# Effect of Emotional Freedom Techniques (EFT) on Psychological Trauma in Veterans: A Randomized Controlled Trial

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#### Introduction

- Veterans returning from Iraq (Operation Iraqi Freedom; OIF) and Afghanistan (Operation Enduring Freedom; OEF) are characterized by complex polytrauma needs, including mental distress (Lew et al., 2007).
- PTSD, depression, and alcohol use are the most commonly identified problems in veterans presenting for psychiatric services (Gahm & Lucenko, 2007).
- PTSD symptom severity has been shown to have the greatest impact on physical health in returning veterans controlling for demographic, combat and chemical exposure, and health risk behaviors (Jakupcak et al., 2008).

## Purpose

• The present study examined whether **Emotional Freedom Techniques (EFT)**, a brief exposure therapy that combines cognitive and somatic elements, had an effect on post-traumatic stress disorder (PTSD) and psychological distress symptoms in a sample of military veterans.

#### Methods – Procedures & Measures

- Participants were randomly assigned to EFT or a wait-list group (WL).
- The EFT treatment consisted of six one-hour EFT coaching sessions administered either in person or over the phone.
- WL participants were re-assessed at 4-weeks and then received the EFT intervention.
- All participants were assessed prior to randomization, after 3-sessions, at the end of treatment (6-sessions), and at three months following treatment.

#### Measures

- PTSD Checklist Military (PCL-M) —a self-report measure of the 17 DSM-IV symptoms of PTSD: Scores ≥ 50 indicate a clinical diagnosis of PTSD
- Symptom Assessment 45 (SA-45) —short form of SCL-90; a brief psychological symptom checklist yielding measures of overall and 9 symptom domain-specific levels of distress (Maruish et al., 1998) Scores > 60 clinical range
- Insomnia Severity Index (Bastien et al., 2001)
- Health Behaviors exercise, smoking, and substance use in the past month

## EFT Intervention

- Emotional Freedom Techniques (EFT) is a brief exposure therapy that combines cognitive and somatic elements (Craig, 2008).
- Participants prepared a list of traumatic combat memories.
- Participants state a negative cognition associated with a specific emotionally traumatic event, and pair this with a self-acceptance statement.
- The participant identifies a part of the body where the feelings of distress are focused, and rates the discomfort on a scale from 0 to 10.
- The somatic component of EFT involves tapping specific parts of the body while verbalizing the cognitive pairing.
- The process is repeated until the discomfort score is zero.
- EFT intervention was provided by either a licensed mental health professional or life coach certified in EFT.

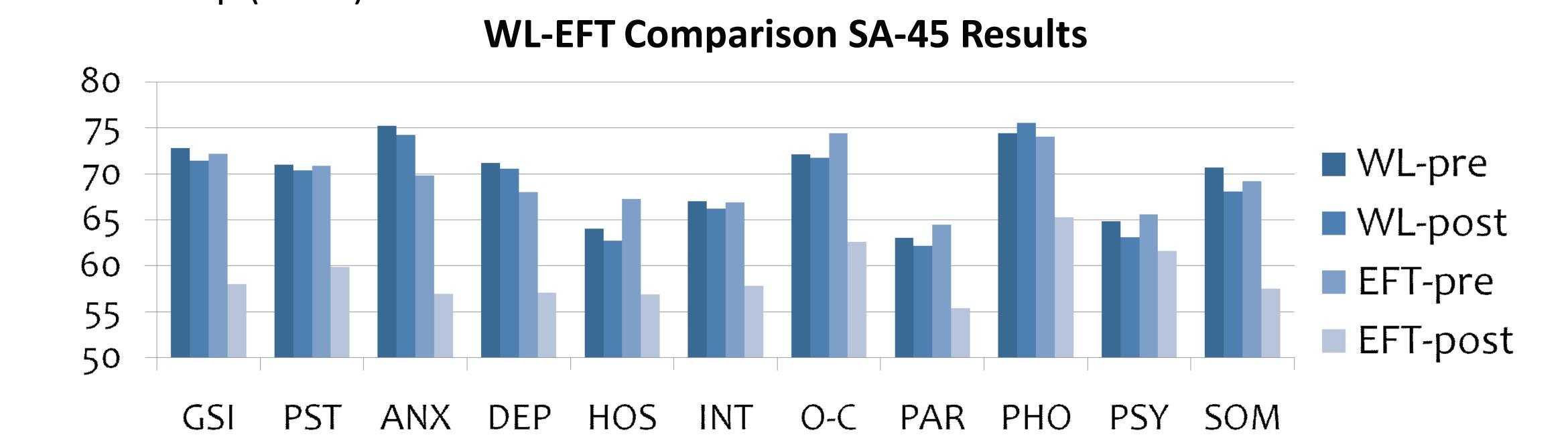
## Sample

- Veterans meeting criteria for PTSD ≥50 on PCL-M
- All military deployments eligible, e.g., OIF, Vietnam
- No current feelings of harm to others
- Currently receiving mental health services from VA or licensed healthcare facility
- 59 veterans consented: WL N=29; EFT TX N=30; Drop-outs: WL N=4; EFT TX N=1
- Recruited by study interventionists throughout the U.S.

