Callahan Techniques®

Thought Field Therapy®

Algorithm Level Training Manual

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Copyrights, Acknowledgements and Notes to Trainers

The materials now used by the UK Institute of Thought Field Therapy and Callahan Techniques, Ltd. TFT Algorithm Level Training and Manual are a compilation of the following:

Materials from the teachings of Dr. Roger J Callahan, TFT's Founder and Developer.

Portions of the former ATFT Algorithm manual, which included contributions from many TFT practitioners and edited by Jenny Edwards.

Materials from Suzanne Connolly's algorithm level workshops and research manual – including revised and updated presentation format, based on comments and experience over the last 18 years.

This manual represents an updated and more simplified presentation of the TFT algorithms. It is the same format used in the last 8 years of TFT research and is the format used in the official TFT Foundation's research manual.
While it is written to meet the standards of professionals, it has been used successfully for professionals and lay people alike, in a wide variety of applications and fields.
It consists of three parts:

1. Training manual (used in the live training)
2. Readings of Dr. Roger Callahan (which includes and Overview of TFT)
3. The Teachings of Dr. Roger J. Callahan (used for further support and understanding)

We would like to thank all the many TFT practitioners around the world who have contributed to TFT in the testing of algorithms, refining training presentations, and providing support materials to facilitate a better learning experience for all new TFT practitioners.

www.thoughtfieldtherapy.co.uk

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Welcome from Joanne Callahan MBA

President, Callahan Techniques Ltd.

When we use the term TFT, it should be understood that we are referring to the original form and source of TFT, or **Callahan Techniques® Thought Field Therapy®**. By the end of the training, you will be ready to use TFT to help yourself and others, regardless of your previous knowledge and experience with Thought Field Therapy®.

This manual contains a description of the treatment points, algorithms, procedures, and explanations necessary to immediately begin using TFT.

The purpose of this training is to provide you with necessary skills to apply TFT to the problems addressed within the scope of your practice, your current license, your organisational role, and/or your other expertise, and to teach TFT algorithms to your clients to use in resolving their problems. All of the TFT protocols presented in this workshop are approved and standardised by Callahan Techniques®, Ltd. Having also met the standards established by Callahan Techniques®, the UK Institute of Thought Field Therapy and your instructor John Plester, this curriculum, and all materials provided in this training are approved by Callahan Techniques®.

Algorithm training is only the beginning of your journey toward fully understanding TFT and how to use it. Many resources are available to you, including Dr. Callahan's works (see list of references at the end of this manual). As with all skills, the more you practice, the better you become.

Joanne Callahan, MBA, President, Callahan Techniques Ltd. ,TFT Foundation Roger J. Callahan, PhD, (1925-2013) TFT Founder and Developer

Algorithm Training Learning Objectives:

Day1 - Learn the easy-to-use basic TFT algorithm and how to add specific points to target individual issues to help yourself or others.

Day 2 -Learn to use TFT with more complex therapy cases. Explore how TFT techniques can be integrated with traditional therapy models.

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A Brief Introduction to Thought Field Therapy

By Suzanne M. Connolly

What is Thought Field Therapy?

Thought Field Therapy, or TFT, is a therapeutic technique used to treat psychological problems. This method has been developed and refined over the last thirty years by California psychologist, Dr. Roger Callahan (1925-2013). In Thought Field Therapy, the client is asked to think about a specific issue that is troublesome. This is commonly an anxiety, a phobia, a trauma, a loss, or a feeling of anger or of guilt. The client is then asked to quantify the feeling on a scale of 0 to 10, with 10 representing the most intense feelings of upset. Next, the client is asked to tap on his or her own body in specific places, or energy points, in a specific order. The most surprising thing for clients and therapists alike is that it really does work. The client typically tries but cannot get back the original feelings of upset around the identified issue (Callahan, 2002).

Research

Thought Field Therapy has been successful with a great majority of difficult psychological problems. Most research has been in the area of first-hand clinical observation and personal reports coming from therapists and clients that have been impressive.

One early pilot study was conducted by Dr. Joyce Carbonell (Carbonell, 1996). Her study specifically targeted acrophobia, a fear of heights. Subjects who met the cut on the Cohen Acrophobia Questionnaire were randomly divided into two groups. They were also asked to give a subjective report of their discomfort (SUD) while climbing a ladder.

The Carbonell study was double blind, as neither the therapists nor the subjects knew which treatment they were receiving. One group was treated with the Thought Field Therapy Anxiety / Phobia Algorithm, and the other group received a placebo treatment that included the psychological reversal treatment and the 9-gamut treatment (both legitimate components of TFT). After treatment, subjects were again given the Cohen Acrophobia Questionnaire and again asked to give a subjective report of their discomfort (SUD) while on a ladder. When comparing pre- treatment and post-treatment scores on the Cohen Acrophobia Questionnaire and pre and post SUD, the Thought Field Therapy group was significantly more

improved by subjective report (SUD) and by objective report (The Cohen Acrophobia Questionnaire) when compared to the placebo group.

