# Emotional Freedom Technique

Below are the citation and abstract for 15 peer-reviewed works on the effectiveness of EFT.

**Baker and Hoffman (2015)**

Emotional Freedom Techniques (EFT) **to reduce the side effects** associated with tamoxifen and aromatase inhibitor use in **women with breast cancer**: A service evaluation. European Journal of Integrative Medicine 7, 136–142.

Introduction: Adverse effects associated with tamoxifen and aromatase inhibitor use are the most common reason reported by women with breast cancer for discontinuing hormonal therapies. Poor compliance is associated with an increased risk of mortality and early recurrence. The primary aim of this study was to evaluate Emotional Freedom Techniques (EFT) for improving mood state, and secondarily, menopausal symptoms, fatigue, and pain experienced by women with breast cancer receiving hormonal therapies.

Methods: Participants (n = 41) received a three-week course of EFT, consisting of one session of three hours per week, followed by use of the self-tool over the next nine weeks as required. Self-report questionnaires were used to assess mood, pain, fatigue, endocrine (menopausal) symptoms and hot flushes and night sweats, together with a hot flush diary, at baseline and at 6 and 12 weeks. Participants also completed 7-day home practice sheets for the first six weeks, a feedback form at six weeks and were invited to attend a follow-up focus group at eight weeks.

Results: Statistically significant improvements in Total Mood Disturbance (p = 0.005; p = 0.008), and anxiety (p = 0.003; p = 0.028), depression (p = 0.006; p = 0.020) and fatigue (p = 0.008; p = 0.033) occurred at both 6 and 12 weeks, respectively, compared to baseline. In addition, mean fatigue interference and global scores, numbers of hot flush problem rating score decreased at 6 and/or 12 weeks.

**Discussion/Conclusions: These preliminary findings suggest that EFT may be an effective self-help tool for women with breast cancer experiencing side effects from hormonal therapies.**

**Bakker (2013)**

The current status of energy psychology: **Extraordinary claims with less than ordinary evidence.** Clinical Psychologist 17 (2013) 91–99.

Proponents of energy psychology techniques, such as Thought Field Therapy and Emotional Freedom Techniques, have sought “empirically supported therapy” status despite an unsupported and implausible theoretical basis and claims in response of representing a “pseudoscientific” movement. Two major reviews of the supportive evidence which has accumulated over the past 30 years have been published recently. This current status report describes the history, theory, techniques, claims, and implications of the energy psychology movement, examines support for its theoretical base, its current outcome study support, and offers conclusions and recommendations as to its research and clinical prospects. It is concluded that there is scant support for the radical theories underlying energy psychology techniques, and that empirical support for their efficacy is methodologically weak, and has not been able to demonstrate an effect beyond nonspecific or placebo effects, or the incorporation of known-effective elements. The only dismantling studies to date have been disconfirmatory. Further research is highly unlikely to be scientifically productive, and **scientist practitioners are advised to continue to adhere to well-established cognitive and behavioural principles.**

**Bougea et al. (2013)**

Effect of the emotional freedom technique on perceived stress, quality of life, and cortisol salivary levels in **tension-type headache sufferers: A randomized controlled trial**. Explore, 9, 91-99.

Objective: To evaluate the short-term effects of the emotional freedom technique (EFT) on tension-type headache (TTH) sufferers. We used a parallel-group design, with participants randomly assigned to the emotional freedom intervention (n = 19) or a control arm (standard care n = 16). The study was conducted at the outpatient Headache Clinic at the Korgialenio Benakio Hospital of Athens.

Participants: Thirty-five patients meeting criteria for frequent TTH according to International Headache Society guidelines were enrolled.

Intervention: Participants were instructed to use the EFT method twice a day for two months. Study measures included the Perceived Stress Scale, the Multidimensional Health Locus of Control Scale, and the Short-Form questionnaire-36. Salivary cortisol levels and the frequency and intensity of headache episodes were also assessed.

Results: Within the treatment arm, perceived stress, scores for all Short-Form questionnaire-36 subscales, and the frequency and intensity of the headache episodes were all significantly reduced. No differences in cortisol levels were found in any group before and after the intervention.

**Conclusions: EFT was reported to benefit patients with TTH. This randomized controlled trial shows promising results for not only the frequency and severity of headaches but also other lifestyle parameters.**

**Church (2014)**

Reductions in pain, depression, and anxiety symptoms after **PTSD remediation** in veterans. Explore, 10, 162-169.

