EFT (Emotional Freedom Techniques) and Resiliency in Veterans at Risk for PTSD: A Randomized Controlled Trial

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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.

Key words: veterans, PTSD, resiliency, EFT, emotional freedom techniques

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Among a group of therapies collectively known as energy psychology (EP), emotional freedom techniques (EFT) are most widely practiced. A recent critical review of EP surveyed licensed psychotherapists using Listservs such as acceptance and commitment therapy, the society for the science of clinical psychology, and the association of behavioral and cognitive therapies, and found 42% of therapists using these techniques.[1] The reasons cited for the rapid and widespread acceptance of EP include speed, efficacy, ease of use, safety, and reliability.[2]

A number of studies have examined the use of EFT for posttraumatic stress disorder (PTSD). Many of these have used the PTSD Checklist (PCL)[3] or the military variant (PCL-M)[4] to assess symptom levels in participants. Both checklists contain 17 items corresponding to the PTSD diagnostic criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV)[5] scored from 1 to 5. Scores on this assessment range from 17 to 85, and a score of 50 or more is considered indicative of a clinical diagnosis of PTSD.[2]

The results of a randomized controlled trial with 59 veterans are typical of results obtained with EFT.[6] The mean pretest PCL-M score of participants in that study was 64 [standard error (SE) ± 2.1]. After six treatment sessions, 86% of participants were subclinical (mean score 37, $P < .0001$). After three months, mean PCL-M value was 37 ($P < .0001$), and after six months, 36 ($P < .0001$), as participants maintained their gains over time. A replication of this study reported similar results, as did an earlier pilot study.[7,8]

A randomized controlled trial of patients diagnosed with PTSD was performed by a hospital in Britain's National Health Service (NHS).[9] It compared EFT and eye movement reprocessing and desensitization (EMDR) to a wait-list, and also used the PCL to assess symptom levels. Both EFT and

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EMDR were found to remediate PTSD in a mean time frame of four sessions ($P < .001$). Another randomized controlled trial showed similar PTSD symptom reductions in abused adolescents confined to a group home.[10] The NHS has performed a number of studies of EFT and found significant reductions in both psychological and physical symptoms, as well as acceptance by patients.[9,11,12] A systematic review compared energy psychology studies against the standards published by the Task Force on Empirically Validated Treatments of APA's (American Psychological Association) Division 12, and found that these techniques met the criteria for evidence-based treatments "for a number of conditions, including PTSD."[2]

EFT is often used for group therapy, with numerous studies demonstrating its efficacy in this setting.[13–18] One study examined the PTSD symptom levels of 218 veterans and their spouses who attended a seven-day retreat.[19] They received EFT and other EP interventions for PTSD. Pretest showed 83% of veterans and 29% of spouses with PCL symptom levels indicative of PTSD. A six-week follow-up showed that PTSD symptoms had declined significantly, with only 28% of veterans ($P < .001$) and 4% of spouses ($P < .001$) still scoring 50 or higher on the PCL. Another outcome study examined the PTSD levels of participants traumatized by the 2010 earthquake in Haiti.[17] Before two days of treatment, 62% had PCL scores of 50 or more, while after treatment, 0% met this criterion ($P < .001$).

Studies have examined the prevalence of depression, anxiety, and other psychological conditions in participants receiving EFT treatment for PTSD, and found that both the breadth and depth of symptoms decline significantly.[6,9,8] Comorbid physical conditions such as pain and headaches also improve.[13,19–21]

The physiological mechanisms of action of EFT have been explored in a number of studies. A triple-blind randomized controlled trial of 83 normal subjects examined levels of the stress hormone cortisol, as well as psychological symptoms.[22] The intervention consisted of an hour-long session of EFT, talk therapy, or no treatment. The results showed that psychological conditions such as anxiety and depression declined by more than twice as much in the EFT group compared to the other two groups ($P < .001$), along with a deeper decline in cortisol ($P < .03$). Similar regulation of stress physiology has been found in electroencephalogram (EEG) studies.[23,24] Two single-subject case reports also found substantial drops in cortisol after EFT.[2,25]

EFT is described in *The EFT Manual*.[26,27] It consists of a verbal and a somatic component. Drawing from exposure therapies, the client is instructed to vividly remember and name a traumatic event. Simultaneously, the client repeats an affirmation of self-acceptance, in order to provide a cognitive reframe. While using phrases designed to keep attention focused on the event, the client taps a series of acupuncture points or "acupoints" on the hand, head, and torso.

EFT as compliant with the research standards of the APA Division 12 Task Force is referred to as "clinical EFT."[28] EFT is regarded as one of the most popular self-help techniques in history,[2] with some six million visitors a month to the five most-visited EFT web sites.[27] Over the past decade, the online EFT manuals have been downloaded by more than two million individuals, while over a million have been treated following disasters.[27]

Therapists report a rapid decrease in affect when combining acupoint tapping with these established therapeutic techniques.[29] A systematic review of published EP research with reference to its physiological mechanisms of action in cases of PTSD suggested that it "quickly and permanently reduces maladaptive fear responses to traumatic memories and related cues."[30] The published scientific literature on EFT includes more than 100 papers in peer-reviewed journals (Research.EFTuniverse.com). These include meta-analyses, reviews, outcome studies, and randomized controlled trials. They demonstrate the efficacy of the method for anxiety, depression, PTSD, and phobias, as well as a variety of physical symptoms such as pain, psoriasis, and traumatic brain injury. Several studies using fMRI to measure the effects of acupuncture (not EFT) on the brain's limbic system find that it regulates fear.[31–33] A review found "encouraging" evidence for the effectiveness of acupuncture for PTSD when compared to psychotherapy and SSRIs, though determining that more research is needed for a definitive conclusion.[34] A pain study comparing acpuncture to pressure on the points found the latter form of acupoint stimulation as effective as needling.[35]

In 1988, the National Vietnam Veterans Readjustment Study (NVVRS) first drew attention to the high prevalence of subclinical and delayed-onset PTSD.[36,37] Delayed-onset PTSD is defined as the onset of symptoms six months or more after exposure to traumatic events.[5] According to a review article, delayed-onset PTSD is usually associated with prior PTSD symptoms.[38]

A recent large-scale study using a sample of U.K. veterans with subclinical PTSD examined the changes between early symptom scores and later diagnostic assessments.[39] It found that mean PCL-M scores doubled between the two assessment points for the delayed-onset PTSD group. Veterans with lower PCL-M scores remained stable. Half of the veterans later diagnosed with PTSD had delayed-onset PTSD. These results are similar to those of a longitudinal study of 5656 World Trade Center disaster fire fighters, which showed that 45% of PTSD cases were of the delayed-onset type, with a mean onset period of three years after the event.[40] Unlike psychiatric diagnoses with courses of limited duration, PTSD often becomes more pronounced over time.[41] This change is not only psychological, it is also physiological, as the brain changes in ways that make the condition treatment-resistant.[42,43]

Is subclinical PTSD an indicator of resilience, since the patient has not developed full-blown symptoms, or an indicator of risk? An evaluation of the relationship between the two finds that "partial PTSD appears to confer greater risk than resilience."[44] Subclinical PTSD is associated with an 11-fold increase in the likelihood of a later PTSD diagnosis, according to a meta-analysis.[45]

Critics and scholars have debated the role of functional impairment in a PTSD diagnosis, but a review of the evidence finds elevated levels of functional impairment in this

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