In the year 2000, a group representing The Global Institute of Thought Field Therapy traveled to Kosovo. 105 subjects were treated for extreme Post Traumatic Stress Disorder. 249 traumas were treated, 247 of them successfully. Kosovo's equivalent of our Surgeon General has made Thought Field Therapy the official trauma treatment of Kosovo (Johnson, Shala, Sejdijaj, Odell, & Dabishevci, 1999).

In an unpublished study titled, *Thought Field Therapy and Pain,* Robert Pasahow, PhD., Diplomat, American Board of Medical Psychologists found that TFT "reduced muscular- skeletal, nerve, and spinal pain in ten of twelve patients treated in an outpatient psychology private practice. A comparison of pre and post pain rating showed an 82% reduction in patients' pain ratings immediately after the procedure was administered. Ten of the twelve patients had complete pain reductions immediately after the procedure, experiencing pain relief of 88% or greater. The other two patients had no pain reduction." (Pasahow, 2013)

Thought Field Therapy has been used successfully in Rwanda and the Democratic Republic of the Congo treating Victims of Genocide, in South Africa treating victims of discrimination, in New Orleans at Charity Hospital treating victims of Katrina, in Littleton Colorado treating victims of the shootings at Columbine High School and in New York City treating victims of 9/11, in Uganda, Mexico after the flooding in Tabasco and in Haiti after the Hurricanes.

In 2006 and 2007, a pilot study was conducted in Rwanda with orphan survivors of the 1994 genocide (Sakai, Connolly, & Oas, 2010). The results demonstrated dramatic improvements as demonstrated on the Child Reports of Post-traumatic Symptom Inventories (CROPS) and the Parent (Caretaker) Reports of Post-traumatic Symptom Inventories (PROPS) pre and post treatments. A two-year follow up suggested that the improvements held two years following the initial treatment.

A randomised controlled study was conducted with adult survivors of the 1994 genocide in Rwanda in 2008 with a follow-up in 2010 (Connolly & Sakai, 2011). This study utilised two standard self-report measures, the Trauma Symptom Inventory (TSI) and the Modified PTSD Symptom Scale (MPSS). Results were significantly different at .001 on most

measures of the TSI and all measures of the MPSS when comparing the treatment group with the waitlist control group. The results held up and improved on average as measured in 2010 using the same testing instruments.

A similar PTSD study (Connolly, S.M., Roe-Sepowitz, D., Sakai, C.E., & Edwards, J., 2013 conducted in 2009 in the Byumba District of Rwanda replicated these findings.

How Long Does It Last?

Because most clients are understandably skeptical that tapping on acupuncture spots or energy spots on their own body will be of any help, neither the placebo effect (the belief by the client and /or therapist that a treatment will work) nor positive thinking seem to play a part in the results achieved in Thought Field Therapy. In this regard, Dr. Callahan has commented that Thought Field Therapy "probably doesn't get its fair share of placebo effects" because people ordinarily don't have faith that the procedure will help. In spite of this lack of placebo effect, the most common questions asked by clients after successful Thought Field Therapy treatments are "How long will it last?" and "How does it work?"

The answer to the first question is that the results appear to be permanent in most cases. Dr. Callahan's first patient treated with what he later termed Thought Field Therapy was a patient he refers to as "Mary." "Mary" was treated with Thought Field Therapy over thirty years ago for a water phobia and remains, by her own self-report, "cured." Most TFT therapists have witnessed the long standing results of TFT in their practice, the previously mentioned studies conducted in Rwanda with victims of the 1994 genocide suggested that the positive effects of one TFT treatment administered by newly trained Rwandan Community leaders lasted and improved over the course of two years.

How Does It Work?

Although Thought Field Therapy utilises the same system as acupuncture, they are different in that Thought Field Therapy operates directly on the thought field or informational field (the negative or positive emotions and the accompanying sensations of a specific thought), while acupuncture is used for physical problems.

It is known from the work of various researchers (Becker & Seldon,1985) that specific energy points located on the surface of the human body, do in fact exist and that they are virtually the same spots identified by the ancient Chinese thousands of years ago. The Chinese identified twelve pathways along with various connecting channels, and a myriad of energy points located within this system. Little about this energy system was known in the western world until President Nixon visited China in the early 1970's. While in China a journalist from *The New York Times* witnessed several operations using only acupuncture as an anaesthetic. The journalist himself had pain, which was relieved by acupuncture after he had undergone an emergency appendectomy. Acupuncture soon became big news in the western world. These spots on the body have been identified as places on the surface of the skin where there is less electrical resistance. In other words, these spots are better able to conduct electricity through the surface of the skin and into the nervous system. That acupuncture works and how it works has been demonstrated in over 100 studies (Stux & Pomeranz, 1985).

If there is an acupuncture system, and it works in conjunction with the known central nervous system, why does tapping on energy spots located along this system while thinking of upsetting thoughts help to get rid of those upsetting thoughts and accompanying feelings?