A randomized controlled trial of veterans with clinical levels of PTSD symptoms found significant improvements after Emotional Freedom Techniques (EFT). Although pain, depression, and anxiety were not the primary targets of treatment, significant improvements in these conditions were noted. Subjects (N = 59) received six sessions of EFT coaching supplementary to primary care. They were assessed using the SA-45, which measures nine mental health symptom domains and also has two general scales measuring the breadth and depth of psychological distress. Anxiety and depression both reduced significantly, as did the breadth and depth of psychological symptoms. Pain decreased significantly during the intervention period (-41%, p < .0001). Subjects were followed up at three and six months, revealing significant relationships between PTSD, depression, and anxiety at several assessment points. At follow-up, pain remained significantly lower than at pretest. The results of this study are consistent with other reports showing that, as PTSD symptoms are reduced, general mental health improves, and pain levels drop. **The ability of EFT to produce reliable and long-term gains after relatively brief interventions indicates its utility in reducing the estimated trillion-dollar cost of treating veteran mental health disorders in the coming years.**

**Church and Palmer-Hoffman (2014)**

**TBI symptoms improve after PTSD remediation** with Emotional Freedom Techniques. Traumatology, 20(3), 172–181.

A group of 59 veterans with clinical levels of posttraumatic stress disorder (PTSD) symptoms received emotional freedom techniques (EFT) coaching in a randomized controlled trial. **A significant percentage dropped below the clinical threshold after 6 sessions of EFT (86%, p < .0001) and remained subclinical at 3-month and 6-month follow-ups.** Traumatic brain injury (TBI) and somatoform symptoms isolated from the data set for detailed analysis are presented in the current paper. Compared with pretest, significant reductions in TBI symptoms were found after 3 sessions, with a further reduction after 6 months (-41%, p < .0021). Participant gains were maintained on 3-month and 6-month follow-ups (p < .0006). These results point to the poorly defined distinction between TBI and PTSD symptoms, the potential for partial TBI rehabilitation as a sequel to successful PTSD treatment, and the possibility of long-term maintenance of clinical gains.

**Church and Nelms (2016)**

**Pain, range of motion, and psychological symptoms** in a population with frozen shoulder: A randomized **controlled dismantling study** of clinical EFT (Emotional Freedom Techniques). Archives of Scientific Psychology, 4, 38–48.

Clinical EFT (emotional freedom techniques) combines fingertip stimulation of acupuncture points (acupressure) with elements drawn from cognitive and exposure therapies. Numerous studies have demonstrated the efficacy of EFT for depression, anxiety, phobias, posttraumatic stress disorder (PTSD), and other psychological conditions. The current study was designed to measure whether acupressure is an active ingredient in EFT, or whether its effects are due to its cognitive and exposure elements, or factors common to all therapies like sympathetic attention and belief in a positive outcome. In this study, 37 participants with “frozen shoulder” consisting of limited range of motion (ROM) and pain were randomized into a wait list, or 1 of 2 treatment groups. ROM, pain, and psychological conditions such as anxiety and depression were assessed before and after a 30-min treatment session, and 30 days later. One treatment group received clinical EFT, while the other received all the elements of EFT but with diaphragmatic breathing (DB) substituted for acupressure. No statistically significant improvement (1 possibility in 20) in any psychological symptom was found in the wait list group. After treatment, participants in the both the EFT and DB groups demonstrated statistically significant improvements in psychological symptoms and pain. Follow-up showed that both groups maintained their gains for pain, with EFT superior to DB, but only the EFT group maintained their gains for psychological symptoms. Statistically large EFT treatment effects were found for anxiety, pain, and depression. ROM changes were not statistically significant for most measures in any of the groups. The EFT group showed a significant association between reductions in psychological distress and pain. **The results are consistent with 5 earlier studies showing that acupressure is an active ingredient in EFT treatment and not an inert ingredient or a placebo. The study adds further support to other clinical trials indicating that clinical EFT is an evidence-based and effective treatment for pain and psychological conditions.**

**Church et al. (2016)**

EFT (Emotional Freedom Techniques) and resiliency in **veterans at risk for PTSD: A randomized controlled trial.** Explore, 12, 355-365.

