

EFT Specialty Workshop

Presenters

(In order of appearance)

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Using EFT for Chronic Health Issues

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Using EFT for Healing Chronic Health Issues

By Stephen Daniel, PhD, FPPR

I. Introduction

Terrorism is a fact of life in our world today. Worldwide, hundreds of people die in terrorist attacks each year. We are in a war with terrorists of the heart...leading to higher drug, alcohol and comfort food use.

Small town America much more likely to die of lightning strike...but in hypervigilant mode putting the body in a constant fight or flight reaction.

Just as terrorists require a revolution in how we protect our country, we are also in a revolution for our health. There are no neutral bystanders. You will either be causality or a warrior/healer/priest.

Mercola.com Drugs and Doctors may be the leading cause of death in the U.S.

In 1994 an estimated 2,216,000 (1,721,000 to 2,711,000) hospitalized patients had serious adverse drug reactions (ADRs) and 106,000 (76,000 to 137,000) had fatal ADRs, making these reactions between the fourth and sixth leading cause of death.

If you choose not to be causality, what are your choices? Our health care requires a paradigm shift.

Every prominent physicist in the last 77 years, and others going back hundreds of years have all said the same thing: The root of health and the root of all illness is an energy problem in the body and mind. When we find a way to fix that problem, it will revolutionize health.

"All matter is energy field."

Albert Einstein (1879-1955)

"The Physician should look for the force and nature of illness at its source. He is not to look to that which can be seen, for we are not called to extinguish the smoke but the fire itself."

Theophrastus Paracelsus, M.D., Switzerland (1493-1541)

"Treating humans without concept of energy is treating dead matter."

Albert Szent-Gyorgyi, M.D., Hungary, Nobel Prize Laureate (1893-1986)

"Future medicine will be based on controlled energy fields."

Prof. William Tiller, Ph.D. (Stanford University)

"The energy field starts it all."

Prof. Harold Burr, Ph.D. (Yale University)

"The idea of a microbe as a primary cause of disease is the greatest scientific silliness of the age."

Pierre Antoine Bechamp, France (1816-1908)

"Diseases are to be diagnosed and prevented via energy field assessment."

George Crile Sr., M.D., Founder of the Cleveland clinic (1864-1943)

"Body chemistry is governed by quantum cellular fields."

Prof. Murray Gell-Mann, Nobel Prize Laureate, USA

"All living organisms emit field."

Semyon D. Kirlian, U.S.S.R. (1900-1980)

Documented power of the mind to heal

Placebo studies: It is the belief that heals. No research evidence that antidepressants any more effective than placebo in kids and adolescents. (50%)

Hypnosis studies: case example of lady with coke bottle glasses. Person with severe arthritis pain walking, etc... (These results are usually temporary because you are not changing core pictures, only bypassing them. After trance ends the inertia of the **specific** picture frequency returns.)

Lady lifting car or tractor off of child.

Spontaneous healing.

Many case examples from EFT, TFT, and other energy modalities. My study with state board of 415 clients, treatment time 7 minutes, 98% success rate with 6 month follow up. Called faith healing or placebo.

Conclusion: The body and mind have the capacity to heal almost anything at any time and we've know it for years.

Why isn't my body doing this healing?

1. Bad internal pictures and beliefs. If you change the frequency of tissue and keep it at the healthy frequency, the tissue will heal. (RFI pictures)
2. Something is genetically wrong (only 5%)
3. Toxins blocking healing
 - a. Only a factor when body in protect mode
 - i. EMF studies
 - ii. Bird studies with arsenic
 - iii. At the core level toxins are always a trauma issue. Maybe prior to your birth, ie a miasm. Ex. Pretzel and wheat
4. Living with a conscious conflict. Must be specific. Ex. Work hours, relationship.

We must be open to a new paradigm for healing.

II. There are 3 control mechanisms to health.

A. Energy

Albert Einstein 1925 $E=Mc^2$ Everything boils down to energy. The atom is not the smallest unit.

- a. At the subatomic level there is no substance, only energy frequency (take frequency counter)
- b. You cannot have a problem that originates from substance, because at the deepest level there is no substance.
- c. Example of weekly MRI scans and cancer
- d. Traditional medicine uses energy for DX, not much TX
- e. Heartmath Study. Human DNA in vials
 - i. Think worse event in your life-damages DNA
 - ii. Think best event in your life-heals the damage
 - iii. DNA not static- can bring destruction or healing to your cells, depends on your thoughts and beliefs
 - iv. Changing the picture you look at changes the frequency of the cells
 - v. EFT is used to change the pain/trauma pictures into healed pictures.
- f. Homeopathy-how to make and how it works
- g. Acupuncture-
- h. Metaphor of email vs. snail mail. All healing comes about through information exchange. Pill at 1cm/sec, loses some each step. Energy 186,000mi/sec. Loses almost nothing, less side effects.

B. Beliefs

1998 Bruce Lipton proves clinically what we have always known.

The Biology of Belief
Bruce Lipton
800 284 8045

1. Assumptions of traditional science/medicine (Newtonian model)
 - a. Biological processes employ Newtonian physics-energy not involved in the healing process—all that matters is matter
 - i. Reductionism-watch metaphor
 - ii. Determinism-events in nature are casually determined by preceding events—we can predict
 - b. Genes control biological expression (we are our heredity)
 - c. Darwinian determinism provides for biological diversity (David Foster, The Philosophical Scientist)
2. Proteins coded in lock and key aspects. Proteins change shape with pos/negative shifts from signals in the environment.
3. Primacy of DNA—nucleus is the brain of the cell
 - a. Enucleated cells live—just can't reproduce
 - b. The cell membrane/antenna is the brain of the cell

- c. Genes don't cause anything—Question: What is it that codes or selects which genes are expressed?
 - i. “When a gene product is needed, a signal from its environment, not an emergent property of the gene itself, activates expression of that gene”
 - ii. Metaphor of arm and sleeve.
 - iii. 50% of cell nucleus is proteins (regulatory proteins cover the genes like a sleeve.)
- d. Primacy of the environment- you are controlled by environmental signals.
- e. John Cairns study 1988 on lactose/cells. Cells can adapt (bacteria cells)
- f. Human Genome project—expected to find 100,000 genes to explain human complexity. Cosmic joke, estimated a conservative 30,000 regulatory genes and over 70,000 protein-coding genes. Human genome only consists of 34,000 genes David Baltimore Nobel Prize winner: “But unless the human genome contains a lot of genes that are opaque to our computers, it is clear that we do not gain our undoubted complexity over worms and plants by using more genes.”
- g. Cell membrane has protein receptors for anything it can “see.” Sugar, light, etc. cell channels, lock and key, etc. (paired protein channels)
- h. Cancer cells—cells that have withdrawn from the community of the body because they are not feeling supported by the body.
- 4. The cells in your body are controlled by the brain's perceptions or beliefs---Your beliefs about the environment. They may not be right.
 - a. terrorists
 - b. aging
 - i. dementias
 - ii. osteoporosis
- 5. 1925 Quantum physics
 - a. Every atom giving off and sending energy.
 - b. The matter in the body is affected and entrained by energy, i.e. Qigong, heart math
 - c. Receptors on the cells respond to energy,
 - i. Emf—effects on hormones, leukemia, etc if under stress!
 - ii. Stress- that which you experience as outside of your control.
 - d. According to physics energy is more effective in Controlling biology than molecules. Homeopathy
- 6. At cell level, three behaviors,
 - a. Move toward a signal
 - b. Move away from a signal
 - c. Ignore a signal.
 - d. Either in a growth/love mode or fear/protect mode
 - i. Energy used for protection is not available for growth.
 - 1. 1950's bomb shelters
 - e. Adrenals is master switch, affects which system Is turned on. Adrenals secretes hormones that squeeze the blood out of the viscera into large muscles, heart, etc. and into the hind brain.
 - 1. kids in orphanages, 30-40% growth, Autism.

7. Three things that happen under stress.
 - a. HPA Axis activated
 - b. Viscera shut down-growth and maintenance functions
 - c. Immune system decreases—exam stress, illness, and “opportunistic organisms.” Those out of community 6x more likely to die.
 - d. Brain flow changes to hind brain for instinctual reactions-logic and IQ decreases
 - e. 5% defective genes, 95% environmental signals
 - f. Every cell has genetic engineering genes whose job it is to rewrite the genes when system is under stress.
 - g. Your belief in a stressful situation will rewrite the genes to accommodate the stress
 - h. Body tells us with symptoms to change something, traditional MD just target the symptoms or light on the dash.
8. Parenting issues:
 - a. 50% of child’s IQ from prenatal environment.
 - b. Genetically identical mice.
 - c. Single moms, inner city.
9. 95% of behavior automatic—beliefs
 - i. Must experience belief transition
 - j. Einstein-Podolsky experiment
 - k. Self-receptors—we exist outside ourselves-organ transplants
 - l. Closer you are to someone the more your beliefs will impact them.
 - m. You attract the energy you send out.
10. The world has everything in it, you can only see what you are trained to see.

Conclusion: 95% of us are born with good genes, our beliefs and perception of the environment is the control mechanism that shapes our DNA and health. We have to discover and heal our unconscious beliefs.

“You are who you are based on **specific** pictures and beliefs of the heart.
 You think what you think based on **specific** pictures and beliefs of the heart.
 Your body and healing is where it is based on **specific** pictures and beliefs of the heart.”

C. Third control mechanism: The internal image maker

1. Using EFT to change the internal pictures
2. Resonating memory protocol (How to find the **specific** key pictures blocking healing.)
 - a. Have client answer the question, “what is currently threatening my peace and joy and life?”
 1. Alternative questionsL If I had a picture, belief, emotion, blocking healing what might it be? Must take it to a **specific** picture, not vague or global.
 - b. Ask them for a picture, what are the emotions about the picture? What thoughts and beliefs are there about themselves, others and the world?

- c. What is the earliest memory that resonates with the same emotion? Look at that picture.
- d. What are the feelings, thoughts and beliefs with this picture?
- e. Test to see how many times to repeat EFT for how many days on the pictures.
- f. Default if unable to test is to read or tap the EFT code three times twice daily until picture changes and suds is 0 when looking at the picture.

'Memories are only memories to the conscious mind. To the unconscious mind they are current events. What are your specific "current events" that keep the body from healing and how do you address them?'

Major points to remember about using EFT to change heart pictures:

1. Most often have to repeat over time as you are treating chronic problems that involve physical mass.
2. Must put the body in a growth/love mode and then focus on the picture/belief to be healed with EFT.
3. Most often can just read versus tap the codes.
4. Often helps to add chakras, both front and back to EFT code.
5. Simple self test to see if 100% internal cooperation and 100% of all necessary aspects included to get complete results.
 - i. Define-what is a field? How do you know if it is complete?
6. Give the client's history, if they had a belief-emotion-trauma keeping their body in a protect/fear mode, what would it be? Must be a **specific** picture memory!
7. Helpful to learn to self test to know which aspects (ie specific trauma, emotion, belief) to treat in what sequence and when it is complete. Demo the truth techniques for 10 minutes in lecture.
8. Often the client's symptom is their metaphor expression; the conflict between their known conscious identity and their unconscious perception of the world and themselves.
9. How has client organized themselves in the world to have an experience of safety, significance and power? How does this organization and resultant belief system impact the ability to be in a process, love, healing, cooperation/community mode? Example: In the **specific** core trauma, what did they do to survive? Look at the formula:
 - i. "I have to _____ to be _____ (safe, loved, strong, successful)"
 - ii. What is their character organization. Turn this into an affirmation, ie "I deeply and profoundly love and accept myself even though I believe I must be perfect to be loved"
 - iii. Turn each blocking belief into an affirmation.
 - iv. What is the visual metaphor of the self representation in a protect mode? ie castle with walls. What are all the sensory aspects of the visualization, ie size, color, distance. There should be visual change registered in these aspects as the problems resolve. What is my mental picture of myself in the world. What images appear in my dreams. What beliefs are there that would fit the images and keep me from living daily in a process, love, connected in love/cooperation to others, God, all of myself. Can

you change the metaphor from a castle to a temple filled with light, joy, beauty, song.

10. Make a life commitment of twice daily meditation with reading EFT code with certain fields. "There is no eminent attack. I pray/chose to release all of my resources to heal my pain pictures now, including my beliefs, traumas, body issues, etc. " This needs to be a life process, I am worth it. (Role of this as disease prevention)

11. Perfect love casts out all fear. What are the internal laws the person is living that blocks their healing? Always involves control. I.e. "I have to always do the right thing, even if it kills me."

CHART TO SCAN FOR BELIEFS

Four Major Belief Categories

I am bad	People are untrustworthy	The world is a dangerous place	God is out to get me
I'm broken	People will let me down	The world is cruel and unloving	God can't love me
I'm unlovable	People will hurt me	Always be on guard	I deserve to be punished

What **specific** pictures do I have that resonant with these beliefs? If I ask for the earliest memory that resonant with the same belief, what images come up. What emotions are attached to the picture, what thoughts or beliefs about me, others and the world are attached to the image.

Belief formula: I have to _____ to be(or to get)_____.

Example I have to be perfect to be loved. I have to not need anything or anyone to be safe.

Emotions:

Anger
Fear
Rage
Loneliness
Despair
Terror
Guilt
Shame

Hints:

What is my mental picture of myself in the world. A castle with walls, etc. What images appear in my dreams. What beliefs keep me from living daily in a love, process, connected in cooperation to others, God, all of my self.

Find the clients internal laws and turn them into an affirmation to use with EFT daily until the charge is off the statement. "Even though I believed the lie that "I have to be perfect to be loved, I deeply and profoundly love myself just as I am."

Major issues in addressing chronic versus acute illness

Chronic issues, always involve issues of shame, anger, resentment and unforgiveness with self, family, God and other health care providers. Typically have several specific pictures that involve family and caregivers.

In chronic illness you always need to address secondary gain, from disability income, expected income from lawsuits, to the family unit itself. If someone is expecting a settlement for their “pain and suffering” they will “earn” every dollar of it.

It is actually harder for a person with a chronic illness to heal, (especially environmental illness, autoimmune disorders) if they have a spouse and an intact family. There are always dynamics that evolve with the illness that reward and reinforce illness behaviors.

Issues and beliefs to address with chronic illness:

If this _____ were to go away today, tomorrow I would _____.

This _____ stops me from doing _____.

What is the **specific** picture of their illness? What emotions, thoughts and beliefs go with the picture? What is the earliest memory that resonates with the same emotion? What are the emotions, thoughts and beliefs with that picture?

I'll never get well,

This type of injury doesn't ever heal.

I know Jane Doe with this injury and she only got worse.

If God really loved me he would heal me.

I'm being punished,

I don't deserve a healthy body.

I've attracted or manifest this illness to learn some comic lesson.

This illness somehow protects me or others.

How has this illness changed my perception and belief about me, others, God, and the world?

What was my core identity that allowed fear to dominate my perceptions and allowed the body to get sick?

What are my perceptions and beliefs that block joy?

Beliefs that lock in fear

It's not safe.

People aren't safe.

People are untrustworthy.

I can't trust or depend on people.

It's my fault.

I'm unlovable.

The world is a dangerous place.
I've done something unforgivable.
I'm bad.
I will always be alone.
My love is toxic and damages others.
I have to always do the right thing.
I must take care of others first.
I can live without love but not without honor.

