

# THE EFFECTIVENESS OF EMOTIONAL FREEDOM TECHNIQUES IN THE TREATMENT OF POSTTRAUMATIC STRESS DISORDER: A META-ANALYSIS



Brenda Sebastian, MPsych.<sup>1</sup> and Jerrod Nelms, PhD<sup>2#</sup>

**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.

**Key words:** Emotional freedom techniques, posttraumatic stress disorder, veteran

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## BACKGROUND

Concern over posttraumatic stress disorder (PTSD) in the United States continues to grow as the Veterans Administration (VA) confronts the problems of treating the large cohort of veterans deployed in the Middle East wars. Since October 2001, approximately 2.4 million US troops have been deployed to Afghanistan and Iraq in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF), and a large percentage are estimated to be PTSD positive. Over the past decade, the VA has diagnosed almost 30% of the 834,463 OEF and OIF veterans with PTSD.<sup>1</sup>

PTSD typically interferes with daily functioning and quality of life. Relationships may be impacted, eroding

emotional support. Emotional numbing can result in a loss of intimacy in the marriage and withdrawal from the parent/child relationship.<sup>2</sup> This as well as strain on relationships with friends and extended family can lead to isolation from support groups. Work life can also suffer. Flashbacks, anxiety, and sleep loss can make it difficult to complete tasks or even attend work for days at a time.<sup>2</sup> Additionally, avoidance of traumatic memories can lead to alcoholism and other substance abuse problems,<sup>2</sup> exacerbating problems in personal relationships as well as at work. Consequently, a consistent, effective treatment method for PTSD that can provide healing for veterans and their families is urgently needed.

In a recent meta-analysis<sup>3</sup> of 112 studies looking at psychotherapies and pharmacotherapies, psychotherapies like cognitive therapies ( $g = 1.63$ ), exposure therapies (1.08), and EMDR (1.01) were found to be most effective. Paroxetine ( $g = 0.74$ ), sertraline (0.41), fluoxetine (0.43), risperidone (0.41), topiramate (1.20), and venlafaxine (0.48) were found to be the most effective pharmacotherapies. Cognitive behavior therapy (CBT), considered the “treatment of

1 Transcendence Institute, 1620 Bandedrock Court, Colorado Springs, CO 80919

2 Lucyna Health and Safety Solutions, Tampa, FL

# Corresponding author.

e-mail: bjanfield@yahoo.com

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choice” for PTSD by many in the field,<sup>4</sup> documents an average success rate of 40–60%, with most clients requiring 10 or more sessions.<sup>5–7</sup> This percentage is promising because of the persistent nature of PTSD, but a more effective treatment is needed if PTSD is to be effectively remediated in hundreds of thousands of veterans.

This systematic review and meta-analysis looks at a form of therapy called emotional freedom techniques (EFT) which utilizes established techniques within clinical practice, such as cognitive restructuring, exposure, and systematic desensitization, but it adds the novel component of stimulating acupuncture points (acupoints) while disturbing memories or triggers are mentally activated.<sup>8</sup>

## LITERATURE REVIEW

### Posttraumatic Stress Disorder

The National Institute of Mental Health reports that post-traumatic stress disorder (PTSD) impacts an estimated 3.5% of adults in the United States.<sup>9</sup> Diagnostic criteria for PTSD, according to the DSM-5, include a history of exposure to a traumatic event as a participant, witness, or through indirect exposure.<sup>10</sup> As a result of the trauma, the individual experiences symptoms from each of four symptom clusters. *Intrusion* consists of symptoms such as intrusive thoughts, flashbacks, and traumatic nightmares. A second symptom cluster that must be present for a PTSD diagnosis involves the *avoidance* of thoughts, feelings, and reminders of the traumatic event. *Negative alterations* in cognitions and mood can involve negative feelings about oneself and the world as well as feelings of isolation and they are a third symptom cluster. The fourth includes *alterations in arousal and reactivity*, as can be seen in sleep difficulties, irritability, aggressiveness, and self-destructive behaviors.<sup>10</sup> PTSD is consistently difficult to treat, with a median recovery time of three to five years.<sup>11</sup>