Prior research indicates elevated but subclinical posttraumatic stress disorder (PTSD) symptoms as a risk factor for a later diagnosis of PTSD. This study examined the progression of symptoms in 21 subclinical veterans. Participants were randomized into a treatment as usual (TAU) wait-list group and an experimental group, which received TAU plus six sessions of clinical emotional freedom techniques (EFT). Symptoms were assessed using the PCL-M (Posttraumatic Checklist-Military) on which a score of 35 or higher indicates increased risk for PTSD. The mean pretreatment score of participants was 39 ± 8.7, with no significant difference between groups. No change was found in the TAU group during the wait period. Afterward, the TAU group received an identical clinical EFT protocol. Posttreatment groups were combined for analysis. Scores declined to a mean of 25 (-64%, P < .0001). Participants maintained their gains, with mean three-month and six-month follow-up PCL-M scores of 27 (P < .0001). Similar reductions were noted in the depth and breadth of psychological conditions such as anxiety. A Cohen's d = 1.99 indicates a large treatment effect. Reductions in traumatic brain injury symptoms (P = .045) and insomnia (P = .004) were also noted. Symptom improvements were similar to those assessed in studies of PTSD-positive veterans. EFT may thus be protective against an increase in symptoms and a later PTSD diagnosis. As a simple and quickly learned self-help method, **EFT may be a clinically useful element of a resiliency program for veterans and active-duty warriors.**

**Clond (2016)**

Emotional Freedom Techniques for anxiety: **A systematic review with meta-analysis**. J Nerv Ment Dis, 204, 388-395.

Emotional Freedom Technique (EFT) combines elements of exposure and cognitive therapies with acupressure for the treatment of psychological distress. Randomized controlled trials retrieved by literature search were assessed for quality using the criteria developed by the American Psychological Association’s Division 12 Task Force on Empirically Validated Treatments. As of December 2015, 14 studies (n = 658) met inclusion criteria. Results were analyzed using an inverse variance weighted meta-analysis. The pre-post effect size for the EFT treatment group was 1.23 (95% confidence interval, 0.82–1.64; p < 0.001), whereas the effect size for combined controls was 0.41 (95% confidence interval, 0.17–0.67; p = 0.001). **Emotional freedom technique treatment demonstrated a significant decrease in anxiety scores, even when accounting for the effect size of control treatment.** However, there were too few data available comparing EFT to standard-of care treatments such as cognitive behavioral therapy, and further research is needed to establish the relative efficacy of EFT to established protocols.

**Flint et al. (2006)**

**Emotional Freedom Techniques**. Journal of Aggression, Maltreatment & Trauma, 12(1-2), 125-150.

Callahan (1985) developed a procedure of tapping on acupressure points for treating mental problems. Craig and Fowlie (1995) modified Callahan’s procedure to a simplified version called Emotional Freedom Techniques (EFT). EFT is easy to teach and is effective with symptoms of PTSD. This article presents EFT as an adjunct to the Critical Incident Stress Reduction debriefing procedures. **The use of EFT in debriefings results in shorter and more thorough sessions. It often reduces the emotional pain of the debriefing.** This paper provides complete instructions and safeguards for using EFT when debriefing in disaster situations and with other applications. Included are references for further reading and training.

**Gaesser and Karan (2017)**

A **randomized controlled comparison of Emotional Freedom Technique and Cognitive-Behavioral Therapy** to reduce adolescent anxiety: A pilot study. The Journal of Alternative and Complementary Medicine, 23(2), 102-108.

Objective: The objective of this pilot study was to compare the efficacy of Emotional Freedom Techniques (EFT) with that of Cognitive-Behavioral Therapy (CBT) in reducing adolescent anxiety. This study took place in 10 schools (8 public/2 private; 4 high schools/6 middle schools) in 2 northeastern states in the United States.

Participants: Sixty-three high-ability students in grades 6–12, ages 10–18 years, who scored in the moderate to high ranges for anxiety on the Revised Children’s Manifest Anxiety Scale-2 (RCMAS-2) were randomly assigned to CBT (n = 21), EFT (n = 21), or waitlist control (n = 21) intervention groups. CBT is the gold standard of anxiety treatment for adolescent anxiety. EFT is an evidence based treatment for anxiety that incorporates acupoint stimulation. Students assigned to the CBT or EFT treatment groups received three individual sessions of the identified protocols from trained graduate counseling, psychology, or social work students enrolled at a large northeastern research university. The RCMAS-2 was used to assess preintervention and postintervention anxiety levels in participants.