Quotes: Infinite Grace by Diane Goldner p.39

Dr. Larry Dossey points out, in the 1840s obstetrician Ignaz Philipp Semmelweiss came up with the radical ideal that if doctors washed their hands, fewer women would die in childbirth. The hygienic measures he instituted brought deaths from the complications of childbirth from 9.92 percent to 1.27 percent a year. However, he was laughed out of Vienna and hounded out of medicine. What, after all, would a doctor washing *his* hands have to do with preventing fever in a patient?

Even when, a few decades later, Louis Pasteur suggested that microbes caused infectious disease, the idea was far from acceptable. The Academy of Medicine in France expelled Pasteur; while a fellow scientist was so offended, he challenged Pasteur to a duel.

Indeed, the list of scientists' resistance to new ideas is almost endless. As Dr. Dossey also noted in the premiere issues of *Alternative Therapies*, when Kepler proposed in the 1600s that tides were caused by the gravitational pull of the moon, Galileo declared, "These are the ravings of a madman! Kepler believes in action at a distance!" When Guglielmo Marconi, the inventor of radio, proposed that invisible waves moving through space could carry information across long distances, his friends briefly had him committed.

Meanwhile, Ernst Mach, a physicist whose work inspired Einstein, thought the theory of relativity was ridiculous. The man who developed the modern theory of the atom, Thomas Rutherford, dismissed the concept of atomic power as "moonshine." Lord Kelvin, the scientist who gave the world the Kelvin temperature Scale, was sure that X-rays were a hoax. And when the French Academy of Science invited a demonstration of the phonograph, a scientist leaped from his chair, seized the exhibitor and shouted, "I won't be taken in by your ventriloquist!"

Max Planck, one of the founders of quantum physics, noted in his autobiography that science progresses funeral by funeral. **"A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it."**

From The Heart's Code by Paul Pearsall, PhD.

P.13

Energy and information are the same thing. Everything that exists has energy, energy is full of information, and stored info-energy is what makes up cellular memories. What we call mind, consciousness, or our intentions are really manifestations of information-containing energy. The heart is the primary generator of info energy. The heart is constantly sending out patterns of info energy that regulate organs and cells throughout the body. Every cell is literally bathed in the info energy conducted from and by the heart. Since the heart is a primary generator and transmitter of info energy it is central to our systems' recollection of its life, its cellular memory. Because we are manifestations of info energy coming to flowing within and constantly being sent out from our total cellular system, who and how we are is a physical representation of a recovered set of cellular memories. Because the heart's code and cellular memories with which it deals, every cell in our body becomes a holographic or complete representation of the energetic heart."

p.43

"In 1993 under the direction of the United States Army Intelligence, and Security Command, white blood cells, leucocytes scraped from the mouth of volunteers were centrifuged and placed in a test tube. A probe from a recording polygraph, or a lie or motion detector was then inserted in the tube. The donor of the cheek cells was seated in a room separate from his donated cells and shown a television program with many violent scenes. When the volunteer watched scenes of fighting and killing, the probe from the polygraph detected extreme excitation in the mouth cells even though they were in a room down the hall. Subsequent repeats of the experiments with donor cells separated up to fifty miles and two days after donation of the cells showed the same results. The donated cells remained energetically and non-locally connected with their donor and seemed to "remember" where they came from."

Hypothalamus Pituitary Adrenal (HPA)-Axis Pathway Activation

1. Current circumstance occurs.
2. Past experience (self or generational) skews BELIEF of meaning of current issue. 95% of this is an automatic unconscious process.
3. HPA Axis Activated.
4. Hypothalamus senses stress/danger – secretes CORTICOTROPIN RELEASING FACTOR (CRF)
5. CRF stimulates cells – they release ADDRENOCORTICOTROPIC hormone (ACTH)
6. ACTH travels to adrenals through bloodstream and stimulates – ADRENAL HORM.
7. Adrenal receptors on cell membranes are activated.
8. Cell shifts to SELF-PROTECT mode. Cells are in either a healing /growth mode or a protection mode, but not both.
9. Gates in cell membrane close to incoming potassium ions which activate the proteins in the cell. The proteins moving in the cell produce energy.
10. New energy into cell ceases or is greatly diminished. Cell membrane is close and no longer processes toxins out of the cell.
11. Cell PROTEINS stop movement – movement energizes cell.
12. New protein production inhibited.
13. Genes have been changed and now only produce new proteins that can aid protection. If it goes on long enough it also stimulates gene production of pathological miasms that before were dormant, i.e. cancer—cells that don't feel supported by the body.
14. If this state goes on long enough, proteins die which causes the death of the cell.
15. Circulatory system changes blood flow for fight/flight.
16. Viscera shut down-growth and maintenance functions, digestion, elimination of toxins, etc.
17. Immune/fine motor/intellectual functioning decreased or suspended.
18. Cascading damage farther along pathway.
19. This is how trauma/illness is created and becomes self-propagating. This above event may now itself become a new trauma/illness event/pathway.
20. BELIEFS further skewed with the additional of a new fear/trauma/disease pathway. (above)
21. New event occurs.
22. Cycle worsens.

"Parts" Treatment Example

by Stephen Daniel, Ph.D.

[I have done] a lot of work with Dissociative Disorders; trained under Ross and Putman and Kluff. I've also done a lot of hypnotic work and a lot of EMDR. I have never seen anything remotely be as effective as energy therapies in dealing with dissociation. In any area, but especially working when there is any internal resistance. I find that this is a very helpful protocol for many things. I do not limit it to people that I would diagnose with Dissociative Disorder. I typically use this if I am finding a lot of reversals in treating any emotional or pain issue, or if I find a lot of reversals especially in treating trauma. You will find most clients with chronic unhealing issues need to be doing some internal parts work if they are to truly heal. Many of these techniques are from the above-mentioned authors as well as Watkins and Watkins. And I find like any other work I've done, everything is better with EFT directing it. So this is the way I would work with someone assuming that I had started getting some reversals especially when I'm trying to clear a trauma or an emotional pain. At this point I would stop and have the following dialogue and I would say to the client:

You know when we're little and we have trauma occur, and this does not mean abuse, it simply means trauma. It can be the birth of another sibling, it can be the death of a pet, or a transformation in the family. What happens is when you are bright enough, and creative enough and clearly, from my work with you, I have been able to determine that you are; we have internal heroes inside that separate off. They wrap themselves around that pain or trauma and then they pull an amnesic blanket around themselves so that we can live and thrive and go about our day being largely unaware of the emotional impact or the whole trauma itself. And I want to thank those heroes inside. They have done a fantastic job on helping you manage your life and those old pains. However, the problem is that as we age, those amnesic blankets begin to leak. Furthermore, it takes a lot of energy to maintain those blankets. And that is energy that is not available for healing or creativity or other things. And so I want to thank those parts inside for the great job they've done. But they've already seen how quickly and powerfully we move with EFT. This is the only therapy ever that does not require the parts inside to go back through their painful memories, to be re-traumatized by those [events], to share those with you. And, I'm going to ask them in a minute; we are going to go back to the issue that we just got a reversal on and say 'I want to be over this' and I would like for them to let go of any old pain or trauma that they are holding for you. And I would like for them to tap on the inside while you tap on the outside. I want to thank them ahead for doing that. I also want to let them know that I have been doing this work for many years and, to date, I've never lost a part or manipulated a part. My job is simply to give you choices and to give you options for healing. And so, at any point, inside, a part [if they] want to, they can stop tapping so they remain in control. But, as they tap, and as they let go of old pain, old trauma, shame, rage, fear, depression, whatever is tied up there, I want them to breathe in deeply and to take in greater and greater strength, and courage, creativity, peace, comfort. So in no way do we want to lose them. We want to give them a better job.

I would direct the client to go back to the previous thought field and say 'I want to be over this'. Typically you are going to find many more layers of tapping without reversals. And you will do a lot of good work.

There is then a second level. And that is when (when I've done all there is), I'll ask 'is there more?' and I'll muscle test or test with a Truth Technique and, if I get more [strong muscle], then I usually have the following dialogue:

There is a part inside that has paid the highest price for you and that is the part inside whose job it is to keep an eye out and to make sure you are not getting caught. And I am sure that part has done a great job watching us now and making sure that this wasn't some manipulation. But that part has been the one whose paid some of the highest price for you because it's the one that's held the greatest pain, and anger, and rage. And I know something about that part and that part is incredibly lonely, [not allowing you] to get close to it, to play with it, to love it and you've had a hard time just loving it and accepting and honoring the angry part or you, not realizing what a great job that part has done. And so I want to thank that part especially for the high price it has paid in its loneliness. But I would like it, right now, to let go of that. We especially need it to be part of the team. We need its strength and stamina and courage. We will never take its ability away to get appropriately angry when injustice has happened, that's not what we're talking about. But we know that if we can lift all the old hurt, the anger and rage this part holds, it can do its job better, and it doesn't have to be lonely anymore. Because once it's surrendered the old anger and rage that it holds then all the parts inside would be better able to love and honor and play with that part. So I'm going to ask the part that's done that job so well to work with us right now.

And then I ask the client [to] say 'I want to be over any old pain, and anger and rage'. Almost invariably, those reversals are gone and you have many more layers.

There is a third level that I've hit with some clients. They've done well, but then there is still something remaining and, whether that is reversals, whether that is despair, suicidal ideation, or whether that is an HRV that is collapsing in for no known reason and I go in and say:

I want to talk to that last part. And when there has been that heavy trauma, there's also a part whose job it was to be the insurance company, that means that they had the fallback position that no matter what happened, you would never be a powerless, helpless victim again. And the way [it] did that was by choosing to say 'I will choose to die before I lose control and be a victim'. And this part may not realize that you're big and you're strong, that you have many more options now. And I agree with that part, that you need to be protected against that terror and helplessness and powerlessness but I disagree that the only way to do that today is through death. Now again, I can never take away any internal option. I can only give other options and so in a minute I am going to ask that part to work with me. But first I want to say something to that part and that is, I know something about your origins, and I wonder if you can remember back, right before you first came to be, that a little person (depending on the sex of the client; a little boy, a little girl) who was in pain, who was in terror and you loved them so much that you came and took all of that on to yourself; because you loved them that much and because your only purpose for being was because you loved them. I am going to ask you to work out of that love right now and I'm going to ask you to surrender the pain and the trauma that you hold for this person, and after you surrender that, to also surrender the belief that the only way to protect is to choose death. And so, in a minute, we're going to focus back and I'm going to ask this person to think about those feelings (if that's the pain of that poor HRV, or the suicidal thoughts), and I want to thank you and honor you for the work you've done in preserving them,

but I'm going to ask you to release that on the inside, and again, to tap on the inside while we tap on the outside.

I then direct the client into that thought field and go through a typical EFT procedure.

Something else that is important to realize in this work is that anybody who has multiple food or chemical sensitivities has a belief, almost on a cellular level, that the world is a dangerous place and that is why their body is reacting to common foods and other things as though they were life-threatening. And we'll never know which came first, but in my own experience, I really believe that trauma preceded this. And it may have been a trauma in a previous generation, in homeopathic terms it would be a misaim, a generational component that perhaps made this person inherit those food sensitivities.

One other thought in working with Dissociative Disorders, with these individuals, true Dissociative Disorders, there are such strong boundary issues that when I'm training therapists, one of the things I tell them is if you are thinking about doing something with this dissociative client that you would not do with every one of your clients, then you are fixing to cross a line that is not going to be helpful to you or the client. Whether that is giving them your home phone number, or the number where you are away on vacation, or whatever that issue is, I've never yet seen that not come back and bite you. All strongly dissociative clients have significant borderline and narcissistic components to their personality.

I Hope this material is helpful.

Dr. Larry Jebrock

Using EFT for Vision Issues

To contact Dr. Larry Jebrock go to...
www.emofree.com/contacts.htm

Note: No handouts were necessary for this presentation.

Don Blackerby, PhD

Using EFT for Attention Deficit Disorder (ADD)

To contact Dr. Don Blackerby go to...

www.emofree.com/contacts.htm

BELIEF CHANGE WITH NLP AND EFT

**By
Don A. Blackerby, Ph.D.**

Several years ago, after I started working with students who had been diagnosed with Attention Deficit Disorder (ADD), I discovered that many of the students had massive trauma in their background and pervasive rage. I needed some way of helping them clear the emotions that were locked in their bodies so I could have access to their minds. I went to a Thought Field Therapy (TFT) workshop and found what I needed--a quick and efficient way to clear stuck emotions. For those of you who haven't discovered it yet, TFT is the brilliant development of Roger J. Callahan, Ph.D. (see Callahan). TFT requires learning several protocols or sequences and of tapping on points of the energy meridians of the body. Different problems require different protocols. The results are swift and lasting.

Towards the end of the TFT workshop, the workshop leader reported that there was one protocol that would cover practically all the problems. This protocol was called Emotional Freedom Technique (EFT) and had been developed by Gary Craig (see Craig), one of Dr. Callahan's students. The workshop leader taught us EFT and I have been using it with clients blocked by heavy emotion as well as students with ADD. I have used it with rage, symptoms of ADD, confusion, depression, overwhelming feelings of all kinds, frustration and abuse to name just a few.

So, before we go any further, let's review EFT. It is simple and easy to do. (However, as with NLP, doing it with style and mastery requires training. If you are interested in being trained in EFT or in reading more about it, check out Gary Craig's web site listed in the references.) You identify the issue to be dealt with and have the client assign it a code word or "reminder phrase." Then assess the strength of the issue. Some EFT practitioners do muscle testing and others ask the client to assess on a scale from 0 to 10, where 0 is no strength and 10 is maximum strength. Then, while the client attends to the issue with the reminder phrase, you lead them through the EFT steps as follows:

EFT PROCEDURE

1. The Setup ...Repeat 3 times this affirmation:

*"Even though I have this _____
I deeply and completely accept myself."*

*or " Even though I still have
some of this _____
I deeply and completely
accept myself."*

while continuously rubbing the PR Spot.

2. The Sequence ...Tap about 7 times on each of the following energy points while repeating the Reminder Phrase at each point.

EB = Beginning of the EyeBrow

SE = Side of the Eye

UE = Under the Eye

UN = Under the Nose

Ch = Chin

CB = Beginning of the CollarBone

UA = Under the Arm

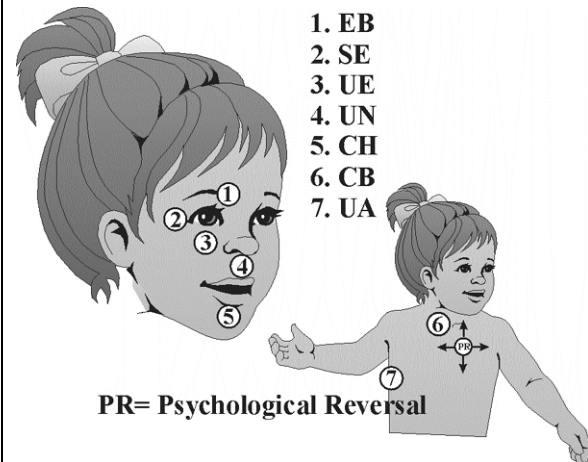
Th = Thumb

IF = Index Finger

MF = Middle Finger

BF = Baby Finger

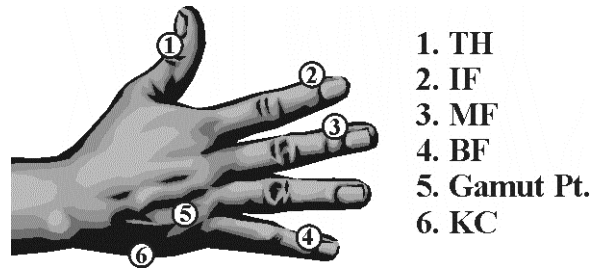
KC = Karate Chop



3. The 9 Gamut Procedure

...Continuously tap on the Gamut point while performing each of these 9 actions:

(1) Eyes closed (2) Eyes open (3) Eyes hard down right (4) Eyes hard down left (5) Roll eyes in circle (6) Roll eyes in other direction (7) Hum 2 seconds of a song (8) Count to 5 (9) Hum 2 seconds of a song.



