session recording. Subjects returned to the lab a week later to repeat the process and receive the other treatment or condition.

**Results:** Pre-post paired comparison t-tests were completed for all Qeeg variables including absolute power, relative power, coherence and phase for both the PH and placebo conditions. This comparison was conducted in a case study fashion to help clarify if the changes observed demonstrate anything beyond relaxation and the potential belief that they were receiving a healing treatment.

**Conclusions:** Only one subject noticed a significant difference in pain response when comparing the PH to placebo conditions. This raises a variety of questions that will need to be addressed in future research. For example, it may be possible that the benefits of the treatment are not always noticed immediately after a session. It is also possible that many problems may require more than a single treatment to receive the full benefit. There are also factors to consider such as the subject’s receptivity, level of fatigue and participation in other healing practices. Despite the lack of clarity on this issue, the primary question considered in this research was whether there was any evidence for brain changes that could be attributed to Pranic Healing outside of a general relaxation response or impact of placebo. For each subject there were significant differences observed between conditions suggesting that the subjects had differential responses. Interestingly, there were few consistencies among the 4 subjects. This is understood in the context of diversity. Despite the fact that each of these subjects shared something in common (pain and discomfort), they are also different from each other. It makes sense that each would respond in a somewhat individualized manner to the treatment which is reflected in the different brain changes observed. These findings provide initial support for the notion that Pranic Healing impacts the brain and nervous system in ways different than simply placebo or relaxation. Future research should expand on these findings by increasing the subject pool, using additional subjective measurements, contrasting PH with other healing modalities and examining the simultaneous EEG recordings of healer and subject.

“Quantum Movement (QM) as a Tool for State and Trait Change in Psychological Functioning and Quantitative EEG Patterns,” by Jeff Tarrant, PhD., BCN, DCEP

**Background:** While movement-based Qigong practices clearly represent a form of energy psychology, they typically do not directly address the impact of unmet needs and problematic beliefs that may underlie discomfort and suffering. Not surprisingly, those studies examining the impact of Qigong on psychological functioning have demonstrated inconsistent results and no studies have examined changes in brainwave activity as a result of these practices (Payne & Crane-Godreau, 2013). Quantum Movement (QM) is a Qigong inspired practice designed to help isolate and transmute limiting beliefs and old
patterns of thought that no longer serve the individual. As such, it is a combination of traditional Qigong practices and more modern energy psychology practices.

**Objective:** The current study examined both the immediate impact of engaging in these practices as well as the impact of consistent practice over an extended time period.

**Methods:** 9 subjects were recruited through community advertising. Subjects attended a 90 minute individual orientation during which they completed pre-post inventories (demographic sheet, Coping Self-Efficacy Inventory, Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), The Satisfaction with Life Scale) as well as eyes closed Quantitative EEG recordings. Subjects were given a DVD, demonstrating the QM process and asked to practice at least 5 days each week for the following two weeks. At the end of the two week cycle, subjects returned for a final data collection, including all inventories and Qeeg recording.

**Results:** Due to the small sample size group statistical comparisons of pre-post inventory data was not possible. As predicted, subjects reported decreases by as much as 50% in measures of psychological distress immediately after the QM practice. Percent of change from baseline to 2-week follow up also revealed dramatic changes but less than those observed immediately post-practice. The largest changes were observed in generalized anxiety measures. The coping scales showed overall increases immediately after the QM practice, but even greater increases at the 2-week follow up. The largest increase occurred in the ability to "stop unpleasant emotions and thoughts" which improved 53%. Qeeg data was analyzed two ways. First, each EEG recording for each subject was compared to a normative database. The number of z scores at, or above 2.0 was recorded and combined to examine the number of deviant scores at baseline, immediately post QM and at the 2-week follow up. Overall, there was an increase in deviant scores immediately after QM. At the two-week follow up, the number of deviant scores decreased and was lower than the original baseline. Group pre-post paired comparison t-tests were completed for all Qeeg variables including absolute power, relative power, coherence and phase. Comparison of baseline recordings to post QM recordings showed significant (p values from .05 to .000) changes in relative power. In general, subjects showed decreases in frontal delta and increases in frontal beta, high beta and gamma. Coherence values decreased significantly immediately after QM in numerous locations across most EEG bands. Coherence values increased significantly in high beta. Speed of communication between brain regions (phase) decreased significantly across all bands in multiple regions. Two week follow up comparisons were not examined due to the uncontrolled influence of variables on brainwave functioning during that time period.