Perturbations and Fields

Dr. Roger Callahan, the originator and developer of Thought Field Therapy proposes that negative feelings are caused by what he terms "perturbations" within that thought field. The word perturbation refers to things disruptive, or disturbing. In biology perturbations are known as causes of both physical and emotional problems. When the perturbations are healed, by tapping on designated energy spots, we may create a field that gets the electrical current moving in a healthy and vigorous way again, thus decoding the negative messaging which had formerly been encoded.

Another way to think of it is relative to classical counter-conditioning. The person thinks about the negative, in a safe and caring environment, taps on energy points eliciting the relaxation response and the negative feeling, emotion, or experience is then paired with a neutral feeling.

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Conclusion

Without a doubt our thoughts exist in some kind of form, and in a real way. The term Thought Field Therapy is most appropriate to what we are doing. When doing Thought Field Therapy successfully, we are changing the energy in the informational field which is paired with a particular thought or memory. A field can be defined as a non-material region of influence. Our thoughts often do exert a powerful influence over our lives and often over the lives of others. Most of the time this is, of course, as it should be. We need to remember which things give us pain and which things give us pleasure. Sometimes, however those memories are not useful but get in the way of us having the lives we would like to have, of being the parents we would like to be, of being the partners we would like to be, or the work mates we would like to be. Thought Field Therapy can help us free ourselves and others of burdensome feelings and emotions which sometimes accompany specific thoughts and memories.

TFT: A Theory That Is On-Line With Reality

A theory that is on-line with reality must *begin* with reality. TFT theory is *inductive*. Induction is the process of making generalisations from observations. These generalisations are the essence of scientific discovery. Without them, people could not learn from experience (Peikoff, 2002).

In the context of TFT, this means that Dr. Callahan began his discoveries with sensory-based observations of actual phenomena. The theoretical principles discussed in this manual came directly from those observations. This is radically different from what many people who have been traditionally trained in the social sciences may have learned. Quite often, they are heavily influenced by Karl Popper's philosophy of science, which rejects induction and begins with theory and conjecture (Dykes, 1999; Popper, 1972).

Other approaches to psychotherapy have historically been deductive rather than inductive. Theorists began with a theory and then looked at reality through the lens of that theory. The theories and work of Sigmund Freud illustrate this. For example, if a client did not appear to be reporting an "Oedipal Complex," the therapist used the theory and suggested that the client was repressing his/her emotions or was in denial. This created an argument for the theory rather than an objective observation of reality.

In contrast, Dr. Callahan developed TFT theory by directly observing replicable first-hand experiments. Initially, he observed that when his client, Mary, tapped under her eye, her lifelong and previously unresponsive severe phobia of water was completely cured. Although Dr. Callahan had been studying Applied Kinesiology and the concept of energy meridians, he made this observation without any pre-existing theoretical constructs about the therapy that he applied, which had yet to be named Thought Field Therapy®.

After his success with Mary, Dr. Callahan attempted to replicate this with a number of his clients; however, he observed that most of them did not respond to this one-point treatment for phobias. This did not negate what he initially observed with Mary, who clearly had her phobia cured as a result of tapping under her eye.

What Dr. Callahan did at this time was to find other points that would help such people. He also used his previous discovery of a correction for what

he called Psychological Reversal (PR). When he applied this PR correction, his success rate nearly doubled.

Dr. Callahan continued to make further discoveries in order to refine TFT further. You will be learning about many of these discoveries in this training. He did this by continually keeping in contact with reality-based observations. His work culminated in the development of Voice Technology, with approximately a 98% success rate in studies. These results are comparable to those achieved in the so-called hard sciences of Chemistry and Physics. The algorithms taught in TFT Algorithm Training will yield approximately a 70-90% success rate, depending on the client population and the problem being treated.

How TFT Differs from Other Approaches

As you learn more about TFT, you will see that it is a radical departure from traditional psychological theories. It is almost consensus among most of today's traditional psychologists that biochemical imbalances in the brain, irrational beliefs, or negative childhood experiences are the cause of emotional distress and psychological problems.

T*he truth or accuracy of a theory can best be determined by the results it produces*. The real test for the validity of a theory is whether or not that theory is on-line with reality. In developing TFT, Dr. Callahan began with direct observation, developed theoretical principles and concepts, and continued to experiment and observe the results.

TFT produces, in a very high percentage of cases, total elimination of all traces of psychological distress. TFT does not do anything directly to the brain nor to its biochemistry. It does nothing to change core beliefs, and people are not required to relive their childhood experiences. *What TFT does is provide a code for eliminating emotional distress at its root cause*.

A therapy that is truly deep and addresses the root causes of psychological distress ought to be able to produce real change in people and thereby eliminate the problem. TFT does just that. In doing so, it revolutionises the field. The best way for you to see this is to begin using TFT with your clients and observe the profound changes that occur as you eliminate their psychological distress. As you do, you will see that the results of successful Thought Field Therapy® are indeed occurring at the deepest, most fundamental level possible.