4. The Sequence (again) ...Tap about 7 times on each of the following energy points while repeating the Reminder Phrase at each point: EB, SE, UE, UN, Ch, CB, UA, Th, IF, MF, BF, KC

Assess the strength of the issue again. It usually has been diminished. If there is any strength left, do the EFT on the “remaining” problem. The Setup affirmation and the Reminder Phrase are adjusted to reflect that you are addressing the remaining problem. Continue this until it has gone away completely. Sometimes a new aspect or issue of the problem will emerge when the first problem is gone. When this happens, repeat EFT on the new aspect.

So, for example, a year ago I was working with a teenage tennis player who had trouble maintaining his composure during tennis matches. This would occur when he would be playing a match without a linesman. The linesman’s job is to officiate whether or not a ball is in bounds or out of bounds. When my client thought his opponent was cheating, he would get mad and lose his concentration and focus. His anger measured a 10. We tapped EFT on his anger and it dropped to a 5. We did the “set up” on the remaining

anger, tapped again and it dropped to a 1. As he sat there contemplating the change he remarked “You know, it’s not just that I get angry. When it really gets to me is when I am playing a friend and he cheats—I feel so betrayed!” This is an example of another aspect or issue that is sometimes revealed when the emotion of the first aspect is released. We repeated the EFT procedure on betrayal until those emotions were gone.

A critical skill for the EFT Practitioner is to be able to assist the client in uncovering the evolving new aspects. Many EFT Practitioners are highly skilled, gifted, and intuitive and do an exceptional job in assisting their clients. One of the ways I use to assist my clients is to use the template of the Logical Levels of Experience to search for possible new aspects. This not only allows me to utilize my intuitiveness but to also have a guide to assist me in making sure I have given my client access to all the remaining aspects. So, before we go any farther, let’s review the Logical Levels of Experience.

LOGICAL LEVELS

Spiritual/Greater System - Attempts to change at this level affects our experience of being a part of a much vaster system. Answers the question of WHO ELSE DOES THIS CHANGE SERVE? Or, WHAT IS THE GREATER VISION FOR THIS CHANGE?

Identity - Attempts to change at this level affects self-image and overall purpose. Answers the question of WHO AM I THAT I WOULD PURSUE THIS CHANGE and/or WHAT KIND OF PERSON AM I THAT I WOULD PURSUE THIS CHANGE and/or WHAT IS MY PURPOSE FOR PURSUING THIS CHANGE?

Beliefs and Values - Attempts to change at this level affects the motivation and permission by affecting the reasons that we do it. Answers the question of WHY DO I PURSUE THIS CHANGE?

Capabilities - Attempts to change at this level affects behavioral actions through a mental map, skill or strategy. Answers the question of MENTALLY, HOW DO I ACCOMPLISH THIS CHANGE?

Behavior - Attempts to change at this level affects specific actions taken within the environment. Answers the question of WHAT DO I DO OR WHAT ACTIONS DO I TAKE TO ACCOMPLISH THIS CHANGE?

Environmental - Attempts to change at this level affects the external constraints a person has to live within and react to. Answers the questions of WHERE and/or WHEN and/or WITH WHOM DO I PRACTICE THIS CHANGE ?

When I first started using Neuro-Linguistic Programming (NLP) to model the subjective experience of those with the symptoms of Attention Deficit Disorder (ADD), I used the Logical Levels extensively. The published symptoms of ADD like hyperactivity, distractibility, forgetfulness, impulsiveness, lack of organization, and procrastination are diagnosed at the Logical Level of Behavior. What I found were symptoms at all the Logical Levels. So, when I work with somebody with ADD, I systematically work with

them through all the Logical Levels. I have found that using EFT to do this greatly speeds up the process.

First of all, the environment many times is the triggering mechanism for the ADD symptoms. Classrooms, noise, lots of activity, a boring lecture, and the like can trigger ADD symptoms. Many of the recommended remedies in the books on ADD are about how to control the environment around the person with ADD symptoms. Many schools have “quiet rooms” where students can go to study. Sometimes teachers will move students with ADD symptoms around the room in order to find a place with fewer distractions. Having them do the EFT tapping on what they sense around them when the ADD symptoms kick in is one of the easiest interventions to do. Examples are: seeing or hearing a particular teacher, a brother or sister, a classroom, or being compelled to do a boring school lesson are just a few of the possibilities. So, ask the client the following question and listen and notice those responses that are emotion laden “When you start to experience the ADD symptom of _____, what or whom do you see or hear around you?” Get them to elaborate, so you can read the emotional response.

As I mentioned earlier, the symptoms of ADD as listed above are primarily seen as behaviors. Some of the more common remedies in the ADD literature, besides taking drugs, are behavior modification techniques (like moving the student around). Tapping with EFT on these behaviors many times will eliminate the behaviors or at least will relieve the student of the emotional baggage connected to the symptoms.

At the Capability Level, I have found two phenomena in students with ADD that I work with. The first is the sense that their mind is out of control. What I found was that many had multiple images in their mind and they could not control them or focus on just one. Sometimes the images are flying around; sometimes they appear and then mysteriously disappear. I had a 12-year old boy one time tell me that he had 16 images at one time in the form of 4 rows of 4 TV monitors. Each TV had a different subject on it. I have had others describe their subjective experience as giant shows with images flying all over the place like shooting stars. One of the ways I test for this is to give them a mental assignment which forces them to stabilize an image in their mind. I give them a word that they already know how to spell and have them spell it backwards or from right to left. If their mind is out of control, they will exclaim “I can’t hold the picture, it keeps going away!” or “My mind won’t let me do it, it takes it away!” I then tap on their feeling that their mind is out of control until they regain control.

Secondly, once they can control their mind, then usually I have to teach them HOW TO LEARN in the classroom. Our schools presuppose that children know how to learn in the classroom and do not accept the responsibility of teaching them effective learning strategies. Most teachers focus on giving them LEARNING ACTIVITIES (which are at the behavior Logical Level) and leave it to chance that learning actually occurs (e.g., writing a spelling word down 10 times). This is a major void that occurs in our schools that creates much trauma in many students. This trauma occurs in “normal” underachieving students as well as those with “learning disabilities.” Many if not all of those who have been diagnosed with ADD and in particular ADHD have been

traumatized repeatedly in school. And much of this trauma comes from the fact that they cannot control their minds and therefore cannot effectively learn in the classroom. I tap on these traumas while I am assuring them that things will change since I am also going to teach them HOW TO LEARN. These learning strategies are covered extensively in my book “Rediscover the Joy of Learning.”

At the next Logical Level of Beliefs/Values, I find that many students have either a void of positive and empowering beliefs and values regarding school and learning or they have already picked up “limiting” beliefs and values. For example, some ADD students who have the sense that their mind is out of control will adopt an unconscious belief “I can’t control my mind!” or “My mind controls me!” or “My mind makes me do things and I get in trouble!” They will also have limiting beliefs about the value of school like “School sucks!” or “School is boring!” They will also adopt beliefs about their capability like “I can’t learn ____!” or “I can’t do math!” In fact, they can have beliefs at any and all of the Logical Levels. Eliciting these limiting beliefs and changing them to more empowering beliefs at all logical levels can and is a truly transforming experience for the students I work with. Coupling the learning of new and effective learning strategies with the elimination of limiting beliefs and the addition of empowering beliefs through the Logical Levels pretty well completes the transformation. After this coverage of the Logical Levels, I will share with you a way to change limiting beliefs using EFT.

Many ADD and ADHD students have limiting beliefs at the identity level because so much of the feedback they get from parents, teachers and peers is about how different they are as a person. So, many times they will have Identity Level beliefs like “I am weird.” or “I’m different than everybody else.” or “I’m dumb.” or “I’m learning disabled.” or “I’m an ADDer.” Changing this level of limiting beliefs sends reverberations through all the lower logical levels and has quite an impact on the student.

When I am working with a teenager who has been diagnosed with ADD, I look pretty hard for limiting beliefs at the highest Logical Level of Spiritual/Greater System. By the time they hit teenage years they have been traumatized by the system to such a degree that they can become anti-social in many ways. You will hear them say things like “Why did God do this to me, I didn’t deserve this” or “Why don’t the schools help me—nobody cares about me!” They feel so much like social outcasts that they sometimes turn to gangs so that they can feel like they have a group identity and a sense of belonging

Last Summer in my “Rediscover the Joy of Learning” Certification Training, I was teaching how I used EFT with students when it dawned on me that I had added a wrinkle or two. When I looked closer at what I was doing, I realized I had developed a new and quicker way to change limiting beliefs. The structure of how to change limiting beliefs starts with creating doubt in the old limiting belief and then introducing the new belief and energizing it. Beliefs are held in place by their emotional investment. When you have a limiting belief that has been brought about by traumas and you use EFT on the limiting belief it, in effect, drains the negative emotion away from the limiting belief. This weakens the strength of the belief, which opens the way for doubt to creep in. If you immediately have them choose a new, empowering belief and repeat it while they go

through the EFT protocol again, you are connecting new and positive emotions to the new belief—effectively installing it in them.

With the tennis player I described earlier, after we had cleared his anger and feeling of betrayal, I asked him how he wanted to respond to the fact that somebody was cheating on him. His reply was “I want the energy of the anger to translate into more energy in my game and I want it to be focused energy!” We summarized that to “I choose for the cheating to give me focused energy!” We tapped through the EFT again while he repeated the new belief at every energy point. This connects the new belief with a positive energy and connects a positive response to the cheating. The last time I checked he was having no problems with anger on the tennis court. In fact, he was playing tennis better than he had ever played. In the State tennis tournament, he advanced to the final round while beating some opponents that he had never beat before.

Another example occurred recently when an insurance agent came to see me for fear of rejection when he needed to cold call over the telephone. He had been an insurance agent for 7 years and was very successful in his career. The stress that he would go through, however, when he had to cold call was unbearable and would filter down to his family. He wanted some help. I had him get into the fear of rejection and give it a number and he labeled it an 8. While he was attending to the fear of rejection I led him through the EFT tapping protocol. To his amazement, when we got through he could not access any fear of rejection--zero. I future paced him and had him imagine all sorts of different situations and he could not access the fear. I then asked him how he wanted to respond when he needed to cold call. He replied “I want to be confident and calm when I cold call.” We condensed that to the belief statement “When I am cold calling, I choose to be confident and calm.” He repeated the new belief statement as he went through the EFT tapping. The last time I talked to him about it was after several months and he was having no problems whatsoever with the cold calling.

The nice thing about being able to elicit and change limiting beliefs to empowering beliefs, is how pervasive and transforming the changes are. Particularly, when the beliefs are changes higher up in the Logical Levels. When you change a belief at the Identity Level, for example, it will affect lower level beliefs, capabilities and behaviors. Because these changes are so pervasive, I want my clients to integrate the changes through the Logical Levels in my presence.

I find that the integration solidifies the new belief(s) and sets it into their future with specific changes they can look forward to. I usually do this physically by having the client write each of the six levels on a piece of paper and line them up on the floor about a foot or two apart. As the tennis player above, for example, stepped on each level, I asked him the following questions and let him elaborate on his answers:

Environment Level—“Where, when and with whom will you choose for the energy to be focused?”

Behavior Level—“What behaviors or actions will you engage in when you choose for the energy to be focused?”

Capability Level—“What mental states or strategies will you engage when you choose for the energy to be focused?”

Beliefs/Values Level—“What values and beliefs will you need and use when you choose for the energy to be focused?”

Identity Level—“What kind of person are you that you choose for the energy to be focused?”

Spiritual/Greater System Level—“Who else does this serve or what greater mission or vision does it serve when you choose for the energy to be focused?”

As a client walks the logical levels from environment to spiritual/greater system, the answers become more general and can even become metaphorical. After they complete the walk, I have them turn around and walk back through the Logical Levels with their focus on their expanded identity and sense of mission or vision. This double walk through the Logical Levels not only grounds the new belief in reality and actions but also gives it a higher sense of meaning and purpose. It also assures that all the logical levels have been connected and that there are not any voids at any level. When the tennis player left my office he felt powerfully empowered and confident that he would not have any more problems with anger on the tennis court.

In my experience in working with students that struggle in school (particularly those with ADD symptoms), it is incredibly important to ferret out all the limiting beliefs regarding school and learning and replace them with more empowering beliefs. In the past, it has sometimes been a tough sale to get a student, especially a young one, to allow it to be done. Using EFT to facilitate the belief change makes it quick and fun. And, it can be done with very young children too.

ATTENTION DEFICIT DISORDER (ADD)

(Excerpted from "Rediscover the Joy of Learning" by Don A. Blackerby)

Introduction

Imagine you are watching a multiple slide show, you know the kind, where 3 to 5 slide projectors are set up projecting images on a screen. Now imagine that you are asked to report, either verbally or written, on what you are seeing while you are watching it. Frustrating? That's an understatement. And that's exactly how the ADD child feels. Now, to make it even more challenging, imagine the pace of the slide presentation begins to increase, faster and faster. Yet you're still trying to report on what you're seeing. And for the final blow to your sanity, imagine the slides start to flash simultaneously AND your well being depends upon the accuracy of your report.

What kind of emotions or feelings do you think you might experience? Anger? Overwhelmed? Tense? Uptight? Disoriented? Confused?

The Symptoms of ADD

Welcome to the world of the Attention Deficit Disorder. ADD is a condition that some children and adults experience which manifests itself through numerous symptoms which may include one or more of the following:

Hyperactivity -- They can't stay still. They are constantly moving and fidgeting. They are under chairs or tables or climbing over furniture.

Impulsiveness -- They move or change directions very quickly. They will be doing one thing and then suddenly start doing something else. They "act before they think!"

Distractibility -- They can't stay focused on one thought or task. They will be doing a task and the smallest noise interrupts them.

Lack of organization -- They cannot do the more complex tasks which require them to organize the larger task into a series of steps. Somebody has to tell or show them how to do each step.

Forgetfulness -- They forget instructions. They forget to do things or tasks they have been told to do. They will start to do something and forget what they were supposed to do.

Procrastination -- They have trouble starting and completing tasks or assignments. They are constantly putting off doing things. They can't seem to "get started."