Results: EFT participants (n = 20; M= 52.16, SD = 9.23) showed significant reduction in anxiety levels compared with the waitlist control group (n = 21; M= 57.93, SD = 6.02) ( p = 0.005, d = 0.74, 95% CI [-9.76, -1.77]) with a moderate to large effect size. CBT participants (n = 21; M= 54.82, SD = 5.81) showed reduction in anxiety but did not differ significantly from the EFT ( p = 0.18, d = 0.34; 95% CI [-6.61, 1.30]) or control ( p = 0.12, d = 0.53, 95% CI [-7.06, .84]).

**Conclusions: EFT is an efficacious intervention to significantly reduce anxiety for high-ability adolescents.**

**Metcalf et al. (2016)**

Efficacy of fifteen **emerging interventions for** the treatment of **Posttraumatic Stress Disorder**: A systematic review. Journal of Traumatic Stress, 29, 88-92.

Although there is an abundance of novel interventions for the treatment of posttraumatic stress disorder (PTSD), often their efficacy remains unknown. This systematic review assessed the evidence for 15 new or novel interventions for the treatment of PTSD. Studies that investigated changes to PTSD symptoms following the delivery of any 1 of the 15 interventions of interest were identified through systematic literature searches. There were 19 studies that met the inclusion criteria for this study. Eligible studies were assessed against methodological quality criteria and data were extracted. The majority of the 19 studies were of poor quality, hampered by methodological limitations, such as small sample sizes and lack of control group. **There were 4 interventions, however, stemming from a mind–body philosophy (acupuncture, emotional freedom technique, mantra-based meditation, and yoga) that had moderate quality evidence from mostly small- to moderate-sized randomized controlled trials.** The active components, however, of these promising emerging interventions and how they related to or were distinct from established treatments remain unclear. The majority of emerging interventions for the treatment of PTSD currently have an insufficient level of evidence supporting their efficacy, despite their increasing popularity. Further well-designed controlled trials of emerging interventions for PTSD are required.

**Nelms and Castel (2016)**

A systematic review and **meta-analysis** of randomized and nonrandomized trials of clinical Emotional Freedom Techniques (EFT) **for the treatment of depression.** Explore, 12,416-426.

Background: Among a group of therapies collectively known as energy psychology (EP), emotional freedom techniques (EFT) is the most widely practiced. Clinical EFT is an evidence-based practice combining elements of cognitive and exposure therapies with the manual stimulation of acupuncture points (acupoints). Lacking is a recent quantitative meta-analysis that enhances understanding of the variability and clinical significance of outcomes after clinical EFT treatment in reducing depression.

Methods: All studies (2005-2015) evaluating EFT for sufferers of depression were identified by electronic search; these included both outcome studies and randomized controlled trials (RCTs). Our focus was depressive symptoms as measured by a variety of psychometric questionnaires and scales. We used meta-analysis to calculate effect sizes at three time points including posttest, follow-ups less than 90 days, and follow-ups more than 90 days.

Results: In total, 20 studies were qualified for inclusion, 12 RCTs and 8 outcome studies. The number of participants treated with EFT included N = 461 in outcome studies and N = 398 in RCTs. Clinical EFT showed a large effect size in the treatment of depression in RCTs. At posttest, Cohen׳s d for RCTs was 1.85 and for outcome studies was 0.70. Effect sizes for follow-ups less than 90 days were 1.21, and for ≥ 90 days were 1.11. EFT were more efficacious than diaphragmatic breathing (DB) and supportive interview (SI) in posttest measurements (P = .06 versus DB, P < .001 versus SI), and sleep hygiene education (SHE) at follow-up (P = .036). No significant treatment effect difference between EFT and eye movement desensitization and reprocessing (EMDR) was found. EFT were superior to treatment as usual (TAU), and efficacious in treatment time frames ranging from 1 to 10 sessions. The mean of symptom reductions across all studies was -41%.