Formal Definition of Callahan Techniques® Thought Field Therapy® (TFT):

TFT is a treatment for psychological disturbances which provides a code, that when applied to a psychological problem to which the individual is attuned, will eliminate perturbations in the thought field, the fundamental cause of all negative emotions. This code is elicited by TFT's causal diagnostic procedure through which the algorithms were developed.

Now, let's take a look at some of the basic theoretical principles of TFT so we can understand more about how this happens.

Perturbations

In essence, when you treat a client with TFT, you are eliminating perturbations that are encoded in the particular thought field associated with the problem on which the person is focusing. A perturbation (p) is defined as "a subtle, but clearly isolable aspect of a thought field that is responsible for triggering and controlling all negative emotions. . . . The P is the generating structure that determines the chemical, hormonal, nervous system, cognitive, and brain activity commonly associated with negative emotions. It is an intrinsic and necessary part (but *not* the fundamental cause) of the negative emotions" (Callahan & Callahan, 2000, p. 282).

P's Are Isolable

It is important to note that the perturbation is *isolable*. This means when the perturbation collapses, along with the information causing the problem, it will be removed. The memory of the experience and what the person learned as a result will remain. Contrary to popular belief, it is not the memory of a trauma that causes problems for a person. The problem is the activation of the perturbation, which sets off a chain of biochemical and psychological events for the person whenever he/she voluntarily or involuntarily focuses on the problem. After a successful TFT treatment, the person can think about a previously upsetting traumatic event without any trace of emotional upset. In some cases, the memory can even become more clear and detailed than it was prior to treatment, but without the distress.

Active Information, Thought Fields, and Isomorphism

Active Information

Perturbations contain "active information" that is activated when the thought field is attuned when the person thinks about the problem. The emotional problem can then be treated through stimulation of energy meridian points. The theoretical physicist, David Bohm, coined the term, *active information.*

The concept of active information has to do with the idea that something at a micro level (e.g., the perturbation) is capable of having far-reaching effects that direct and "in-form" a macro level (the person's emotional disturbance and sequelae).

In *The Undivided Universe*, Bohm and Hiley (1993) elaborated on what they meant when they used the word, "information:" *"What is crucial here is that we are calling attention to the literal meaning of the word, i.e. to in-form, which is actively to put form into something or to imbue something with form"* (p. 35).

Thought Fields

In TFT, the word, "thought field," can often be used interchangeably with the words, "memory," or simply "thought;" however, in order to understand the dynamics of TFT, it is helpful to think of a memory in terms of a thought field, for these fields contain the perturbations that are described above. If someone were to enter the room and tell you that you had just won 10 million dollars in the lottery, you would be in a different thought field from the one you are in now. Your body would begin secreting chemicals that would change the way you feel.

A field is an invisible, non-material structure in space that has an effect upon matter. Michael Faraday, an unschooled genius of science, introduced the concept of a field. Faraday called attention to the fact that although one cannot see, feel, or taste an electromagnetic field, one will be able to see its effects if iron filings are placed on a piece of paper with a magnet on it. The iron filings clearly show the outline, in two dimensions, of the three-dimensional field.

Another invisible field is the gravitational field. While we can't see it, we can see its effects when we drop a piece of paper and watch it fall to the ground. In fact, fields are all around us. Every living think generates electromagnetic fields that can be measured as far as several feet away from the body. Moreover, mobile phones depend on fields in order to work, and fields keep the planets orbiting around the sun.

A book that is helpful in clarifying the concept of a field is *A New Science of Life* by biologist Rupert Sheldrake (1995). In this book, Sheldrake discussed the concept of morphogenetic fields. One point that Sheldrake made is that the fields themselves are *not* energy. Instead, they require energy so that the information within the field can become active.

An analogy that illustrates the interaction between thought fields, perturbations, and the body's energy system could be a person wanting to cook something to eat with the help of a cookbook. The cookbook is the thought field. It is the vessel that contains the information, i.e., the recipes. These recipes, unfortunately, do not cook themselves. Instead, they need energy to come into being. While a recipe informs the outcome of the food (it could be a salad, a cake, cookies, etc.), it will remain just information unless someone exerts energy, opens the cookbook, reads the recipe, and cooks the food.

Similarly, a person only becomes upset when he or she tunes into a memory, which is a thought field (opens the cookbook) that contains these perturbations (the recipe). These perturbations become activated through the body's energy system. The person will then feel psychological effects and perhaps even physiological effects that were caused by the perturbations in the thought field. As the person taps, putting energy into the system, the perturbations in the thought field are eliminated, changing the chemical make-up of the body. As a result, the person feels better.

The perturbations are repositories of highly detailed and exquisite information that results in all of the nervous system, hormonal, and chemical reactions that occur in disturbing emotions. Dr. Callahan suggests that perturbations in the thought field are the cause of chemical, hormonal, and cognitive changes, leading to emotional and behavioural changes.