The Subjective Experience of the Student With ADD Symptoms

First, let's look at what we have found as to the internal or subjective experience of a person with ADD symptoms. Some of the most important internal experiences that interact to influence the behavior of the student with ADD symptoms are:

- ◆ They perceive multiple internal images.
- ◆ These images are moving rapidly and sometimes mysteriously disappear. The images are often occurring simultaneously.
- ◆ There is a strong kinesthetic (body and/or emotional) response to the images.
- ◆ They can't control any of these internal experiences.

Some of the common responses of students with ADD symptoms to this internal chaos seem to be:

1. They either try to physically respond to everything in their internal pictures or they get frustrated and simply give up even trying. The final result is a person that is either hyperactive or apathetic and passive.
2. They feel they are losing control and will go to great lengths to control their internal experience and/or external world. The result is they spend an inordinate amount of time and energy trying to slow things down or organize their experience so that it is manageable.
3. They are often terrified at their lack of control and its consequences. Much of the time they have a feeling of being totally overwhelmed.
4. They suffer from fear of rejection and abandonment because they believe they are "different" or "weird." The feedback they receive from peers, parents and teachers often confirms these fears.
5. Their level of hyperactivity and the intensity of their emotional responses seems to be dependent on the standards significant others (such as family) use to judge and enforce their behavior. In other words, the stricter the parents and the more severe the punishment (or, to the degree the child perceives it is severe) the more hyperactive the child. Later on, they transfer this to teachers and peers as well.
6. They sometimes have tremendous suppressed anger or rage because of the perceived injustices in the way they have been treated by others. This shows up in hyperactivity, impulsiveness, and anti-social behavior.

Why Do They Act That Way?

What about some of the typical behaviors or symptoms, if you will, that result from this condition? Can we explain how they manifest themselves in a student with ADD symptoms? Let's consider some of them.

Hyperactivity -- If you had multiple images flashing simultaneously in your head and you had a demand from a parent or teacher to "act right," or "behave", what do you think you would do? Many students with ADD symptoms respond by focusing on the internal pictures. And since they are typically very physical in nature, these fast-moving internal pictures generate an abundance of nervous energy. If they have suppressed rage, the fast moving pictures just add to the nervous energy. They act to relieve the body tension in the best way they know how -- **THEY MOVE THEIR BODIES.**

Impulsiveness -- This goes hand-in-hand with the hyperactive behavior. Because the students with ADD symptoms are trying to physically react to their internal experience as quickly as possible, they often respond by "doing it" before they consciously realize that the degree of their response isn't necessary. This phenomena is similar to a compulsive behavior in the rest of us. The students with ADD symptoms' compulsion simply move faster and change quicker. Again, suppressed rage only adds to the problem. This is true because the students with suppressed rage about the injustices that have been meted out to them are especially sensitive to how others treat them and they are sometimes very argumentative.

Distractibility -- Often the impulsive children described above are also labeled as distractable because they can't stay focused on one task. Their mind is often pulled off the task at hand by an idea that carries more kinesthetic (physical) weight to them. A prime example of this might be when they hear an unexpected noise in the classroom. They will immediately make an internal image of the possible cause and *have* to check it out by looking. Depending upon the nature of the distraction and the importance it carries internally for them, it may be extremely difficult for them to get re-focused.

Keep in mind that the students with ADD symptoms are experiencing a multitude of pictures moving quickly through their heads. Trying to keep up with 10 to 15 different images and trying to select appropriate responses to each would make most of us oversensitive to extra stimuli. The more angry and hyperactive they are, the worse it is.

Lack of Organization -- To be organized, a person must be able to visualize a total project and prioritize the specific steps needed to accomplish the finished project. This requires an ability to stabilize several internal pictures simultaneously. Students with ADD symptoms have trouble doing this because the pictures are moving too rapidly or are disappearing.

Most students with ADD symptoms have not learned yet how to take a general idea and break it down into its component parts while still retaining the general idea. Nor do they take many specific points and generalize the pattern they are observing. In a given moment, they are either general or specific. For example, if a typical student has a science project, he knows the overall

purpose of the project, and the steps it will take to accomplish the project. He will be able to sequence the steps in order to efficiently accomplish the task. He will also be able to track the steps and the amount of time it will take to accomplish all of this. A student with ADD symptoms experiences great difficulty in doing this because he cannot stabilize the pictures.

Forgetfulness -- Remembering requires a clean, logical connection between the external cue which tells you *when it is time to do something* and the internal experience which tells you *what to do*. With all of the internal images students with ADD symptoms are experiencing, it is difficult for them to establish that clean connection. Also, the thing to be remembered must carry significant kinesthetic weight for them or it will be overwhelmed by all the other images and forgotten. Besides, if they have suppressed anger, forgetting to do things is a good way to do battle with authority figures.

Procrastination -- Often what is labeled procrastination is often inaction. The inaction results from an inability to make a definite and final decision that they can act on comfortably. This inaction is a natural result of being unable to process the rapidly changing, excess of information in their mind. Also, like in "forgetfulness", not doing things is a good way to fight.

Potential causes of the ADD Symptoms

What causes these behavioral symptoms? Why is it that some people have them temporarily and in others they persist over time? Is it possible that the symptoms are caused by different life events which need to be treated differently? My attempt to answer these questions follows.

The symptoms of Attention Deficit Disorder (ADD) are generated by the perception that the mind is out of control. This out of control mind can be initially caused by any one or any combination of the following:

1. High stress and anxiety.
2. Emotional trauma -- past or present.
3. Candida Albicans.
4. Attitude -- which can be boredom, or not being turned on to certain activities such as chores or schoolwork, or not knowing HOW to do the required tasks.
5. Communication gaps between the child and parents/teachers.
6. Physical reaction -- to large amounts of sugar or junk food or allergies (usually food).

Factor 3 can be helped by going to a good health food store or to a physician who is knowledgeable about Candida. Books such as "The Yeast Syndrome" or "The Yeast Connection" can also help. Professionals such as Allergists, Dieticians, Physicians, and Psychologists are equipped to handle factors 1, 2, and 6. Factors 4 and 5 are covered in the book "Rediscover the Joy of Learning."

Also, the perception or belief that the mind is out of control can be dealt with and is covered in the book "Rediscover the Joy of Learning".

A New Definition of ADD

I have found that many students are misdiagnosed with the label of ADD. The behavioral symptoms fit many persons (child and adult) who are highly stressed, suffer from trauma, are bored in school or work or who are acting out other behavioral problems. Many times teaching students how to learn in school, how to focus, how to organize, how to set priorities and/or how to have a better attitude in school causes the symptoms to go away.

Teaching parents, teachers, and students how to communicate better seems to help a great deal. I have also found that it is important to initially check for allergies, particularly food, and to check out the intake of sugar and/or junk food.

I have also found the ADD symptoms in individuals of all ages who have been infected with the yeast germ "Candida Albicans." But the most dominating feature that I have found is the inability to control their mind **and the accompanying belief that their mind controls them or that they cannot control their mind.** The result of this causes major ramifications throughout the individual and creates far greater problems than previously thought. Because of this I've adjusted my definition of ADD.

My new definition is as follows: The symptoms of ADD seem to be caused by a loss of control of the processing of the mind which results in symptoms at **ALL** logical levels. According to common knowledge, Attention Deficit Disorder is a set of behavioral symptoms. When we look at ADD through the eyes of the logical levels we can get a sense of why the treatment of ADD is so difficult.

Environment Level--The person with ADD symptoms can do just fine in some environments and not in others. If they are by their self and without outside distractions, they can stay focused and accomplish tasks. Put them in a school or busy family setting, however, and they will start displaying many of the behavioral symptoms. In fact, in many instances, the environment is the triggering device for the behavioral symptoms.

Many of the treatments or interventions that are attempted are at this level. Students are seated away from other students so they will not be distracted by other activities going on in the classroom. Sometimes students are sent to special rooms that are especially quiet and have few auditory or visual distractions. Sometimes when they are at home they will be isolated in their rooms and told to study there and not be allowed TV or radio. Many with the ADD symptoms will attempt to overly organize their environment in order to control the chaos they experience.

Behavior Level--This is the logical level that is most documented in all the literature. The behavioral symptoms of: impulsiveness, hyperactivity, forgetfulness, procrastination, distractibility, and lack of organization are clearly at this level. This level is also where most of the treatments or interventions are undertaken. Taking drugs is a behavior although the purpose for taking drugs is to deal with the next level--to be able to focus or control the mind. Many behavior modification techniques are attempted and are at this level. Learning how to organize their external environment is a behavior. The punishment and reward strategies are also at this level.

Capability Level--Most individuals with the symptoms of ADD feel as though their mind is out of control. Their internal experience is moving so fast and thoughts are appearing and disappearing and they feel unable to manage it. They cannot do the same things with their mind that other students seem to be able to do with ease. Learning and other academic tasks are very difficult for them because they cannot control and/or focus their mind. Drugs such as Ritalin are supposed to give them control over their mind and allow them to focus but the results are mixed.

Beliefs and Values Level--Most students with ADD symptoms believe that they cannot control their mind or that their mind controls them. They, therefore, are not responsible for what they do. They also develop limiting beliefs about the value of school and learning which guides their behaviors in school. They believe that school is dumb, boring, or at least a waste of time.

Identity Level--Many students who have had ADD symptoms a long time develop beliefs about their self which shows up in their self image or self esteem. They believe they are different or weird. Or, they will devalue themselves and think that they are worthless or that nobody likes them or accepts them. They also believe that they are totally discounted and not understood for who they REALLY are. Some rebel and fight back while others become apathetic and withdraw from society.

Spiritual/Greater Systems Level--Some students blame God for creating them differently. Some blame society or schools or family for not being able to help them. They feel as though they have been let down because nobody has been able to help them overcome this malady that they did not ask for. They feel like an outcast from society. They will sometimes strike out at society, families, schools, God or religions (and feel justified).

Alan Handelsman

Using EFT for Substance Sensitivities

To contact Alan Handelsman go to...

www.emofree.com/contacts.htm

Note: Due to the importance of this topic, both Alan Handelsman and Sandi Radomski are making presentations in this series.

EFT For Eliminating Substance Sensitivities

Introduction

Definition of Allergies, Sensitivities, and Energy Toxins

Doris Rapp - “an abnormal response to a food, drug, or something in our environment which usually does not cause symptoms in most people.”

Sandi Radomski - “anything that weakens our body’s energy system.”

That means that you can be allergic to thoughts, emotions, etc.

Difference Between Allergy and Energy Toxins - one reaction is overt, the other covert.

Start simple

What makes working with allergies the same as working with anything else?

You find a reaction, emotion, or condition that you want to change, and tap it away. If that doesn’t work, you find the emotion involved, and tap the emotion away.

Set-ups will be the same as for any other issue.

“Even though:

I am holding this...”

I have this reaction to...”

I don’t deserve to be better...”

this can’t work on me...”

this correction won’t last...”

I am so angry at having this reaction...”

Etc.

Hold substance while doing the recipe.

While holding the substance itself to test and correct might be more believable to the client, it is by no means necessary for the correction to be successful. Holding a “surrogate” will work just as well. The surrogate can be:

an extract

the word written on a piece of paper

a “symbol” such as any liquid for a specific liquid such

as coffee, or any container that can hold the substance

When using a surrogate, it may be helpful to show the client how the body is “weakened” even when holding the thought, or a piece of paper.

Identifying Allergies and Energy Toxins

Favorite foods

"If something was interfering with you, what would it be?"

Muscle testing - mechanical intuition

Intuition – Guessing

If simple isn't better

Work with the emotions involved

Identify the emotion going on in present time. ("How do you feel about having the allergy?")

Age recess

To start of the allergy - maybe a trauma

Follow the emotion. It may lead to an experience that doesn't seem to have a connection with the substance. It may be that the emotion is what needs the healing. After working through the emotion(s), the allergic reaction may disappear.

Possible "payoffs" for having an allergy.

The need to feel special. Allergy can be a way to get attention and/or special treatment.

Self Punishment

Cross tapping (Radomski)

"Instant" EFT

Work directly with the substance in addition to the person

Tap more points

Top of head, wrists, liver point, fingers, gamut, etc.

References

Coca, Arthur, The Pulse Test, New York, St. Martin's Paperbacks: 1996
(Originally published 1956)

Craig, Gary, Anything and everything. Go to www.emofree.com

Rapp, Doris, Is This Your Child?, New York, Quill: 1991.





Radomski, Sandi, Allergy Antidotes: The Energy Psychology Treatment of Allergy-Like Reactions, Allergy Antidotes, 1051 Township Line Rd., Jenkintown, PA, 19046: 2000. (Phone: 215-572-1175 Email: SandiRadom@aol.com)

Sandi Radomski, ND, LCSW, BCD

**Using EFT for
Allergy Antidotes**

To contact Sandi Radomski go to...
www.emofree.com/contacts.htm

Note: Due to the importance of this topic, both Sandi Radomski and Alan Handelsman are making presentations in this series.







Allergy Antidotes™

EFT Treatment of Energy Toxins

PRESENTED BY:
Sandi Radomski, ND, LCSW

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





Uses of EFT for Energy Toxins

- ★ Often the presenting emotional and physical symptoms are caused by energy toxins.
- ★ Improve effectiveness of your EFT treatments.

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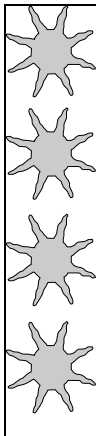


EFT For Energy Toxins

- ★ Determine whether substance sensitivities may be contributing to symptoms or interfering with EFT treatments.
- ★ Use detective work to identify possible reactive substances.
- ★ Use EFT to reprogram body to no longer react to the problem substance.

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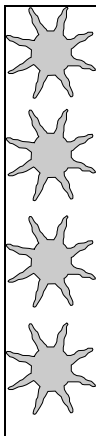


Energy Toxin (eTox)

Anything that weakens or is toxic to the body's energy system.

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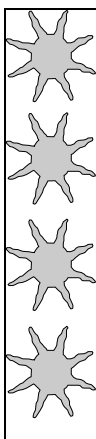
Definition of Allergy

“An allergy is an abnormal response to a food, drug or something in our environment which usually does not cause symptoms in most people.”

Source: Rapp, Doris, *The Impossible Child*. Published by Practical Allergy Research Foundation, Buffalo, NY 1989

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





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Focus on treating the energy disturbances, not the symptoms.

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





Increase in Allergies

- ★ Asthma, especially children
- ★ Environmentally ill
- ★ Perfume and scent-free
- ★ Difficulty tolerating medication
- ★ Sick-building syndrome

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





Reasons for Increase

- ★ More and more new chemicals
- ★ Food sources unsafe
- ★ Allergies increase after trauma
- ★ Psychoneuroimmunology
- ★ Worse after 1970
- ★ Runs in families
- ★ Rain barrel effect
 - Physical exposure, infection, trauma

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
Rain Barrel Effect

- ★ Exposure to diesel exhaust particles can lower threshold for an allergic reaction.
- ★ After exposure to diesel fuel, only 1/5 of the amount of dust mite allergen is needed to invoke clinical symptoms.
- ★ One environmental allergen can increase susceptibility to others.


Journal of Allergy and Clinical Immunology 2000; 106: 1140-1146

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
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
Allergic Reaction Conditioned to Audiovisual Stimuli



- ★ One group of mice received an injection of an allergen while exposed to audiovisual stimuli.







- ★ Another group only received audiovisual stimuli.



- ★ When the experimental group was re-exposed to audiovisual stimuli, they experienced allergic reactions including a histamine response.