Conclusions: **The results show that Clinical EFT were highly effective in reducing depressive symptoms in a variety of populations and settings.** EFT were equal or superior to TAU and other active treatment controls. The posttest effect size for EFT (d = 1.31) was larger than that measured in meta-analyses of antidepressant drug trials and psychotherapy studies. EFT produced large treatment effects whether delivered in group or individual format, and participants maintained their gains over time. This meta-analysis extends the existing literature through facilitation of a better understanding of the variability and clinical significance of depression improvement subsequent to EFT treatment.

**Sebastian and Nelms (2017)**

The effectiveness of Emotional Freedom Techniques in the treatment of **Posttraumatic Stress Disorder: A meta-analysis.** Explore, 13, 16-25.

Background: Over the past two decades, growing numbers of clinicians have been utilizing emotional freedom techniques (EFT) in the treatment of posttraumatic stress disorder (PTSD), anxiety, and depression. Randomized controlled trials (RCTs) have shown encouraging outcomes for all three conditions.

Objective: To assess the efficacy of EFT in treating PTSD by conducting a meta-analysis of existing RCTs.

Methods: A systematic review of databases was undertaken to identify RCTs investigating EFT in the treatment of PTSD. The RCTs were evaluated for quality using evidence-based standards published by the American Psychological Association Division 12 Task Force on Empirically Validated Therapies. Those meeting the criteria were assessed using a meta-analysis that synthesized the data to determine effect sizes. While uncontrolled outcome studies were excluded, they were examined for clinical implications of treatment that can extend knowledge of this condition.

Results: Seven randomized controlled trials were found to meet the criteria and were included in the meta-analysis. A large treatment effect was found, with a weighted Cohen׳s d = 2.96 (95% CI: 1.96-3.97, P < .001) for the studies that compared EFT to usual care or a waitlist. No treatment effect differences were found in studies comparing EFT to other evidence-based therapies such as eye movement desensitization and reprocessing (EMDR; 1 study) and cognitive behavior therapy (CBT; 1 study).

**Conclusions: The analysis of existing studies showed that a series of 4-10 EFT sessions is an efficacious treatment for PTSD with a variety of populations. The studies examined reported no adverse effects from EFT interventions and showed that it can be used both on a self-help basis and as a primary evidence-based treatment for PTSD.**

**Stapleton et al. (2016)**

Food for thought: A **randomised controlled trial** of Emotional Freedom Techniques and Cognitive Behavioural Therapy in the **treatment of food cravings**. Applied Psychology: Health and Well-Being, 8(2), 232-257.

Addressing the internal determinants of dysfunctional eating behaviours (e.g. food cravings) in the prevention and treatment of obesity has been increasingly recognised. This study compared Emotional Freedom Techniques (EFT) to Cognitive Behavioural Therapy (CBT) for food cravings in adults who were overweight or obese (N = 83) in an 8-week intervention. Outcome data were collected at baseline, post-intervention, and at 6- and 12-months follow-up. **Overall, EFT and CBT demonstrated comparable efficacy in reducing food cravings, one’s responsiveness to food in the environment (power of food), and dietary restraint, with Cohen’s effect size values suggesting moderate to high practical significance for both interventions.** Results also revealed that both EFT and CBT are capable of producing treatment effects that are clinically meaningful, with reductions in food cravings, the power of food, and dietary restraint normalising to the scores of a non-clinical community sample. While reductions in BMI were not observed, the current study supports the suggestion that psychological interventions are beneficial for food cravings and both CBT and EFT could serve as vital adjunct tools in a multidisciplinary approach to managing obesity.

**Waite and Holder (2003)**

Assessment of the Emotional Freedom Technique: An **alternative treatment for fear**. The Scientific Review of Mental Health Practice, 2(1).

The effectiveness of the Emotional Freedom Technique (EFT), a treatment for anxiety and fear, was assessed. One hundred nineteen university students were assigned and tested in an independent four-group design. The groups differed in the treatment each received: applied treatment of EFT (Group EFT); a placebo treatment (Group P); a modeling treatment (Group M); and a control (Group C). Participants' self-reported baseline and post-treatment ratings of fear were measured. Group EFT showed a significant decrease in self-report measures at post-treatment. However, Group P and Group M showed a similar significant decrease. Group C did not show a significant decrease in post-treatment fear ratings. **These results do not support the idea that the purported benefits of EFT are uniquely dependent on the "tapping of meridians." Rather, these results suggest that the reported effectiveness of EFT is attributable to characteristics it shares with more traditional therapies.**