Isomorphism

Although thought fields and perturbations are not energy in and of themselves, they require energy for activation. The body's energy system is activated and comes into play when the person tunes into the emotional problem or upset. In TFT, a one-to-one relationship can be readily observed between perturbations in the thought field and energy meridian points on the body. This type of one-to-one relationship is called an *isomorphism*. For every energy meridian point on the body that is being treated, a perturbation is being eliminated. As a result, the person is freed from psychological distress.

Causal Diagnosis—How TFT Algorithms Were Discovered

The next obvious question would be, *"How do we know which energy meridian points on the body to address and in what sequence?"* In other words, how were the algorithms discovered?

When a person is being treated with a TFT algorithm, specific energy meridian points are stimulated in an exact, predetermined sequence. Through the stimulation of the correct treatment points in the correct sequence, the perturbation is collapsed. As a result, all traces of psychological distress are eliminated at their root cause.

Much like a combination lock, *the correct sequence is crucial to the success of the treatment*. If you had a correct combination (code) on a lock of 3-27-32-5, and you tried to open the lock with a changed sequence (27-32-5-3, for instance), the lock wouldn't open. The same is true with the codes for TFT algorithms.

The TFT algorithms were developed, *not* by random trial and error, but through the use of a causal diagnostic procedure that reveals which meridian points to stimulate and in what order. There are 14 possible TFT treatment points, providing over 87 billion possible treatment combinations. This means that these algorithms could not have been developed by chance. Mathematically, if you started trying out possible treatment point combinations in the year of Christ's birth and continued without taking any breaks at all, you would still have approximately 163,800 more years to go!

In order to determine the correct sequence among so many treatment points, a causal diagnostic procedure was needed. It is referred to as a

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causal diagnostic procedure because it diagnoses the root cause of the problem. This is different from traditional diagnosis in psychology, which involves diagnosing from categories of symptoms and providing labels. The TFT causal diagnosis procedures are taught at the TFT Boot Camp.

TFT algorithms are recipes previously determined through causal diagnosis for a variety of psychological conditions. Dr. Callahan developed these algorithms through work with thousands of clients over a period of ten years during the early 1980's and 1990's. As he treated clients, he observed that the same sequence was repeatedly being elicited through diagnosis for particular psychological conditions such as phobias, addictive urges, traumas, and others. If Dr. Callahan found that a particular sequence worked for high percentages (80-90%) of people, after he had had treated hundreds of people with a particular psychological problem, this sequence became an algorithm. Someone who has been trained in TFT diagnosis or Voice Technology can usually successfully treat the 10-20% of people for whom the algorithms do not work.

The outcome of TFT algorithm treatment can easily be replicated by anyone who learns the algorithms and applies them correctly, with the same high success rate. By reading this manual, you will learn all you need to know to be able to replicate these rapid, painless, and highly successful treatments. By practicing the techniques, you will learn the skills necessary to treat negative emotions and conditions previously thought to be incurable, such as addictive urges, phobias, trauma, anger, guilt, grief, love pain, and many more. When you use these treatments and see their results, you will learn that TFT theory can be tested in reality and put to immediate practical use. Hence, we can say with assurance that TFT theory is *on-line with reality*!

How Change is Measured in TFT

The Subjective Units of Distress Scale (SUD)

SUD is an abbreviation for the useful term, "Subjective Units of Distress." This scale provides a way to quantify the degree of stress, pain, or disturbing emotions experienced by the client. The SUD may be represented on an 11-point or 10-point scale, 0 to 10 or 1 to 10, respectively. (Wolpe first introduced the term. Additional information can be found on page 19 of *Stop the Nightmares of Trauma*.) Dr. Callahan used a similar scale in 1949 that was developed by Dean Eric Gardner of Syracuse University Graduate School and Professor George Thompson.

In TFT, the SUD is considered the "bottom line" by which therapy is evaluated for success. Behavioural indices of how people are responding to therapy may be quite misleading, since many people can do most things when pushed. If their suffering remains intense at the same time, we do not consider this to be successful therapy.

As in the case of Mary, she had learned from conventional therapy that she could withstand a great deal more suffering than she thought she originally could. Once she had been successfully treated with TFT, all traces of her water phobia had disappeared.

Situations in Which You Cannot Obtain a SUD

In some cases, people are repressed and will be unable to report a SUD unless they are actually exposed to the situation. Such people can still be successfully treated, but they will need to test the treatment by being in the situation before you can know the results. Be sure and treat for all levels of reversal, as you will not be able to depend on the SUD to know if the perturbations are being eliminated.

Similarly, infants, animals, and mentally disabled people can be successfully treated with TFT, but they are unable to voluntarily tune in a thought field and give a SUD. They, too, must be treated while they are in the actual situation. You can expose them thoughtfully to the upsetting situation in order to activate the thought field but not to re-traumatise them. You will also need to treat them for all levels of reversal.

For children who are too young to give you a number, we have a special children's SUD scale that can be used.