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
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
Any symptom can be from food and environmental sensitivities.

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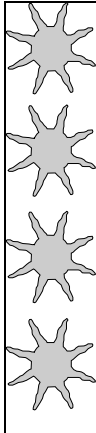
Common Allergy-like Reactions



★ Anxiety	★ Headaches
★ Arthritis	★ Hyperactivity
★ Chronic cough	★ Learning disabilities
★ Depression	★ Memory lapses
★ Digestive problems	★ Mental foginess
★ Dizziness	★ Muscle aches and pains
★ Eye irritation	★ Respiratory problems
★ Fatigue	★ Sore throats
★ Frequent colds	★ Weight gain

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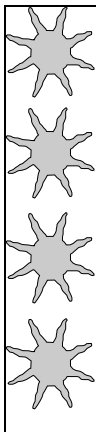
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Emotional symptoms can be an allergic reaction.




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Exposure to Milk Allergy Extract

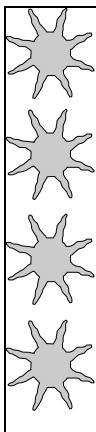
Changes in Drawing of a 3 Year Old Boy

Before Exposure	After Exposure	After Milk Treatment
		
<ul style="list-style-type: none">• Somber	<ul style="list-style-type: none">• Angry, screaming, irritable, whining, uncooperative	<ul style="list-style-type: none">• Playful, happier

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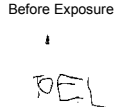


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Exposure to Egg Allergy Extract


Handwriting Changes in 4 Year Old Joel

Before Exposure	After Exposure	After Egg Treatment
		
<ul style="list-style-type: none">• Normal activity	<ul style="list-style-type: none">• Very red earlobes, hyperactive	<ul style="list-style-type: none">• Normal activity

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
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Exposure to House Dust Allergy Extract


Handwriting Changes in 8 Year Old Don

Before Exposure	After Exposure	After Mite (Dust) Treatment
		
<ul style="list-style-type: none"> • Quiet and calm 	<ul style="list-style-type: none"> • Rocking in seat, kicking on floor, earlobes red 	<ul style="list-style-type: none"> • Quiet and calm

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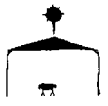


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Exposure to Corn Allergy Extract


Drawing Changes in 11 Year Old Jill

Before Exposure	After Exposure	After Corn Treatment
		
<ul style="list-style-type: none"> • Normal activity 	<ul style="list-style-type: none"> • Giddy, made chicken sounds, and acted inappropriately 	<ul style="list-style-type: none"> • Normal affect and personality


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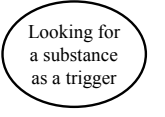


Emotional Symptoms can have a Physiological Basis

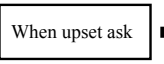


Change in perspective

➔



Looking for a substance as a trigger



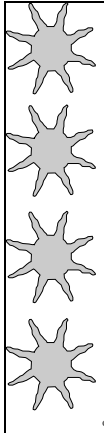
When upset ask

➔

What eaten?
What smelled?
What touched?
What activities?
In what environment?

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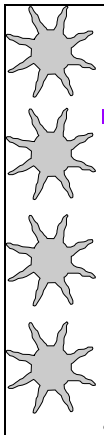


The more severe the pathology
↓
the more allergies/sensitivities.

Dr. Roger Callahan

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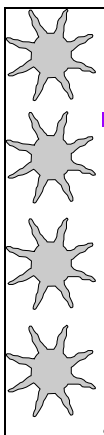
Dr. Dietrich Klinghardt

“Each toxin stored has a specific set of unresolved emotional and spiritual issues, that were responsible for trapping to toxin in the first place.”

www.neuraltherapy.com

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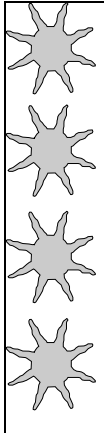


Toxins Embedded with Each Trauma

- ★Sights
- ★Sounds
- ★Tastes
- ★Smells

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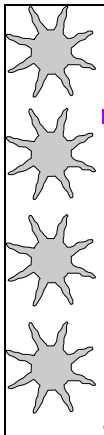
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Substance sensitivities as another aspect of conditioned responses to trauma.

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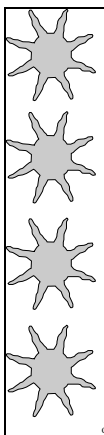


Stored Traumatic Memory

- ★ The **sight, sounds, tastes, smells, textures** present in brain become part of the memory.
- ★ Later exposure to those **sights, sounds, tastes, smells, textures** can trigger a reaction.

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



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- ★ Body is wrongly identifying substance as a danger to its existence.
- ★ Body wages immune attack to destroy substance

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





Recognizing Allergy-like Reactions in Children

- ★ Has typical allergies or allergic reactions
- ★ Dr. Jekyll - Mr. Hyde
- ★ Craves certain foods or odors

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



Identifying Allergy-like Reactions

Look for:

- Red earlobes or cheeks
- Dark eye circles
- Puffy bags under eyes
- Glassy, glazed eyes
- Nose rubbing

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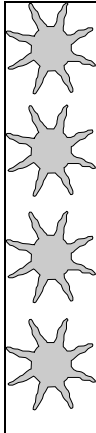
False Fat Diet

- ★ 2% of food reactions
 - Classic allergy reaction
- ★ 98% of food reactions
 - Delayed reactions
 - Majority are IgG reaction in blood stream

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EFT Conference – Flagstaff, Arizona



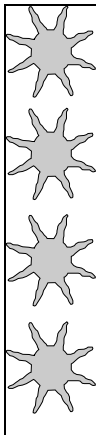
“Food reactions are, in a sense, toxic reactions”.

“Sometimes the reactive food molecules are quickly eliminated and sometimes they become lodged in tissues and cells”.

Haas, Elsen
The False Fat Diet

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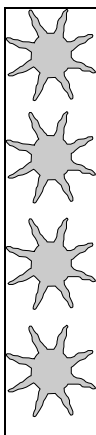


★ Any ***symptom*** can be caused by allergy-like reactions.

★ Any ***substance*** can cause allergy-like reactions.

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
Dr. Devi Nambudripad - N.A.E.T.

Top 10 Basic Allergies


★ Egg/Chicken Mix	★ Sugar Mix
★ Calcium Mix	★ Iron Mix
★ Vitamin C Mix	★ Vitamin A Mix
★ Vitamin B Complex Mix	★ Mineral Mix
	★ Salt Mix/Chloride Mix

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
30




Gary Craig - EFT Manual



Main Energy Toxins




★ Perfume	★ Tea
★ Herbs	★ Caffeine
★ Wheat	★ Alcohol
★ Corn	★ Nicotine
★ Refined Sugar	★ Pepper
★ Coffee	




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
31




Inside Air Pollution



2-5 times greater than outdoors




★ Pets	★ Insulation
★ Plants	★ Cleaning Products
★ Tobacco	★ Cosmetics
★ Fireplaces	★ Gas appliances
★ Carpets	★ Paint
★ Draperies	★ Hobby Supplies
★ Cabinets	★ Pesticides




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

32



Tracking the Cause

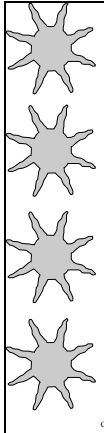


- ★ Is the cause *inside* school or home?
- ★ Is the cause *outside* school or home?
- ★ Is the cause food?



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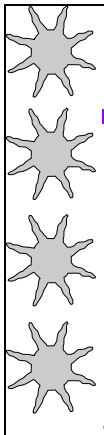
33



- ★ EFT practitioners make the best detectives.
- ★ Already familiar with identifying aspects of a problem.

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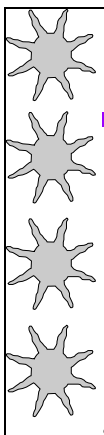


Be a Detective

- ★ When do reactions occur?
 - Time of day, seasonal
- ★ When did symptoms begin?
- ★ When do you feel good?
- ★ Where do reactions occur?
 - Inside, outside, home, office, which rooms
- ★ What foods do you like to eat?
- ★ What do you like to do?
- ★ What do you like to wear?
- ★ Past history - childhood, work and environmental exposure

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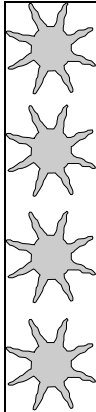


Food, Chemicals and Odors - Diary

- ★ Keep record of contact with foods, chemicals and odors
- ★ Include emotional, behavioral and physical symptoms

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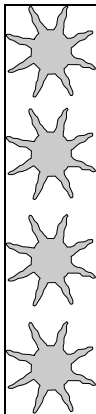
36



If a substance is worth testing, it is worth treating.

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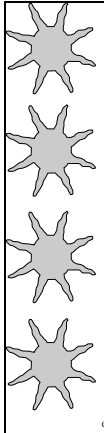


Core Collection

1. Egg/Chicken	7. Heavy metals
2. Calcium/Milk	8. Toxic Chemicals
3. B Complex	9. Petrochemicals
4. Vitamin C	10. Pesticides
5. Sugar mix	11. Vaccines
6. Mineral/Iron	

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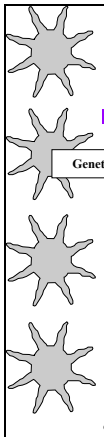
38



If you test weak on a nutrient,
your body is not absorbing it.

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Allergy Antidotes™ Conceptual Framework

Genetics + Weakened Immune System = Reaction to Triggers

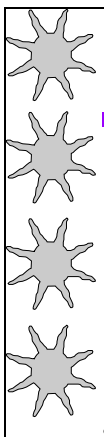
↓

Toxins
 Nutrient Deficiency
 Trauma

Foods
 Molds
 Pollen
 Dust
 Dust mites
 Detergents
 Perfume
 Newspaper Ink
 Newspaper
 Bacteria
 Yeast
 Jewelry
 Others

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Top 6 Toxins

Compound	Source
Styrene	disposable cups, carpet backing
1,4-dichlorobenzene	mothballs, house deodorizers
OCDD (dioxin)	herbicides, auto exhaust
HxCDD (dioxin)	wood treatment, herbicides
Xylene	gasoline, paints
Benzene	gasoline



National Human Adipose Tissue Survey FY82, US Environmental Protection Agency, Vos, I-V, EPA-560/5-86-039, Dec. 1986

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
Heavy Metals







1. Aluminum	8. Lead
2. Antimony	9. Mercury
3. Arsenic	10. Silver
4. Beryllium	11. Surgical Steel
5. Cadmium	12. Titanium
6. Copper	13. Vanadium
7. Gold	14. Zinc

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



Vaccines



1. MMR/MMR2	6. Tetanus
2. Measles	7. Small pox
3. DPT	8. Flu 1999
4. Diphtheria	9. Polio
5. Pertussis	

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





“I have never seen a child with ADD or ADHD that did not have a problem with DPT and sometimes MMR.”

Dr. Sandra Denton, Pediatrician

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Effects Of Toxins - Cancer





86% of tumors had toxins at their core

“The growing incidence of asthma reflects an increase of chemical pollutants in our environment and food, a decline in adequate nutrition caused in large measure by poor absorption of vitamins, minerals and other nutrients, and an exponential rise in the use of pharmaceutical drugs that weaken and suppress the immune system.”

Ellen Cutler, D.C.

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What to Treat





◆ **Allergy Antidotes™** Core Collection

- ◆ Foods
- ◆ Medications
- ◆ Supplements
- ◆ Personal Care Products
- ◆ School & Office

- ◆ Home Products
- ◆ Toxic Metals and Chemicals
- ◆ Animals
- ◆ Accessories
- ◆ Mold

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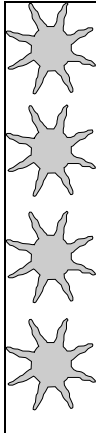
What to Treat (continued)

- ◆ Outdoor Environment
- ◆ Body Fluids
- ◆ Infectants
- ◆ Hormones
- ◆ Organs
- ◆ Vaccines

- ◆ Digestive Enzymes
- ◆ Neurotransmitters
- ◆ Persons and Places
- ◆ Balance of Body Functions
- ◆ Elements
- ◆ Unusual Items

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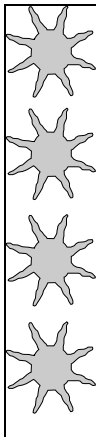
47



If you are addicted to a food,
you are probably allergic to it.

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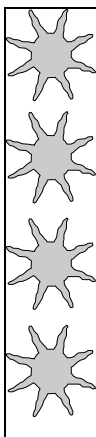
Top 7 Reactive Foods

1. Wheat
2. Milk
3. Sugar
4. Soy
5. Peanuts
6. Corn
7. Eggs

Haas, *The False Fat Diet*, 2000

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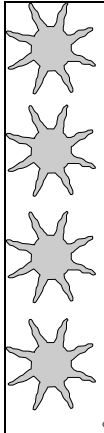
Next Level of Reactive Foods

- * Oats
- * Yeast
- * Chocolate
- * Oranges (especially young people)
- * Any food you tend to eat every day

Haas, *The False Fat Diet*, 2000

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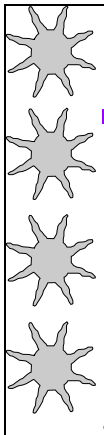
50



Most processed foods are loaded with the *Sensitive 7*.

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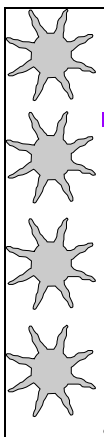


Medications

- ★ Any medications caused problems in the past.
- ★ Any medications taken over time (i.e. HRT, insulin, synthroid).
- ★ Any medication caused negative side effects.
- ★ Any medication.
- ★ Adverse drug reaction to prescription medication is third leading cause of death in U.S.

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


Supplements


Our bodies can view supplements as poisons as much as medications.

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
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
Metal in Body



- ★ Titanium/surgical steel study




- ★ Auto-immune diseases following implant (replacements, markers, staples)




- ★ Titanium glasses

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
54



Environment




- ★ Generic Default Statement:
Even though I have a negative reaction to air in home...
Even though I have a negative reaction to outside air...




- ★ Specific Samples to Target Treatment:
 - Leave glass jar filled 1/2 way with distilled water for several hours and then close lid.
 - Take wet paper towel and wave it in outside air.

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
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
Adverse Drug Reaction



- ★ Hold medication




- ★ Think of medication






- ★ Hold paper with name of medication

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Treat Bodily Fluids




Treat { Saliva
Nasal Discharge
Urine
Sweat
Blood

↓




To focus treatment on infections in the body

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
Unusual Items to Treat






1. Chalk	10. Herbal teas
2. Metal in underwire bras	11. Detergents
3. Hair dyes & permanents	12. Fabric softener
4. Jewelry	13. Dryer sheets
5. Facial tissues	14. Dry cleaning fluids
6. Dyes in medicine	15. Soy sauce
7. Fillings in teeth	16. Fluoride
8. Teeth braces	17. Fetus
9. Water (tap, bottled)	18. Sweat

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Energy-Based Treatments for Substance Sensitivities



1. Biokinetics	8. Seemorg Matrix Work
2. Bioset	9. N.A.E.T.
3. Body Talk	10. Resonance Tuning
4. EDxTM	11. Rochlitz, <i>the Physicist's Rapid Solution</i>
5. E.F.T.	12. Spinal Release
6. Health Kinesiology	13. T.A.T.
7. Laser Spray	14. T.B.M.