Baseline Characteristics					
Variable Mean (SD)	WL N=29	EFT TX N=30	Total Sample N=59	Test statistic	Sig.
Age	54.2 (11.2)	49.3 (16.1)	51.7 (14.0)	t(52) = 1.36	0.18
Male N(%)	25 (86.2%)	28 (93.1%)	53 (89.8%)	$X^2(1) = 0.82$	0.37
OIF, OEF, GWI	9 (32.1%)	15 (50.0%)	24 (41.4%)	$X^2(1) = 1.90$	0.17
Vietnam, WWII	19 (67.9%)	15 (50.0%)			
Tours	1.1 (0.3)	1.2 (0.5)	1.2 (0.4)	t(44) = -1.55	0.13
PCL-M	65.5 (8.9)	63.0 (8.9)	64.2 (8.9)	t(57) = 1.09	0.28
GSI	72.3 (5.4)	73.2 (5.7)	72.7 (5.5)	t(57) = -0.62	0.54
PST	70.9 (4.7)	71.1 (4.4)	71.0 (4.5)	t(57) = -0.20	0.84
Any exercise	19 (67.9%)	23 (79.3%)	42 (73.7%)	$X^2(1) = 0.96$	0.33
Smoker	12 (42.9%)	6 (20.7%)	18 (31.6%)	$X^{2}(1) = 3.24$	0.07
Any alcohol use	16 (57.1%)	10 (34.5%)	26 (45.6%)	$X^2(1) = 2.95$	0.09
Any drug use	4 (14.3%)	4 (13.8%)	8 (14.0%)	$X^{2}(1) = 0.00$	0.96
Severe Insomnia	15 (51.7%)	9 (30.0%)	24 (40.7%)	$X^2(3) = 5.53$	0.14
# RX medications	4.5 (4.0)	1.6 (2.1)	3.0 (3.4)	t(36) = 3.36	0.00

# **Analysis & Results**

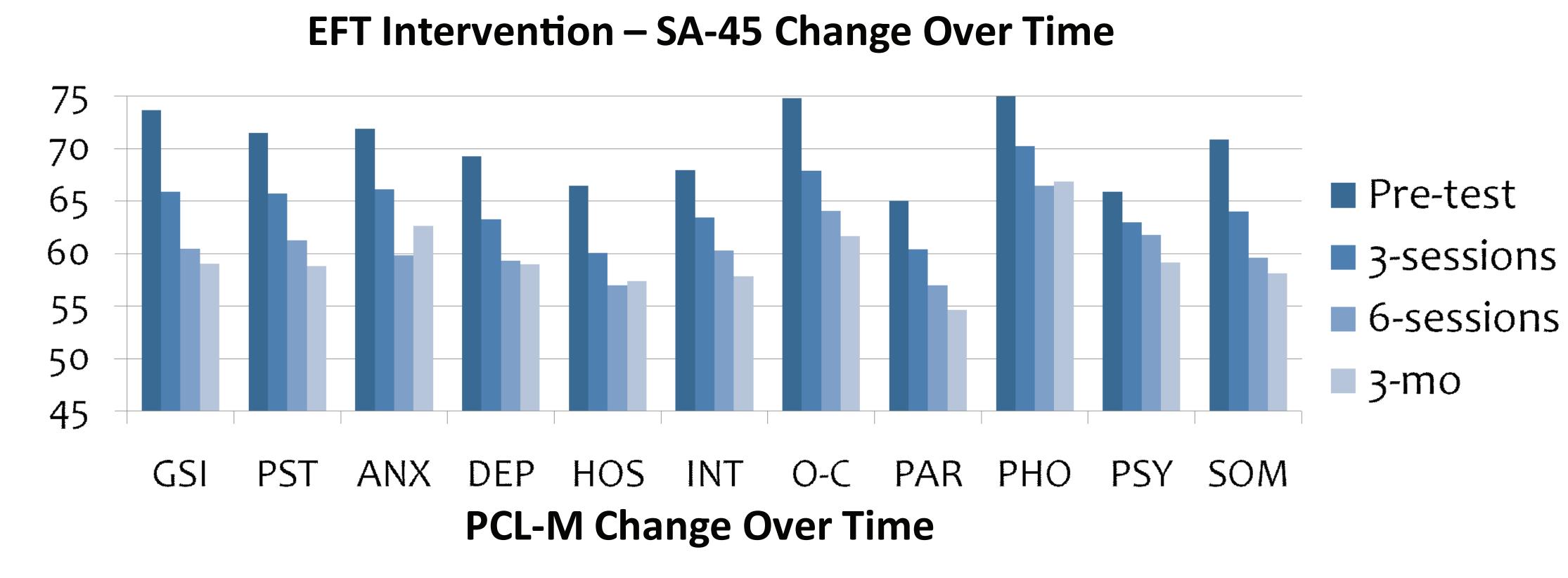
- Linear mixed-effects models were conducted on SA-45 global scales and symptom domains and PCL-M total score with patient-specific intercepts controlling for time between assessments with patient-specific intercepts modeled over time periods:
- WL (pre-test, 30-day wait assessment) vs. EFT treatment group (pre-test, 6 sessions)
  EFT intervention: pre-test, after 3-sessions (N=50), after 6-sessions (N=49), 3-month follow-up (N=40).

