

Q. What is Emotional Freedom Technique?

A. Emotional freedom technique (EFT), also referred to as “tapping,” is a technique that involves tapping of specific points on the face, upper body, and hands while the patient focuses on the memory of a traumatic event and repeats verbal affirmations (Craig, 2011).

Q. What is the proposed mechanism underlying EFT?

A. EFT purports to combine an innovative treatment component (tapping) that capitalizes on an “energy field mechanism,” along with elements from established trauma-focused and cognitive therapy treatments. The constructs of “energy channels,” “energy fields,” and “blocked channels” have yet to be established by science. Thus, as of now, there is no available evidence to support the novel mechanism through which EFT claims to affect symptom improvement (Baker & Carrington, 2009).

Q. Is EFT recommended in the Military Health System (MHS)?

A. **No.** EFT is not recommended in the *2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder*, and thus has not met the burden of evidence required by the most recent VA/DoD publication.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other guidelines and evidence reviews recommend EFT for PTSD?

A. **No.** Other authoritative reviews have not substantiated the use of EFT for treating posttraumatic stress disorder (PTSD).

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository, the Cochrane Database of Systematic Reviews, and VA Health Services Research & Development (HSR&D) Evidence-based Synthesis Program.

- AHRQ: No reviews were found on EFT as treatment for PTSD.
- Cochrane: No reviews were found on EFT as treatment for PTSD.
- VA HSR&D: A 2011 evidence review of complementary and alternative medicine therapies for PTSD includes EFT, stating that they did not identify any published randomized controlled trials (RCTs) of EFT for PTSD.

Q. Is there any recent research on EFT as a treatment for PTSD?

A. One systematic review and three RCTs of EFT for the treatment of PTSD were identified in a June 2017 literature search. In a 2016 systematic review of 15 emerging interventions for PTSD, Metcalf et al. (2016) found one study on EFT eligible for inclusion. This small study (Karatzias et al., 2011) compared EFT to a delayed intervention control and found a significant reduction in PTSD symptoms, but the trial was characterized by a high dropout rate and lack of control data at the three-month follow-up.

Two additional RCTs were identified that were not included in the systematic review (Church, Sparks, & Clond, 2016; Church et al., 2013). Both trials compared EFT to treatment as usual wait-list groups and reported that post-treatment PTSD scores were significantly lower for participants in the EFT groups relative to the comparison groups. However, no strong conclusions can be drawn from these studies based on substantial methodological limitations that include small sample sizes, the absence of clinician-rating scales, lack of a control comparison, and high risk of bias.

Q. What conclusions can be drawn about the use of EFT as a treatment for PTSD in the MHS?

A. The current state of the EFT evidence base is not mature enough to recommend EFT as an evidence-based treatment for PTSD in the MHS. The burden of evidence needed to substantiate a novel treatment such as EFT is considerable. The primary limitation of the current EFT research base is that the EFT trials have not been well controlled making it difficult to differentiate the effects of EFT from treatment as usual. The limitations of the available evidence do not allow strong conclusions to be made from the existing research that could inform clinical practice guidelines or policy decisions within the MHS.

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References

Baker, A. H., & Carrington, P. (2009). Theoretical and methodological problems in research on Emotional Freedom Techniques (EFT) and other meridian based therapies. *Psychology Journal*, 6(2), 34–46.

Church, D., Hawk, C., Brooks, A. J., Toukolehto, O., Wren, M., Dinter, I., & Stein, P. (2013). Psychological trauma symptom improvement in veterans using emotional freedom techniques: a randomized controlled trial. *The Journal of Nervous and Mental Disease*, 201(2), 153–160.

Church, D., Sparks, T., & Clond, M. (2016). EFT (Emotional Freedom Techniques) and resiliency in Veterans at risk for PTSD: A randomized controlled trial. *Explore (NY)*, 12(5), 355–365.

Craig, G. (2011). *The EFT manual (2nd ed.)*. Energy Psychology Press.

Department of Veterans Affairs/Department of Defense. (2017). *VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder. Version 3.0*. Washington, DC: Department of Veterans Affairs/Department of Defense.

Karatzias, T., Power, K., Brown, K., McGoldrick, T., Begum, M., Young, J., . . . Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye movement desensitization and reprocessing vs. emotional freedom techniques. *The Journal of Nervous and Mental Disease*, 199(6), 372–378.

Metcalf, O., Varker, T., Forbes, D., Phelps, A., Dell, L., DiBattista, A., . . . O'Donnell, M. (2016). Efficacy of fifteen emerging interventions for the treatment of posttraumatic stress disorder: A systematic review. *Journal of Traumatic Stress*, 29(1), 88–92.