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Common Theme: Energy Treatments for Sensitivities

- ★ Put substance in energy field
- ★ Muscle test to detect imbalance in energy system
- ★ Continue to hold substance in energy field
- ★ Use treatment technique to balance energy system in relation to the reactive substance

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Where to Hold Substance in Energy Field

- ★ Applied Kinesiology - in mouth
- ★ N.A.E.T. - in fingertips
- ★ Body Talk - in navel
- ★ Dr. Leibowitz - on sternum
- ★ On place of problem

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





Research: Ayers and Montgomery

- ★ 1st Experiment
 - Real time EEG
 - Show allergic signature
 - Allergic signature disappears after NAET

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





Research: Ayers and Montgomery

- ★ 2nd Experiment
 - Real-time EEG
 - Allergic signature in brain shown while using energy frequency tubes
 - Allergic signature disappears after NAET

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





Basic Treatments

- ★ Spinal Release
- ★ Laser Spray
- ★ Body Talk
- ★ EFT
- ★ Holloway Technique
- ★ Karate Chop 33

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
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
Even if clear on a tube
DO NOT ingest severe
allergic substance.

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
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
A-B-C-Ds



I...



*A*ffirm my desire to be healthy.







*B*elieve I can be healthy.

*C*hoose to be healthy.

*D*eserve to be healthy.

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





If not diagnose → treat everything

“Surround the Dragon”

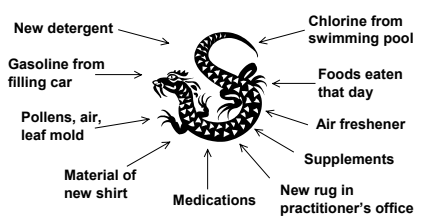
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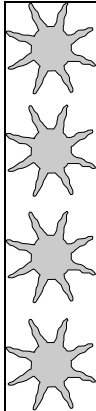
Surround the Dragon

Use EFT to treat all ingestants, inhalants, injectants, contactants, that may contribute to symptom.



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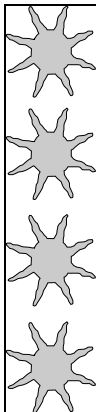


Specificity Increases Success

- ★ You already identify different aspects of a situation when using EFT.
- ★ Now address the sensitivity aspect by treating the sights, sounds, tastes, smells, and textures present during major and minor traumas.

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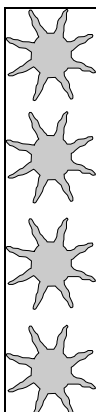


Put Reactive Substance in Energy Field

- ★ Think about it
- ★ Hold it
- ★ Hold piece of paper with name of substance

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





Default EFT Statements

- ★ “Whatever is causing my sneezing”.
- ★ “The air in this room”.
- ★ “Whatever I ate that is causing my _____ (symptoms).”

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





Eliminating Energy Toxicity Using E.F.T.

1. Hold reactive substance in energy field.
2. Fix specific reversals - rub sore spots on chest and say 3 times:
“Even though I have a problem with (insert reactive substance), I deeply and profoundly accept myself (can use Choices option).

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



Eliminating Energy Toxicity Using E.F.T. - Sequence

Tap while saying “...problem with reactive substance.”

EB- Beginning of eyebrow	(Bladder meridian)
SE- Side of eye	(Gallbladder meridian)
UE - Under eye	(Stomach meridian)
UN - Under nose	(Governing meridian)
CH - Center of chin	(Central meridian)
CB - Collarbone	(Kidney meridian)
UA - Under arm	(Spleen meridian)
T - Outside of thumbnail	(Lung meridian)
IF - Corner of index fingernail	(Large intestine meridian)
MF - Corner of middle fingernail	(Circulation/sex)
LF - Corner of little fingernail	(Heart meridian)
KC - Karate chop - on side of hand	(Small intestine meridian)
TH - Top of hand between 4th finger & little finger	(Triple heater meridian)
L - Under breast	(Liver meridian)

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Eliminating Energy Toxicity Using E.F.T. - Short Sequence

Tap while saying “...problem with reactive substance.”

EB- Beginning of eyebrow	(Bladder meridian)
SE- Side of eye	(Gallbladder meridian)
UE - Under eye	(Stomach meridian)
UN - Under nose	(Governing meridian)
CH - Center of chin	(Central meridian)
CB - Collarbone	(Kidney meridian)
UA - Under arm	(Spleen meridian)
L - Under breast	(Liver meridian) optional

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EFT with Choices for Sensitivities

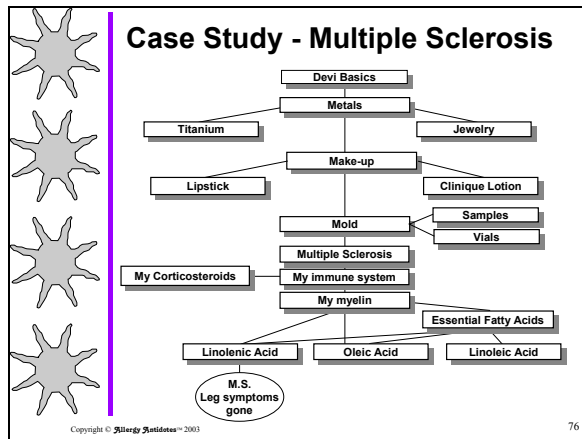
PROCEDURE:

Even though I have (insert problem Reminder Phrase), I choose (insert positive instillation).

The **choose** statement represents how the client would choose to feel in relation to the substance being treated.

Possible Problem Reminder Phrases	Possible Positive Instillations
Even though....	I choose to....
1. I have a bad reaction to _____	have a good reaction to _____.
2. I feel sick when I eat _____	I feel great when I eat _____.
3. my body doesn't handle _____	have my body easily handle _____.
4. I am allergic to _____	be totally free of adverse reactions to _____.

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Internet Resources

- ★ **Allergy Antidotes™**
www.allergyantidotes.com
- ★ **eTox website**
www.eToxResearch.com
www.eToxAUTISM.com
- ★ **Sandi Radomski**
SandiRadom@aol.com
215-885-7917
fax 215-572-1175

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Steve Wells

Using EFT for Peak Performance

To contact Steve Wells go to...
www.emofree.com/contacts.htm

Using EFT for Peak Performance

Achieving the Vision

By Steve Wells.

The focus here is on the key thinking patterns and success strategies of high achievers.

Step 1 to Peak Performance: *Decide!*

Decide to be a peak performer. Realise that you do have the power.

Commit yourself to the achievement of some high goal or ideal. Only high goals will inspire you to reach for your true potential. Barry Cable - one of my early heroes on the (Australian Rules) football field - said at age 15 he "decided to be a football champion". He didn't decide to do as well as he could, he decided to be a champion."

What would you decide to do, be, and become if you knew it was possible for you? What's holding you back?

Step 2 to Peak Performance: *Break through the Barriers.*

Overcome your limiting ways of thinking about what is possible for you or your business.

Take control of your mental focus, self-talk and internal imagery. Focus on what you want and concentrate your power in that direction. Design positive self-talk and statements which keep you focused on your ultimate outcome, and repeat these statements to yourself on a regular basis. Visualise yourself having actually achieved your goals, and feel the feelings of success.

Learn EFT - Emotional Freedom Techniques - and use it to eliminate the emotional barriers to your success (www.emofree.com). These powerful new psychological acupressure techniques can propel you towards success by eliminating tensions and stress related to high performance, and getting you over barriers such as nervousness, lack of confidence, and much more.

Overcome fear of failure and fear of success. Can you envisage yourself successful and feel totally comfortable with those success images? If not, you need to check your values for conflicts, and your beliefs for barriers and work on eliminating them.

Identity is the Key

"You will never perform consistently in a manner which is inconsistent with how you see yourself" (Zig Ziglar)

Step 3 to Peak Performance: *Goal Setting.*

High achievers are goal setters. Set goals that will inspire you to reach for the best.

Focus on your ultimate goals. Where do you ultimately want to go?

Set BIG goals - Make no small plans.

SMART goals (Specific, Measurable, Achievable, Realistic, Time-based) for long-term goal setting are really dumb! Only really big goals will inspire you to move beyond your limits.

Step 4 to Peak Performance: Values Clarification.

Ensure that your goals will help you to achieve your most important values. Many people set goals that they think will bring what they want and spend their whole life climbing the ladder of success only to find its been leaning against the wrong wall!

As Mark Victor Hansen writes, failure to achieve your values is real failure. Don't let it happen to you. Work out what is most important to you and spend most of your time, money, and energy on those things.

Step 5 to Peak Performance: *Organised Planning.*

Be prepared to prepare. Training and preparation is what separates those who are committed from those who are only interested.

Develop an initial plan or blueprint. Map out the way ahead even if it's a little unclear at first. As you go you can modify your plans.

Identify Role Models and Mentors and model their success. By modelling their success strategies you can accelerate your own success.

Surround yourself with successful people. They have an energy that "rubs off".

Step 6 to Peak Performance: *Commitment.*

Your goals must progress through several levels of commitment:

I wish...

I want to...

I plan to...

I will...

All achievement starts with a dream, a wish. You must decide that you want this enough to take the next step and plan for it to happen. Real commitment though comes from the decision that you will do whatever it takes to make it happen.

Step 7 to Peak Performance: *Consistent Action!*

Get started - Do the first thing first. Take action towards your goals - don't let another minute go by before you take a step, no matter how small. Then persist - This is the quality of true champions.

© Steve Wells

David Lake, MD

Using EFT for Trauma and P.T.S.D.

To contact David Lake, MD go to...

www.emofree.com/contacts.htm

Using EFT for TRAUMA AND P.T.S.D

By David Lake, MD

Post-Traumatic Stress Disorder (P.T.S.D.)

Time does NOT heal.

A strict definition of P.T.S.D. might refer to experiences involving wartime or deadly danger.

This condition manifests in a group of symptoms and feelings, including problems such as:

- Intrusive symptoms
 - Nightmares
 - Spontaneous memories of the experience
 - Flashbacks
- Avoidant behaviours
 - Emotional *numbing*
 - Detachment / withdrawal from ordinary life
 - Avoiding anxiety-stimulating situations or people
- Arousal symptoms
 - Hypervigilance
 - Anger outbursts
 - Exaggerated "startle response"

A far more common and minor version of this disorder is part of universal human experience of traumatic stress. The stressful event may not have been connected, for example, with the fear of losing your life, nevertheless, the recipient has a toxic memory experience “frozen” into the nervous-emotional system in some way. The memory reliably brings great emotional distress far into the future. It is not changed much over time.

More obviously we suffer because of a defined event. This can be an accident, an assault or an experience where we became fearful and helpless. Sometimes it is an accumulation of stressful experiences over time in some occupations.

In childhood, the experience of hurt and fear in “normal” development can cause emotions to be suppressed, and stunt emotional development. This is the central idea behind psychotherapist Alice Miller’s book “The Drama Of Being A Child”. To this extent we all have “traumatic” memories and experiences worth addressing and treating if they do underlie problems in our present—often outside our awareness.

Even more importantly, we now know that the soldiers who suffered the most following war service in Vietnam tended to have the most suffering *before* they went to Vietnam—when they were young, often in their family of origin. In that conflict, soldiers were not able to process all that happened to them before they were flown back home, whereas in World War 2, many soldiers had a long period of time after the battles to travel home and talk with their buddies. Even so, the graphic film, “Saving Private Ryan”, set in World War 2, screened in American cinemas ‘full of weeping, older men’ according to newspaper reports.

Key Features Of Traumatic Stress

[*reference* Professor Sandy McFarlane (Head of the Department of Psychiatry, University of Adelaide); *article in the "Australian Doctor" 12 May 1998*]

There is a universal pattern of response to intense fear. The consistency of reactions validates P.T.S.D. as a specific disorder. A minimum of 15% of "exposed" people develop P.T.S.D. following such fear.

Other abnormal reactions to trauma exposure include:

- Dissociation (a feeling of being 'split off' from what is happening)
- Somatisation (the body has problems and poor function)
- Affect deregulation (lack of emotional self-regulation leading to problems). *These include:*
 - Difficulty in mediating anger (outbursts)
 - Self-destructive/suicidal behaviour
 - Risk-taking behaviour
 - Depression (up to 50 per cent of sufferers)
 - Anxiety disorders (e.g. panic, excessive fears, agitation)

This means sufferers lose contact in their inner world with what keeps them steady and secure, and feel the loss of that previous normal way of being. As time passes the person can also begin to blame themselves for not getting better more quickly, or even for developing the personal reaction-problem in the first place.

Where someone you care for has been harmed, it is important to recognise co-existing 'grief' for friends and relatives in these disorders—others become disturbed by the trauma indirectly, since the horror of the experience can disturb the "object-relatedness" with the image of the loved one (the way we think and feel about them)

There is an accumulated risk from repeated exposure to traumatic events, as in emergency work, and this can be triggered sometimes by a single event, which is a particularly "meaningful" or upsetting one to the individual. Sometimes it is unpredictable—our capacity to cope with bad things is very individual. The classic example is war; often severe emotional trauma is a daily event. The role of the media in traumatizing—and re-traumatising viewers—using repeats of the nightly news should not be underestimated. Now depictions of real and graphic violence are brought into our homes so easily. Many people and children became very afraid after 'September 11' according to my information, when they had no personal reason to be so scared.

Psychiatrist Anthony Feinstein from the University of Toronto contacted 140 war journalists in 2000, and interviewed one in five; he found that 27% had symptoms of P.T.S.D. (source *The Walkley Magazine*)

The biology of P.T.S.D. is *not* the biology of stress—it is much more. There is disruption of the person's capacity to modulate stimulation ("self-soothe"), and to memory systems. We don't tend to settle down after the danger passes. Traumatic experiences can be *toxic* to the brain because of direct neurohormonal influences coupled with progressive increase in the "sensitivity" of parts of the brain. This is thought to be particularly marked in children subjected to chronic abuse.

After trauma: "There is a critical transition phase, within the first few days, where the effects of trauma don't subside for some; they start to become chronic. There is a progressive escalation of symptoms rather than coping..." (*quote from reference article*)

Four Activity Model of Psychotherapy (after Howard Lipke: The International Electronic Journal of Innovations in the Study of the Traumatization Process; April 1997)

"Positive integration with speed"

The primary goal of all psychotherapy may be seen as helping clients to re-process information (maladaptive beliefs, behaviour, emotions, sensations, painful intrusive images) held dysfunctionally. A consequential goal is to help clients acquire and process new information, to enhance adaptive functioning.

Francine Shapiro (originator of E.M.D./R.) has developed an "accelerated information processing " model of psychotherapy, where learning-based psychopathology is the result of *incomplete processing*. Removing "blocks" to processing will result in adaptive re-processing. This model also fits with the outcomes seen using E.F.T.

Category 1: Accessing of existing information; as in:

Cognitive information, interpretative questions, physical sensations

Category 2: Introduction of new information (e.g. information about the "unconscious")

Normative data, reinforcement

Category 3: Facilitation of information processing

This part of therapy can accelerate and complete processing. I consider that this is where the Energy therapies prevail...