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Using the SUD (Subjective Units of Distress) Scale

The importance of individuals' report of their subjective level of pain (1 to 10 or 0 to 10) has been recognised as accurate and important in monitoring the health and recovery of hospitalised individuals. It is now required as a vital sign to monitor, along with heart rate, blood pressure, temperature, and breathing rate. Similarly, the most important measure of the power of TFT is ***clients' report of their experience*.**

The way we measure this is through the use of the Subjective Units of Distress (SUD) Scale. Clients are asked to rate their level of discomfort on a 10-point (1-10) scale or on an 11-point (0- 10) scale. Most individuals will quickly learn to use this tool to communicate the level of distress they are experiencing as they tune into a thought field.

While the 1 to 10-point scale is the most common self-report, *any* scale or description of graduated intensity is acceptable, as long as clients are able to be consistent in their report.

IMPORTANT!
Be very clear with the client what will represent no distress (0 or a 1 on the chosen scale)

It is also important to emphasise to clients that they should give you a number that represents ***how they are feeling right at this very moment*,** just thinking about the problem, ***not*** how they have felt in the past or how they anticipate they might feel in the future.

You will ask for the SUD at specific points in the treatment, as outlined in the Protocol. You can ask clients to compare the sensations in their body when they determine the SUD *during* the treatment with the sensations in their body when they *originally* gave their SUD. By doing so, they will be able determine if the SUD has changed.

A client who is emotionally repressed will not be able to give you a SUD. Such a person will need to be in the actual situation in order to get upset and will not get upset when asked simply to think about the problem. This inability to give a SUD will ***not in any way interfere with the effectiveness of the treatment*.** All this means is that you will not be able to get immediate feedback on whether or not the treatment that you did

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worked. In such a case, administer the algorithm, following all of the steps outlined in the protocol, with the exception of asking for a SUD. Since you won't know in this case whether or not the client is reversed, treat for all levels of reversal. After treatment, you will need to ask the client to test the treatment out in a real life situation, ***as soon as possible*** (toxin exposure may undo the successful treatment), and report back to you on whether or not a change has occurred.

Using the SUD with Children

When working with children, make sure that they are in the thought field before treating them. If a child received a dog bite, you could show him/her a picture of a dog or have him/her draw a picture of a dog. You could also have the child talk about the dog bite. Avoid re-traumatising the child, however. As soon as the child is in the thought field, administer the treatment.

If you are treating a baby, you could hold or touch the baby and tap on yourself or parent as a surrogate. Since you are forming a circuit with the baby, the treatment will go into the baby's body. You could also tap or rub the points on the baby's body. You could do the Nine Gamut Sequence on yourself while touching the baby.

For treating children, you could have them show with their hands apart how big the disturbance (fear, anger, hurt) is, or you could have them point to a chart like the one below. You could also use language such as, "How bad does this feel?"

It is best to have a parent or guardian present. You can also ask the parent or guardian if he/she notices any change in the child's behaviour after the treatment.

Other Physiological Measures of Change

We commonly observe physiological changes in clients after successful TFT treatment, such as changes in:

skin colour – *flushing may take place*

breathing rate - *becomes less rapid and more deep*

facial expression - *becomes visibly more relaxed*

body language - *posture changes from "closed" to "open,"*

body temperature - *may rise or fall slightly*

pulse rate - *often significant reduction if it is high*

blood pressure - *often significant reduction if it is high*

Assessing Change with Heart Rate Variability (HRV)

Heart Rate Variability refers to the natural rise and fall of your heart rate over time. In normal health, the heart rate should increase as you inhale and decrease as you exhale. HRV measurement involves calculation of the variation in the time intervals between each heartbeat, measured in milliseconds. HRV also measures the activity and balance of the sympathetic and parasympathetic systems of the autonomic nervous system (ANS). Low HRV has been shown in longitudinal studies to be a strong predictor of all causes of mortality, as well as being correlated with a number of psychological conditions.

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Why HRV is Important:

HRV provides an **objective** measure of therapy outcome. It measures not only the variability in the heart rate, but also any change in the responses of the autonomic nervous system (ANS).

HRV helps if a client has an apex problem and doesn't attribute the changes to the TFT therapy. HRV has been shown in published studies to not be responsive to placebo. This means that the data obtained with HRV reflect reality, and showing a change in a person's HRV post-treatment refutes any thought that the results obtained regularly with TFT could be due to a "placebo effect."

If the client is unable to give a SUD (i.e., a repressed issue), the impact of the issue is likely to still show up on the HRV when the problem is tuned into, even with no emotional response. In such cases, HRV is a good way to measure change.

The most important measures to observe when reading HRV results:

SDNN (Standard Deviation of Normal to Normal)—this is an indication of the actual variability of the heart, from beat to beat. A steady, metronome-like heart rate means that the variability is low, and a low SDNN (below 50) has been associated in several important studies, including the famous Framingham Heart Study, with increased risk of sudden cardiac death. More recent studies have shown that in cases in which the variability is too high, this can also be a problem. More commonly, however, we see cases in which the SDNN is too low. Research has also shown a relationship between low SDNN and phobias, depression, and PTSD. We can regularly change this in minutes with TFT.