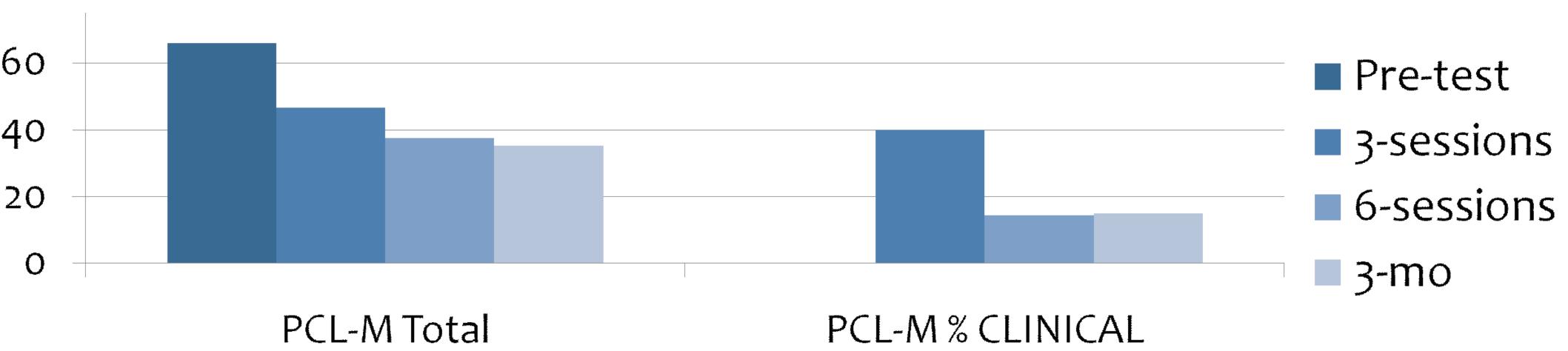


Group \* time p<0.0002 except PSY; \*EFT-post < WL-post p<0.025; +EFT post <EFT pre, p<0.001 in all models except PSY

# Results WL-EFT Comparison PCL-M Results WL-pre WL-post WL-post EFT-pre PCL-M Total PCL-M % CLINICAL

PCL-M Total group \* time p<0.0001; EFT-post < WL-post; EFT post <EFT pre, p<0.0001; PCL-M % Clinical, p<0.02





Time main effect p<0.04 all models; pre-test<3-sessions p<0.004; pre-test < 6-sessions p<0.0001; pre-test < 3-mo p<0.01; 3-sessions <6-sessions p<0.005 (except PSY); 3-sessions < 3-mo p<0.04 (except ANX, HOS); 6-sessions < 3-mo all n.s.

#### **Summary and Conclusions**

#### WL comparison

- EFT participants had significantly less psychological distress and PTSD than WL participants at posttest.
- Only 10% of EFT participants met the clinical criteria for PTSD after treatment vs. 96% of the WL group after one month wait period.
- EFT group had a significant decrease in psychological distress (SA-45) from pretest, while WL participants remained unchanged.

#### Change over time during EFT treatment and follow-up

- All participants showed significant decreases in psychological distress and PTSD after 3- and 6-sessions of EFT treatment. The improvements were maintained at the 3-month follow-up.
- After 3 EFT sessions 40% of the sample (both groups) still met the clinical criteria for PTSD. This decreased to 14% after 6-sessions and remained stable at the 3-month follow-up.

# Conclusions

• EFT resolved PTSD in 86% of treated patients. The results are consistent with other published reports showing EFTs efficacy at treating PTSD and co-morbid symptoms.