- **E.F.T.** / T.F.T. / B.S.F.F. / T.A.T.
- Hypnotherapy
- Neuro-Linguistic Programming: N.L.P.
- Traumatic Incident Reduction: T.I.R.
- E.M.D./R.

Category 4: Inhibition of information accessing

Relaxation, distraction , self-hypnosis. (Medication)

All techniques must be integrated with other models of therapy since none is a panacea.

General Considerations

You need to be 'centered' and relaxed to help others by doing trauma work. Ideally your own inner world is peaceful. Your life is going well. You approach the idea of helping others and using E.F.T. with confidence.

A key feature of doing trauma work with E.F.T. is tapping simultaneously with the client, to remain calm and to *avoid your own traumatising* in the session by what you hear, or think about.

Of course you need to set aside sufficient time for assessment and also for a treatment session (which may be different times).

I think it is important to demonstrate E.F.T. on a 'neutral' subject if you can in such a session. This might be any tension in the body, or a physical ailment, rather than an emotional issue.

Relational Aspects Of The Session

Rapport

The relational aspects of healing are as important as the technique; your intentional care and respect really count. Here the importance of the therapy 'frame' is paramount. Being with disturbed clients in a compassionate way is healing in itself. Meet the person at their level of experiencing the world, with empathy and understanding. Introduce your strategies appropriately and thoughtfully, since most often the sufferer is willing to do anything to gain relief from their disabling problem. Your energy and your wish for the client also provide a channel for healing.

History-taking

It's very important to know as much as possible about the client's life psychologically, even if urgent treatment is required. Note whether the client has support from family or friends, and whether they have pre-existing conditions likely to affect recovery.

When trauma is treated very late, after years, any chronic problems prior to the specific events require healing too, in general terms (viz. the E.M.D./R. experience of Francine Shapiro with Vietnam Veterans in the 1990's)

Treatment

First establish security and safety for the afflicted person according to their needs.

Most of the talking therapies include the healthy aspects of common-sense education and advice (where the timing is appropriate for that). Since all behaviour occurs in a context it makes sense to establish goals of support and healing for your session.

Supply a *holding* therapeutic framework, which—with your help or therapy—can *contain* the toxic emotions which flood the survivor.

Debrief by discussing the event and developing ways of thinking actively and meaningfully about what has happened (I initially don't want specific details of the trauma since I won't use E.F.T. until I am ready to deal with the consequences for the client of telling the whole story). Of course this must be respectful to the understanding of the person, and their ability at each stage of treatment to process information. Many fears and anxieties are irrational. The support of friends, family and faith is crucial in healing a recent trauma.

In the example of military response to war trauma, the forces emphasise:

- *Proximity*: help nearby
- *Immediacy*: support
- *Expectancy*: return to full function

E.F.T., as part of the Energy therapies and other healing modalities, offers unique opportunities to groups and individuals who need urgent treatment as part of disasters. It is possible to teach populations simple methods for self-help and immediate practical assistance. The only drawback to large-scale use seems to be the human reluctance to try new methods that are generally 'scientifically unproven'.

Therapeutic modalities include:

- Cognitive Behavioural Therapy: C.B.T.
- Insight-oriented psychotherapy
- Hypnotherapy
- Somatic Therapies (e.g. Hakomi bodywork, Rolfing, Shiatsu)
- Eye Movement Desensitisation & Reprocessing: E.M.D./R.
- Energy & Meridian-Based Techniques (e.g. E.F.T. & T.F.T.; [B.S.F.F.]; T.A.T. and Laser stimulation)
- Medication

You need to be ready to switch approaches if they don't seem to be working, and individualise treatment.

For severe reactions, or a reluctance to have therapeutic help when it's necessary, medication can be very useful (a modern anti-depressant) as a facilitating step. There is still a stigma attached to having treatment for any "mental" disorder in our society.

"A significant portion of people with early symptoms - who are not motivated by compensation - do go on to develop a chronic disorder and often it is the beginning of an overall decline, in which they develop other psychiatric disorders. If ever there was a role for PREVENTION in psychiatry, this is it. The early identification and effective treatment of this condition is ABSOLUTELY CRITICAL" (*article*—with my emphasis)

Why Use E.F.T.?

"Healing is helping the Life Force (Chi) to flow freely" (Avis Burnett)

E.F.T. may be *"the most comfortable therapy because it is most removed (from 'flooding')"* (Howard Lipke on T.F.T.—the forerunner of E.F.T.)

E.F.T. is a "Category 3" activity par excellence; it offers profound change rapidly, in experienced hands, and is a multi-level healing of mind, body and emotion. Moreover it is generally a safe, 'containing' and gentle modality regardless of the severity of the trauma.

It is ideal as self-help and the simple all-purpose algorithm is easy to learn and apply. Although it is a technique, and not a therapy in itself, it has the potential to facilitate great change generally. It is most unusual to find no effect with the use of E.F.T. in emotional issues.

In some 6 years of direct experience of treating all kinds of trauma with this Energy modality, I have found that in a previously well person, with a single-incident trauma (such as a motor vehicle accident, or assault) 1-2 thorough treatment sessions of an hour or so each (by a trained person) can be sufficient for full resolution of the emotional basis of the distress—such that the memory of the incident no longer provokes any dysfunctional emotional intensity, although the memory details and thoughts remain. The positive changes are naturalistic and seem to "fit" into the person's life and personality seamlessly.

With group techniques there exists the opportunity for mass treatment in natural disasters. This is cost-effective and enables the group to be trained in self-help with E.F.T. simultaneously. I have seen that by using E.F.T. persistently, ordinary people can achieve positive outcomes for themselves and for others that are unknown in the orthodox therapeutic approaches.

Protocols In E.F.T.

- Typically in Trauma work I will use the 7-point E.F.T. shortcut alone in a mechanical fashion, which allows me to concentrate on the person in front of me. For *continual tapping* I choose to have the person tap either the cheek or collarbone points, the little finger point, sometimes the ‘combination’ wrist points, while they think, or process information, or feel intensely. I want the meridian system stimulated very much during treatment, without too much talking about the results until the work is over.
- Treat global concerns first:

*"Even though: I have all these problems... “
Life could be better... “
I sometimes get intense...”*

Are there fears about telling the history? Many people are afraid of being retraumatised—with good reason. They know that every time they think about the event they will suffer. And sometimes well-meaning helpers inadvertently add to the problems of the sufferer if merely telling the story is the basis of treatment. For some sufferers this will bring the whole issue back up severely.

A possibility here—particularly with groups—is to use the *Tearless Trauma Technique* (see the website <http://www.emofree.com/trauma/tearless.htm>) where the problem is approached indirectly, from the “as if” position, using dissociation from the event to allow repeated E.F.T. sequences for smooth access.

You can ask: *"What emotions do you think we need to deal with first?"* (Bruce Eimer)

Or: *"Which emotion, if it were suddenly cleared, would make the biggest improvement in your life?"* (Callie Currier)

- Work on the physical discomforts initially. This gains rapport and is a good way to introduce the benefit of relaxation with E.F.T. Do the treatment on:

Tensions / headaches / racing heart / constricted breathing / body sensations generally...

You may find that there are areas of tension and pain that move around with successive E.F.T. sequences; this is called *"chasing the pain...."*. Treat whatever is now the focus of discomfort.

- Be sensitive to the symbolism and metaphors presented by the client or the story. Sometimes this is the best clue to the underlying issues. One client told me “I’m holding on by my fingernails”. We did several E.F.T. sequences about her “poor fingernails” (associating to the difficulty of doing that) with productive results. Her belief was that “nothing in life really works out...” You could also ask the person how they would describe their situation to someone else, or explain it to a friend who didn’t know about it, to gain clues about their inner world.
- Observe the person very carefully. Their posture, breathing, appearance, gestures, mannerisms and way of being will communicate what their words may not (this is particularly true of children)
- Use your *intuition* about the person and situation, and the feelings ‘generated’ inside you by them
- You can check in with the client during this treatment: *"What goes with that?"*

It is very productive to ask (after tapping effectively on a physical sensation for several E.F.T. sequences):

“What thought goes with that feeling?” Allow them to ‘blurt out’ spontaneously whatever comes up. Proceed with more tapping.

And when the cognitive trail seems to ‘fade’ after several sequences, you can ask:

“What feeling goes with that thought? ... If there were a place in your body where it might be sitting—where do you imagine that might be?”

Proceed with more tapping, while the client places all the attention on that area...or could place a hand over the place and focus underneath it.

- *I consider that the more E.F.T. sequences used—or the more persistently-done overall amount of continual tapping, while talking through the event—the better will be the clinical outcome in a treatment session.* I have found it better to delay the cognitive processing and understanding of the treatment until some time has passed after an intensive session. An intensive session of an hour or more involves some 15-20 complete sequences and much *continual tapping* (if necessary for persisting negative emotion) while checking in with the client about the results and consequences.

It is common that after a thorough treatment, the person may let go other fears and worries that seemed to be unconnected to the traumatic event. In treating a man only for the upset of a motor vehicle accident (where he had to assist a severely-injured and bleeding person) I found that the man’s life-long phobia of *seeing blood* ‘disappeared’ spontaneously after treatment with E.F.T. for the trauma of the event. He was able that evening to watch a hospital program on T.V. for the first time without reaction.

Gary Craig's Model of E.F.T. Treatment

Gary suggests that one good technique for those with good visual imaginations is to construct a movie in your mind of the event, lasting only a minute or so, which represents the whole event, from beginning to end, if possible. Then, instruct the client to "*Run the movie...*" step by step, such that whenever the client feels any intensity at all, you stop the movie and do E.F.T. sequences on that intensity until there is relief, even if it is not ‘zero’. Then resume the movie. There is no need to force the issue or to be courageous on the part of the client. You can also do this technique naturalistically by "*Telling the story...*" in a similar way.

Use specific issues and words (from the client’s history) where possible.

The person stays in the present tense when telling the story.

Deal with one incident at a time, ideally.

Be aware of prior trauma(s) and the likelihood of “switching” to another "aspect" of the problem during treatment.

Sometimes emotional distress represents “retraumatisation” of a significant emotional event in the developmental life of the client (one problem reminds us of another).

Feelings of resistance in the client may be due to the fear of losing control, or negative beliefs; treat these specifically by seeking them out and finding the words to treat them in the session

Ideally the client does self-treatment regularly to gain afterwards the "generalising effect" of E.F.T.—this may require sequences up to 25 times daily for the more distressed (and setting blocks of time aside morning and night for regular treatment)

"PERSISTENCE, PERSISTENCE, PERSISTENCE..."

Self Help With E.F.T.

For minor trauma experienced in day-to-day hurts or tribulations, the technique of “*Telling The Story*” is ideal. A short period of E.F.T. work could bring better balance to nearly all irritations.

Step 1 Treat yourself with E.F.T. sequences on any concerns or doubts related to doing this treatment, and any connected negative beliefs if you can identify these.

Step 2 “Tell the story” of what happened in your mind, step by step, such that if you feel emotional intensity at any point, stop giving the account and treat yourself with E.F.T. sequences for relief. Focus on the strongest impressions, which—for you— could be images, or self-talk, or body feelings. After gaining reasonable relief, start the account again.

Step 3 When you have finished, stop and review the story. Make sure there is no residual intensity. Now scan your body for any tension and treat that, if present.

For deeper problems, the key to achieving good results like this is to *focus* and to *persist*. It is better to do a lot of tapping on the hurt even if you are unsure about the words to say or exactly what the issues are.

Focus Either on the mental aspects of the problem (the associated memories, thoughts, ideas, images, sounds) or on feelings in the body (any tension, aching, feelings that come up in certain places)

Persistence Doing many sequences during time you set aside (say 30 minutes). Doing continual tapping (without a set-up) any time you have intensity.

N.B. You can treat yourself in public by discretely touching the points and “breathing into” each one (John Diepold’s “Touch & Breathe” technique). Just thinking about using E.F.T. will often bring relaxation and benefits.

E.F.T. For Children

My colleague Steve Wells says always treat yourself first (for your own concerns and worries about your Child’s problems) before you help your child (<http://www.emofree.com/children/forparents.htm>)

Children need much less time in repeated E.F.T. sequences than adults (sometimes only a few ‘taps’). One of the best ways to help them for daily ‘problems’ is at bedtime according to Gary Craig (see <http://www.emofree.com/children/mustprocedure.htm>) :

“The basic idea is simple. Every night, while children are being tucked into bed, parents should ask: ‘Can you tell me about your good and bad thoughts as well as the good and bad things that happened to you today?’ Then, as the events are being told (both good and bad), the parents should lightly and lovingly either tap or gently rub the EFT points”.

Generally children respond quickly and resiliently if their world (and the adults in it) is not too disturbed. Paradoxically, what adults think is not disturbing to a child may well be so (e.g. minor surgery)!

Negative Beliefs (Blocking Beliefs) During E.F.T. Treatment

The sufferer can't really accept what has happened and that it happened to *them*.

It is actually quite validating—and experienced as *relief* by the client—when the helper acknowledges compassionately just how hard it has been for the sufferer. Conversely it is upsetting to the sufferer to be told indirectly that it's going to be easy to get help, or improve. Here it is important to respect the mental set of the person who does want to get better but is so blocked. *It is always best to under-promise and over-deliver when using E.F.T.*

One of the best ways is to use the client's apprehensions and doubts in the set-up phrases; either they tell you this themselves, or you could check it out with them.

"I'll never get over this problem"

"I have to do it myself-- and I can't"

"I can't be helped"

"This condition is a part of me / belongs to me"

"I'll lose my identity if I get over this problem"

In general psychological reversal will exist.

You can say in the 'setup': *"(Although) this condition belongs to me... is a part of me..."*

It is also universally true that if we have a long-term problem we can't "fix", then we may experience helplessness, and also develop more self-criticism and blame, because now the consequences of having the problem are personal. First we have the problem and then we have our attitude to the problem—invariably a negative one in this context. People commonly say "I should have handled this better" and "I shouldn't have let this happen in the first place". Even if they give it a "spin" and call it a *learning experience*, the underlying negative beliefs prevail.

Correct these client-centred concepts with appropriate words and interventions during treatment, especially following and utilising the client's own negative words and ideas. Bring them into the set-up statement of E.F.T. You are heading toward greater self-acceptance despite the reactions from the traumatic event.

Processing Information Using E.F.T. *(with quotes from therapists in the Energy Therapy field)*

These require exploration and treatment in the session when they arise.

Discovering Issues

These are stimulated by the leading questions:

"What is the first/ worst/ last time you remember feeling this feeling?"

"What does having this problem mean about you?"

"Who taught you (to think/feel) this?"

"Where did you learn about this?"

Fear

Underlying issues of fear and self-esteem are essential to identity. *"I might lose my identity if I get over this problem"* (Bruce Eimer).

Fear that the problem is permanent. Fear that the problem might return after treatment.

Safety

In the session. In the world.

Self-worth

Whether the client is deserving of the healing (*"someone else needs me to have this problem..."*)

Victimhood. Treat the underlying negative beliefs by incorporating them in the setup phrase, and by being persistent with E.F.T. as self-help over time.

Anger

This might present—especially in men—as a protection from fear or sadness or hurt.