**Conclusions:** As hypothesized, subjects reported improved psychological functioning and coping immediately following the QM practice, supporting the effectiveness of this training for state changes. Subjects also demonstrated improved psychological functioning and coping at the two-week follow up suggesting trait changes as a result of consistent practice. Interestingly, the psychological variables (anxiety, depression) were not as pronounced at the two-week follow up. However, the coping scores were higher than those observed immediately post-practice. These findings suggest that the benefits of QM practice may have its strongest long-term impact by positively influencing coping self-efficacy and resilience.

Qeeg changes observed were counter to those hypothesized. While it was predicted that subjects would demonstrate significant increases in slow wave activity (alpha, theta) and decreases in fast wave activity (beta, high beta) immediately following the QM practice, they actually showed the opposite pattern. Interestingly, subjects also demonstrated an increase in deviant brainwave scores (compared to a normative database) immediately following QM practice which showed improvement (below baseline) at the two-week follow up. These findings suggest that the QM practice has the immediate impact of
disrupting the subjects typical brainwave tendency and eventually resulting in a "normalization" of brainwave patterns. Such a finding would be consistent with elements of chaos theory which show that the immediate observation of a system in change is not always predictive of its final outcome. The increase in fast activity in frontal regions may be related to increased frontal lobe functioning. Future research should examine the potential impact of the QM process of cognitive functions including working memory, attention and reaction time.

**Brief Biographies of Research Presenters**


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**Christine Berger, PhD, LCPC** is an Assistant Professor of Counseling at Old Dominion University. She has dedicated her clinical and research work to the integration of complementary therapies with traditional counseling. She is currently an Assistant Professor of Counseling at Old Dominion University in Norfolk, VA and previously conducted NIH-funded research at the Center for Integrative Medicine at the University Of Maryland School Of Medicine. Her research to date includes studies on Healing Touch and its impact on bereavement and Qigong-based guided imagery meditation for anxiety and substance abuse. Currently her research focus is on the study of EFT on veterans’ experiences with trauma.

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**Hannah Chatwin, M Clinical Psychology** is a provisionally-registered psychologist currently completing her Masters of Clinical Psychology at Bond University, Australia. As a component of her Masters thesis, she investigated the effectiveness of Cognitive-Behavioural Therapy versus Emotional Freedom Techniques in the treatment of depression and anxiety among adults. Further, she has particular research interests in the application of complementary and alternative therapies within the provision of clinical psychology services, as well as burgeoning interests in various energy psychology therapeutic approaches. Following her graduation from the Masters program, Hannah will continue research in this area, as well as engaging in clinical practice in Melbourne, Australia.

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Sharon Devine, M Clinical Psychology is currently employed as a psychologist with Optum’s Employee Assistance Program in Australia. She recently completed her Master of Psychology (Clinical) degree at Bond University, during which time she researched EFT and depression under the supervision of Dr Peta Stapleton. More specifically, her work examined the effect of EFT when used in a group format by depressed Australians, the results being published in the journal *Current Research in Psychology*. Prior to this, Sharon completed a Bachelor of Psychology (Honours) degree, at Southern Cross University, receiving 1st Class Honours.

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**Diana Hughes-Luce** is a graduate student in Mental Health Counseling at Old Dominion University, Norfolk, VA. She holds a B.S. in Human Services from Old Dominion University, and an AAS in Social Science from Tidewater Community College, Chesapeake VA. She is currently researching the effects of Complementary and Alternative Medicine therapies, in conjunction with conventional counseling. As a Graduate Research Assistant to Dr. Christine Berger at Old Dominion University she is researching the use of Emotional Freedom Technique in counseling centers.

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**Daniel Murphy, M Clinical Psychology** completed a double degree (Arts/Science) at Melbourne University in 2002, before leaving on a gap year that evolved into a gap decade. He was employed as a kindergarten teacher in international schools in Japan, and spent a considerable amount of time backpacking around South America and Asia. When Daniel left Australia he had intended to do 4th-year research in marine zoology upon his return, but developed an interest in pursuing a career in psychology over the next ten years. In 2012 Daniel returned to Australia for the first time since 2002 and completed his 4th year in psychology at Bond University, and is currently nearing the end of a Master of Psychology (Clinical) program. He is currently a Teaching Fellow Faculty of Society and Design, Bond University. Daniel is looking forward to joining the psychology workforce after his graduation, and has a particular interest in health psychology in an inpatient setting.