Total Power—this is a measure of the autonomic nervous system's (ANS's) ability to respond to challenges (its "response-ability"). In general, low total power can indicate depression, whereas very high total power can reflect hyper-arousal.

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For more information about HRV, see **www.RogerCallahan.com**. Articles for download include:

> *The Impact of TFT on HRV*—Dr. Callahan's theory as to the meaning of HRV.
>
> *Stress, Health, and the Heart: A Report on Heart Rate Variability and Thought Field Therapy®*—A review of the clinical literature on HRV
>
> *Journal of Clinical Psychology, October 2001*—An issue devoted to TFT

The Apex Problem

The apex problem is the tendency for people to fail to recognise that the TFT treatment was responsible for eliminating their problem. At times, even though people recognise that their troubling symptoms are no longer present, they do not attribute this change to TFT. In some cases, people can even forget that they ever had the problem! TFT can bring results so immediate that it is often beyond their comprehension that TFT could actually have cured their problem.

Some typical statements that indicate an apex problem are:

> "I can't think of it right now." (People often say this when they are asked for a post- treatment SUD.)
>
> "You distracted me." (This one is *very* common!)
>
> "I know it will come back as soon as I leave here."
>
> "I can't remember what I was thinking about."
>
> "This is too simple. It couldn't have worked."
>
> "I really wasn't that afraid."
>
> "I have worked on this for years. This couldn't have made the difference."
>
> "This treatment repressed my feelings."
>
> "It's really not the kind of thing you can give a SUD rating to." (People can say this even though they had no trouble giving a high SUD rating before treatment.)

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The Apex Problem can sabotage further treatment. It is, therefore, important to help people to be aware of it. When clients do not recognise the effectiveness of TFT due to the apex problem, they might not continue using TFT for additional aspects of the problem or for other problems they might have. Also, a client with an apex problem might not call you if the problem returns (see "*Cure and Time*"). Such a client might have made the incorrect assumption that the treatment was just a "temporary distraction" and therefore not pursue further treatment. In the case of treatment for addictive urges, the treatments usually need to be repeated by clients whenever they have the urge. Clients who do not understand that TFT was responsible for the elimination of their symptoms will not be willing to do so.

The "Apex Problem," refers to the fact that people often have a difficult time accepting something that is so different from what they are used to, and they have no way of conceptualising it. They feel compelled to make up some kind of an explanation, even if it doesn't fit the situation.

Responding to Apex Problem Statements

Reassure the client that his/her experience is real and that it fits what is predicted in TFT. Help the client to understand what has happened in a way that makes sense to him/her.

Remind the client of the SUD level and behavioural manifestations when you began and how different he/she is now. Be sure to write down the beginning SUD.

Encourage the client to test the effectiveness of the treatment in a real-life setting, as soon as possible, to further demonstrate the benefit.

Tape record sessions so that clients can listen to the difference.

Discuss the apex phenomenon prior to treatment so that the client understands what is happening, when and if it occurs.

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Ask the client to locate and describe the upset in the body prior to the treatment. After the treatment, ask the client to search for any of those feelings in the body that might remain.

Cure and Time

It is highly recommended that anyone studying and using TFT read the chapter, "*Cure and Time*" (pp. 117-130 in the book, *Stop the Nightmares of Trauma*), very carefully. The key points outlined in this chapter are:

> A ***cure*** is defined as *"the complete elimination of all subjective units of distress (SUD) as well as all other symptoms associated with the problem [sequelae], such as nightmares. In TFT diagnosis, the cure state is perfectly correlated with the complete absence of perturbations as revealed in causal diagnosis"* (p. 120).
>
> With TFT, we are able to rapidly eliminate psychological problems and their sequelae. If you haven't observed this already, you will quickly see that this is so, when you begin to use TFT with clients.
>
> Many people, when they see a person treated with TFT, tend to overlook this crucial fact and jump to the question, *"How long will it last?"* The important point that gets glossed over in such a case is that in order to ask such a question, it is presupposed (although not usually acknowledged by the person asking) that a removal of symptoms has indeed occurred. Such a complete elimination of symptoms (for *any* length of time), which is routine in TFT, has been virtually unheard of in the field of psychotherapy until now.
>
> It is important to keep these two issues separate:
> Establishing that a cure, by the definition given above, has indeed taken place, ***regardless*** of whether it lasts for a few minutes or for years. Tracking of the cure, once it has been established, to see if it endures, and if not, what factors might have caused the problem to return.
>
> Some people wish to define "cure" as a problem that is ***permanently*** gone and ***never*** recurs. This, however, is not a useful way to define a cure, since we would never know for sure whether or not a person had been cured. By these standards, a cure would, by definition, be *impossible* to achieve, even if the person remained symptom-free for

life. Assuming such a definition, even if the treatment lasted until the day the person died, we still would not know for sure if the problem would have returned, had the person survived another minute longer. When we go to the doctor and receive medication for a cold, we don't ask, "How long will the cure last?" We would be thrilled to have our cold cured, and we would not fault the doctor if we got a cold several months later.