Veterans from OIF in Iraq and OEF in Afghanistan are of particular concern. Wilk et al.<sup>12</sup> reported that as many as 24% of infantry who have seen direct combat are diagnosed with PTSD as opposed to the 3.5% of adults in the United States. These soldiers have also often been diagnosed with comorbid conditions such as major depression, traumatic brain injury, or physical injuries making treatment even more difficult.<sup>2</sup> In addition, fear of retraumatization during treatment or stigmatization for seeking help make veterans treatment resistant,<sup>13</sup> and the addition of physical injury, called polytrauma, leads to even more complications,<sup>2</sup> making it even more crucial that powerful clinical tools be developed for treating this population.

### Emotional Freedom Techniques (EFT)

Like other treatment methods for PTSD, EFT uses exposure and cognitive reprocessing.<sup>14</sup> Unique to EFT, however, is the stimulation of acupoints, which proponents claim gives the approach greater power than therapies that do not include a somatic component.<sup>15</sup> During an EFT treatment, the client brings to mind a traumatic memory or an emotional trigger and pairs it with a reframe of self-acceptance.<sup>15</sup> Then the client taps, massages, or holds a set of acupoints. A “subjective

units of distress” (SUD) scale is used to measure the client's anxiety level before and after each round to determine if more work needs to be done on each specific memory or trigger.<sup>12</sup> Additional rounds of mental exposure and acupoint stimulation are completed until the client is able to bring the memory to mind with no or little subjective distress.<sup>15</sup>

### Research on the Underlying Mechanisms of EFT

Traumatic events can overwhelm the mind's ability to process new information accurately. As a result, a traumatic memory may be held in the limbic system indefinitely rather than being integrated into long-term memory.<sup>16</sup> The autonomic nervous system becomes activated when a trigger appears that is reminiscent of the traumatic event,<sup>14</sup> a form of classical conditioning.

An established approach used to remediate such conditioning is called counterconditioning or desensitization. Developed by Wolpe,<sup>17</sup> counterconditioning links a difficult memory with relaxation techniques to create a new response in the body.<sup>14</sup> Although this approach is effective, the addition of acupoint stimulation in EFT protocols breaks this cycle of sympathetic nervous system hyperarousal more rapidly than other forms of desensitization, allowing for faster symptom reduction, and it may be beneficial for physical health as well.<sup>14</sup> “The lateral nucleus of the amygdala is at once activated by memories or cues involving the traumatic event and deactivated by the acupoint-generated signal. Such reciprocal inhibition is the antecedent of extinction and may also bring about the depotentiation of neurological pathways that were sustaining the fear response.”<sup>18(p395)</sup> Although both systematic desensitization and acupoint stimulation produce reciprocal inhibition, the signals sent to the limbic system by acupoint stimulation seem to reduce hyperarousal at a significantly faster rate than interventions that are relaxation-focused alone.<sup>18</sup> A randomized controlled trial (RCT) conducted by Sezgin and Özcan<sup>19</sup> demonstrated this by comparing progressive muscle relaxation with self-administered exposure/acupoint stimulation. They found a significant reduction in test-taking anxiety for both techniques, but a significantly greater one for exposure/acupoint stimulation.

Other biological explanations propose that acupoint stimulation, as used in EFT, releases serotonin in the amygdala as well as the prefrontal cortex reducing hyperarousal rapidly.<sup>20</sup> Brain mapping as well as neurobiological research support this connection<sup>20–22</sup> and demonstrate that counterconditioning takes place in the midbrain, primarily the amygdala.<sup>14</sup> Studies using fMRI have shown that stimulating specific acupoints downregulates limbic system activity.<sup>21,23</sup>

Additionally, acupoint stimulation releases opioids, serotonin, and gamma-aminobutyric acid (GABA), shutting off the fight/flight/freeze response, reducing pain, slowing heart rate, and decreasing anxiety.<sup>24</sup> Acupoint tapping also helps to regulate the stress hormone cortisol.<sup>24</sup> A triple-blind trial of EFT measured cortisol levels through saliva, comparing EFT to a supportive interview as well as a no-treatment group.<sup>15</sup> The results showed an equal reduction in cortisol (14%) for

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