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**Jerrod Nelms** holds a Ph.D. in Epidemiology from the University of North Carolina at Chapel Hill. He is an expert in epidemiological methods, statistical analysis, algorithm and metric development, and injury prevention. He has served as an epidemiologist in regional public health, academia, the corporate setting. Dr. Nelms’s company, Lucyna, offers consulting in epidemiology and informatics, active shooter and active violence prevention and mitigation, quality assurance/performance improvement, and health and safety management.

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**Brett Porter** has 36 years experience working in Government and corporate including being one of the founding directors of the Lakeside Rooms, the first multidisciplinary community mental health private practice facility established on the Gold Coast (Australia). He now works as a counsellor trained in mindfulness, EFT, NLP, Time Line Therapy, and teaches the Mind/Body Integrative Therapies module in the Diploma of Counselling for registered training organisations. Brett was the group therapist for all the clinical research trials conducted by Dr Peta Stapleton & Terri Sheldon on Emotional Freedom Techniques (EFT) including food craving for overweight and obese adults (2008), the EFT vs. CBT Food Craving clinical trial (2012-13), the Effectiveness of EFT in Treating Adults with Depression (2013) and EFT versus CBT in the Treatment of Unhealthy Food Choices and Consumption for Overweight Children aged 12-18 years (2014).

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**John Rossiter-Thornton, MD, FRCP**, is a psychiatrist in practice in Toronto, with a focus on people who have chronic pain and traumatic brain injuries. He is exploring the contributions of brain scans in the assessment and treatment of psychiatric disorders.

**Terri Sheldon** is a clinical psychologist (B.A. Hons, MAPS) with nearly 30 years experience in child, adolescent and adult psychology across community and hospital settings in government and private practice. She is one of the founders and managing directors of the Lakeside Rooms, the first multidisciplinary community mental health private practice facility established on the Gold Coast (Australia). Terri was a co-investigator in the first randomised clinical trial investigating the effect of Emotional Freedom Techniques (EFT) in the treatment of food cravings in overweight and obese adults (2008). She’s currently a co-investigator with Dr Peta Stapleton at Bond University in clinical research trials comparing EFT vs. Cognitive Behavioural Therapy (CBT) for food cravings (2012-13); EFT vs. CBT for Depression in Adults (2013) and EFT vs. CBT in the Treatment of Unhealthy Food Choices and Consumption for Overweight Children aged 12-18 years (proposed 2014). Terri is co-investigator in the “Heart and Mind Study: Exploring the link between heart disease and depression” with psychiatrist Dr Chris Stapelberg at Griffith University.

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**Peta Stapleton, PhD** is a registered clinical psychologist, and Assistant Professor and Program Director of the Masters of Clinical Psychology program at Bond University, Queensland Australia. She specialises in eating disorders, women's health and adolescent issues, and has served as President of the Eating Disorders Association of Queensland numerous times. Her doctoral dissertation examined the issue of control in sufferers of anorexia nervosa in the family unit and she is currently involved in private practice. She has been awarded many honours including the Australian Psychological Society Elaine Dignan Award for research into women’s issues. Peta is a 3 times published author and has served as the President of the Eating Disorders Association of Queensland (2006-8). She recently led a world first randomised clinical trial investigating Emotional Freedom Techniques against Cognitive Behavioural Therapy to treat food cravings in obese adults, and is now researching the application of EFT to eating, activity and resilience levels in overweight youth.

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Garret Yount, PhD, is a scientist at the Institute of Noetic Sciences and the Director of the Mind-Body Medicine Research Group at California Pacific Medical Center Research Institute. Dr. Yount’s expertise is in molecular neurobiology and his primary interest is bridging human genomics with aspects of consciousness and the nonmaterial mind. For over a decade, he has conducted an ongoing series of laboratory-based studies assessing energy psychology and mind-body techniques, in collaboration with practitioners and healers from the United States, Canada, China, Japan, India, Russia, Hungary, Brazil, and Sri Lanka.

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