It leads to blame, resentment, judgement, criticism and unforgiveness—all of which can be fruitfully treated with E.F.T.

Note that rage may comprise "old" anger and grief

"I'm angry at myself for having these problems, and not handling them better..."

at (someone) for causing this problem, or for not helping to prevent this problem...

at the world for being like this...

at God, for allowing this problem to happen to me..." (Larry Nims)

Sadness

Legitimate sadness and negative emotion will not be shifted by E.F.T. but we must find out what proportion of the suffering represents that. As always, a sensitive approach to the loss and grief of a life-changing trauma will help the person own and accept the significant changes.

Deep Hurt (leading to anger and fear)

N.B. Treating the "deep hurt" may radically streamline and shorten treatment of consequent problems

Guilt

"I did wrong..."

Shame

"I am wrong..."

Unforgiveness

"True forgiveness is the ultimate aim of all healing" (Gary Craig)

Forgiveness is about the client, not the other; it is letting go of contraction, constriction and judgment, and of the consequences (in life) of holding on to anger and resentment. As the saying goes, *while you're getting depressed, they're out dancing...*

"My recovery is no longer dependent on your apology" (Gloria Arenson)

"Forgiveness is ultimately a spiritual issue" (Larry Nims)

"I forgive and release..... and turn our relationship over to God...I now call back all parts of my spirit and life force which are attached to..... and any thoughts or events concerning....." (Susan Parker)

Beware of trying to go straight to forgiveness without working through sadness, anger or fear -- the "spiritual bypass"! (Harry Corsover)

N.B. Forgiveness emerges when the healing is near completion. *"I never hurry anyone"* (Marilyn Gordon)

Holding on to the hurt never helped anyone, but forgiveness is a very personal issue and may not eventuate according to the wishes of the therapist—or at all. Keep this in mind and avoid the ‘demand’ on the client to conform to a non-authentic version of their world.

Difficulties & Drawbacks Using E.F.T. For Trauma

Depression

Sometimes E.F.T. doesn't work well enough because of co-existing moderately severe depression.

I have great respect for clinical depression as a vicious opponent of emotional freedom, and I have found out the hard way, over more than a decade, that a proportion of severe trauma sufferers need medication for depression, with modern agents, in order to heal—this is especially true for P.T.S.D. Nearly all my professional clinical setbacks have been due to not treating moderate to severe depression adequately.

This orthodox treatment path is sometimes seen as a failure by both client and practitioner, but depression either responds to the natural or usual treatments (including persistent E.F.T.) or it doesn't. My comments are to encourage those dealing with moderate or severe depression to do whatever it takes to get better, regardless of ideology.

You Move To Family Issues, Relationships And Past Problems

If these pose more of a problem than the traumatic event, then the work will be more complex and sometimes require a different approach. No one technique can solve every problem, which is why E.F.T. integrates so well with many modalities of help. E.F.T. can also be used before, during or after any helping work, by the client seeing a therapist not trained in E.F.T. I have found that using E.F.T. in general counseling and psychotherapy work has given me cause for optimism—and changed my expectations for the better.

You Aren't Sure What Happened To The Problem

Pay attention to the "shifts" to other issues when you are treating what you think is "the big one"; often the new issue has roots that are more relevant, even if strange, and when you return to check the "problem" it may be greatly reduced.

Once I worked with a man who had P.T.S.D. that was so severe he was reluctant even at the beginning of his treatment session to tell me what had happened. Because he felt intense discomfort in his stomach area, we tapped for nearly an hour on all those body feelings—following each one. I asked him to come again for his treatment but at the next session he discovered that, for the first time, he could think of his incident without distress. The bodywork had “shifted” the psychological distress (even so we did more tapping on the worry that the problem could in some way recur).

When this kind of shift does occur you may have the frustration of not “knowing” what the exact issue has been. Considering the practical relief for the client in this situation, that frustration passes.

Getting Better “Too Quickly”

There can be a ‘lag’ between losing the intensity of the traumatic memory and integrating the result into your life. There is an absence of something but the person is not sure how to be (a kind of cognitive catch-up is required). Despite positive expectations the mind can also be judgemental about a quick result, in that it was ‘too easy’ or should have been achieved before. Here the therapist can use the time and space of the session to help integrate the processing of what happened with some orientation for the future.

Personal Work & Growth With E.F.T.

Traumatic experience serves to put us and keep us in a very contracted state, with poor emotional equilibrium. After recovery we must find the meaning of what happened. I note that most biographies of people who made a difference to the world describe the individual’s life-changing events in detail—and these events are almost invariably setbacks or misfortunes or tragedies.

We must eventually deal with the blame and lack of forgiveness we all have about the unfairness and harshness of this world, and this is very personal for us. Potentially we have all behaviours within us, and we are all potential perpetrators or victims. Or not.

According to John Demartini (“Count Your Blessings”), forgiveness and blame are illusions in any case, because it means we are not balanced in our understanding of the advantages and drawbacks (what he calls the “true meaning”) of what happened to us following the traumatic situation. When we achieve this balance, forgiveness becomes only a concept. He suggests that forgiveness *does* require our prior judging, whereas accepting the truth requires no forgiveness, and that we must go beyond blame and forgiveness in order to step into unconditional love. This does take specific work on our negative beliefs and misunderstandings about the world, that hold us back.

Eckhart Tolle in “The Power Of Now” suggests that our *surrendering to what is* (here, the fact that a trauma has occurred and changed us for the worse) will transform us, through losing our attachment to our judging mind, and coming to a deep inner balance of acceptance. Under our sadness we feel that stillness and peace.

I have found that E.F.T. as meridian stimulation, when coupled with the intention of the helper, and using healing techniques, brings a harmonizing and balancing power into making these concepts real—and achievable—for ordinary people over time.

Using E.F.T. for personal healing is really work on our spiritual path toward self-acceptance, however we understand those concepts. Life is for expansion and expression.

The Last Word

"Such a (healing) gift must come from God..." (grateful client experiencing E.F.T. for the first time)

Patricia Carrington, PhD

Using EFT with The Choices Method

To contact Patricia Carrington, PhD go to...

www.emofree.com/contacts.htm

EFT Choices—An Innovative Step

A Technique for Realizing Positive Goals In EFT

A three hour mini-workshop conducted by
Patricia Carrington, Ph.D.
Originator of the Choices Method

The EFT Choices method is a variant of EFT that uses a special type of affirmation known as “Choices” within the EFT protocol. This enables the person using it to target a specific emotional problem and address it in a more precise and comprehensive manner than might be possible using the standard EFT default self-acceptance phrase (“I deeply and completely accept myself”). The Choices approach thus expands EFT's effectiveness in an exciting manner.

The method is based on the use of a “Choice”, a unique form of affirmation which differs from traditional affirmations in that the statement of desired outcome is preceded by the phrase “I choose to...” instead of by a simple declarative phrase such as “I am...” “I have...,” etc. Unlike traditional affirmations, Choices affirmations do not contradict a person's present view of reality. As a result they are often more readily accepted than are traditional affirmations and have a very special application in EFT.

The Choices Protocol

When using the Choices method, a formal Choice is substituted for the traditional self-acceptance affirmation (“I deeply and completely accept myself”) in the EFT setup phrase, and is then used in all the subsequent reminder phrases. This Choice takes the form of a phrase which is, in general, the opposite of the negative statement contained in the first portion of the setup phrase process, the one which commences with the words “Even though...”.

The Choice is an expression of what the person truly desires (a desired outcome) for the problem which the treatment is presently addressing. It is aimed at that specific problem rather than being a general affirmation, such as the traditional EFT or (former) TFT self-acceptance

phrases. In EFT, this change in the setup phrase is followed by similar alterations in the reminder phrases that follow.

The protocol for the EFT Choices technique is known as the *Choices Trio* because it has three distinct components —three rounds of EFT all of which use Choices, and the SUDS level (measure of distress on a 0 to 10 point scale) is only assessed after *all three rounds* are completed.

Instructions for the Choices Trio

After you obtain an initial SUDS level, proceed as follows:

- Identify the negative cognition (thought, attitude, feeling, etc) that the person wants to be rid of.
- Formulate a Choice that is roughly the opposite of this negative cognition, an antidote to it. For example: “I choose to feel at ease swimming in deep water” would be an appropriate opposite Choice for the negative cognition “I’m afraid of swimming in deep water.”
- Combine the negative cognition with the positive Choice to create a Choices Set-Up phrase. For example, “Even though I’m afraid of swimming in deep water, I choose to feel at ease when swimming in deep water.”
- Rub the sore spot (or tap the Karate Chop spot) *three times* while repeating this Choices Set-Up phrase.

Follow this set-up by the *Choices Trio* proper as follows:

Step 1 Do *one* complete round of EFT using the negative cognition *only* as your Reminder Phrase. For example, “I’m afraid of flying in planes” repeated at each acupoint.

Step 2 Follow immediately (without checking SUDS level or repeating the Set-Up) by *one* complete round of EFT using the Choices statement *only*, as a Reminder Phrase. For example, “I choose to feel at ease when

flying in planes” repeated at each acupoint of the standard EFT sequence.

Step 3 Follow immediately (without checking SUDS or repeating the Set-Up phrase) by *one* complete round of EFT using alternating phrases as follows:

- At the first acupoint (Inner Eyebrow) use the negative cognition as a Reminder Phrase (in the above example, “I am afraid of flying in planes.”).
- At the next (Outer Eye) acupoint, use the positive Choice for the Reminder Phrase (e.g. “I choose to feel at ease when flying in planes.”).
- At the next (Under Eye) acupoint *again* use the *negative* cognition for the Reminder Phrase, and so on.

Continue this alternation of negative and positive for the entire round.

- Then retake the SUDS rating.
- If more work is needed, repeat the Trio (points 5, 6 and 7 above) as many times as necessary. In effect, the Choices Trio serves as one complete round of EFT.

The Wording of Choices

Most people do not know how to identify what they really want but ironically they are almost always clear on what they *don't* want. When asked to make a positive Choice, based on what they *do* want, most people will, at best, just choose to improve a bit on what they *don't* like. One way they accomplish this is to resort to comparisons. They will use such words as “better,” “more,” etc. in their Choices statements, making statements such as:

“I choose to feel *better*.” “I choose to be *more*

confident.” “I choose to have *more* money in the bank,” etc.

This does not work well because a person’s subconscious, computer-like mind cannot interpret it with any precision — what is “better”? It could be only a tiny bit better. How much is “more”? When this isn’t spelled out precisely you have an unclear, relatively ineffectual Choice.

The First Rule of Choices: Be Specific

A person making a Choice needs to state precisely what it is they *want*. A Choice should not contain vague comparison words such as ‘better,’ but should be a statement of *exactly* what they really want to create in their life.

For example, a relatively poor Choice for a student would be:

“I choose to get better grades this semester.” A much more effective Choice for her would be, “I choose to get a 3.8 grade average this semester.” (or whatever grades were wanted).

The Second Rule of Choices: Create a Pulling Choice

Choices must “pull” to be effective, a requirement often neglected. A lifeless Choice is like a dull advertisement; you just skip over it, don’t attend to it, and it has negligible impact. You might think of a Choice as a sort of ad made up by you and directed to yourself as consumer. The person who must be sold is *you* (your client, etc.) – you’ve got to buy into and truly *want* the manifestation you are trying to bring about.

This has led me to try to make the *language* of Choices as colorful and appealing and attention getting as it possibly can be. Wherever possible, if it doesn’t rob the Choice of its basic punch that can sometimes come from using a few short, strong words sparingly, I add a carefully selected *adjective or adjectives* to make the Choice as appealing as possible. The aim is to draw the person like a magnet toward the goal they

seek. The repeating of the Choice during the EFT process should be a source of pleasure and comfort so that the person actually wants to keep saying the Choice over and over simply because it so enjoyable (relieving etc.) to do so.

Some of the phrases that can be included in a Choice to make it attract in this manner are

I choose to:

let it be easy to...
surprise myself by...
find a creative way to...
find it fun to...

or add any of these other adjectives to give more appeal:

— comfortable
— satisfying
— delightful
— ingenious
— safe
— unexpected etc.

The Third Rule of Choices: Go for the Best Possible Outcome

The rule of thumb here is to be inwardly “truthful” in what is asked for. The person needs to choose what they *really* want in their innermost self, not what they think they *should* want – and it should be the very best they can imagine having.

It is not enough to choose to have a “new apartment”, for example, because a “new apartment” might be a dingy 6th story walk-up with poor heating, tiny rooms etc. — yet technically it might be “new” for the person getting it. A much more effective Choice for this same person would be to state exactly what they *really* want, such as “I choose to live in a quiet, sunny, delightful apartment”. This Choice doesn’t short change the person making it and will usually bring far more satisfactory results.

The Fourth Rule of Choices: State Your Choices in the Positive

Those who have worked with affirmations, or with any hypnotic suggestion techniques, know that the literalness of the computer-mind makes negative words or phrases inserted into an affirmation a tricky matter, to be avoided if at all possible. The result is that we are always better off being as positive as we can when framing any sort of commands to ourselves – and affirmations are basically commands.

When making a Choice, you should avoid using such negative words and phrases as “no”, “not”, “never”, “don’t”, “be rid of”, etc.

For example, a poor way to word a Choice would be, “I choose to not be afraid of riding in planes.” A much better way to word it would be, “I choose to feel calm and confident when riding in planes.”

The Fifth Rule of Choices: Do Not Choose for Others

This rule is important to emphasize because some people will choose others’ behavior, as though they had a jurisdiction over other people which none of us have.

For example, people may say:

“I choose to have Mary love me.”

“I choose to have the people at work think I’m the best.”

“I choose to have Kenneth understand me.” etc.

There are many ways that the above(incorrectly worded) Choices can be reworded so as to make them non-manipulative and ethical in nature. For example, one could say instead (for the first Choice above):

“I choose to *feel* that Mary loves me” Here the person is making a Choice about their own *reaction* to Mary, something quite within their jurisdiction.

The details are less important than the intent when applying this rule. The point is not to act as though we were all-powerful in another person’s life, or in any living being’s life, but rather word their Choice so as to be as genuinely helpful to them as possible without imposing *our* values on them. This is a very comfortable way of extending healing thoughts or transmitting

healing energy to another. We are honoring the other's "beingness", as it were, by formulating our Choices concerning them with a respect for their individuality and freedom of choice. I have never seen this fail to have fine consequences for the person making such a Choice, and often for the other party involved as well.

The "Choices" Mini-Workshop at Flagstaff

This will be a largely experiential session that will address the use of Choices for specialized issues, as well as its use in psychotherapy and counseling. It will be just as beneficial for those who already know and are using Choices as it will be for newcomers to this concept because many novel uses of Choices will be presented and tried out right at the workshop. Participants will have plenty of firsthand experience and supervised practice with the Choices Method, as well as a chance to see demos by Dr. Carrington. This will be an information-packed, stimulating, hands-on workshop.

Additional Resources

How to Create Positive Choices in Energy Psychology. :
The Choices Training Manual
by Patricia Carrington, Ph.D.

In this 120 page manual, Dr. Carrington gives the theory and basics of the method and describes how to use Choices effectively for specific issues such as anger, anxiety, abuse, grief, pain and illness, relationships, crises, and more. She also shows ways that Choices can be used within the context of psychotherapy and counseling, giving detailed case examples.