Most TFT treatments do hold up over time. For instance, the first person cured with TFT, Mary, was treated over 30 years ago for a severe phobia of water. The cure has held up for all this time, a fact to which she testifies in the *Introduction to TFT* DVD.

Less typically, some people do have a recurrence of a problem after a successful TFT treatment. The most common reason for this is that a substance that the person has eaten, drunk, or inhaled has acted as a toxin to the person's energy system and has undone the cure. Cigarettes are a common example of an energy toxin. Everyday and normally healthy foods such as wheat, eggs, corn, and many others can also be energy toxins. Exposure to a severely stressful or traumatic event may also trigger recurrence.

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Individual Energy Toxins (IETs)

What is an Individual Energy Toxin?

When TFT works and the emotional upset or the other problems are resolved, then a cure has occurred. In most cases, this cure will be lasting. In some cases, the cure will be undone, and the perturbations and symptoms will manifest again.

After working with many of these situations, Dr. Callahan determined that the cause of this undoing was an exposure to a substance to which the person reacted negatively, at the energy level. These substances may be found in everyday life situations and are harmless to most individuals. For some individuals, however, these substances can cause serious problems. Because these reactions are unique to individuals and affect these energy systems in specific ways, they are called Individual Energy Toxins (IETs). Practitioners trained in TFT Diagnosis or TFT Voice Technology can identify IETs for you. You can also purchase the kit from Dr. Callahan called "Sensitivities, Intolerances, and TOXINS: How to identify and neutralise them with TFT."

In the same way that most antigens are harmless to the general population, most IETs are harmless to the general population; however, for some people with allergies, exposure to these antigens can cause difficult and sometimes life-threatening conditions.

Similarly, for those people with toxic sensitivities, exposure to IETs can cause difficult and serious conditions, including a negative impact on HRV. Toxic Sensitivities and IETs are to the energy system what allergies and antigens are to the body systems. Antigens and IETs come in many forms. These substances can be ingested, inhaled, or contacted.

Some IETs might be expected, e.g., tobacco, pesticides, and various organic chemicals (in clothing, carpets, upholstery, paint, etc.); however, some of the most common IETs are unexpected, e.g., wheat, corn, eggs, milk and other dairy products, perfumes, laundry soap or detergents, scented tissue, shampoo, or deodorants.

The Barrel Effect

The barrel effect is an important factor in understanding toxins. Dr. Doris Rapp explained this very concisely in her video, *Environmentally Sick*

Schools. The body deals with each suspect food, or other toxin, as if it were being contained in a barrel where it can be isolated before being disposed of. One toxin may not necessarily become a problem; however, if the barrel is filled to overflowing, then a problem can develop. The toxin spills over to exert a physiological or psychological effect on the body.

The size of the barrel will differ for each item and will also vary in size, according to each individual and his/her state of health. A very ill, weak person may be said to have a very small barrel in which to isolate toxins. A young, vigorous, and healthy person is likely to have larger barrel and can therefore tolerate greater exposure.

When we know of an item that is toxic to us, e.g., wheat, our barrel size for that toxin will increase if we stay away from the toxin for two or three months. This explains why a person may indulge in a toxin for a short while with no apparent ill effects before those effects appear.

An interesting question is this—when someone "clears" a toxin, is he/she increasing the barrel size or actually removing the item from a list of potentially harmful items? The direct evidence of our standard approach in TFT suggests that we can indeed strengthen an individual (i.e., increase the size of the toxin barrel) with our treatments. We can eliminate problems, even though the person's problem might originate in toxin exposure.

This has been commonplace for many years. Dr. Arthur Coca (1994), in *The Pulse Test*, maintained that we do not become allergic by over-indulging in a particular substance. Instead, our allergens are determined by our heredity. In other words, he suggested that the barrel for some foods will never overflow unless that food was an inherited allergen.

Toxic Sensitivities

It should be noted that allergies and toxic sensitivities are not the same thing. It is possible to have toxic sensitivity to a substance and not be allergic to it; however, if one has an allergy to a substance, he/she will often have a toxic sensitivity to the same substance, as well. It is important to recognise such allergies and avoid exposure to those substances as much as possible.

For the same reason, people should avoid exposure to the IETs, once a toxic sensitivity has been identified. General stress and specific system demands are a drain on the person. In the case of allergies, disruption of

whole body systems can occur. In the case of toxic sensitivity, IETs can cause activation or reactivation of perturbations, with the consequent development of problems or the return of successfully treated problems, respectively.

Allergies are a medical condition and can be diagnosed by blood and other tests under the supervision of a physician. Toxic sensitivities can be identified in several ways, as discussed below.

Indicators of Toxic Sensitivity

"Malaise"

Water Retention

Fidgeting / Restless Feet

Hyperactivity / Labile Emotions

Constipation / Diarrhoea (on their own or alternating)

Red Ears / Blotchy Skin

Sticky Feces

Fatigue after meals

Panic Attacks

Hyperactivity

Insomnia

Irritability

Obesity

Nausea

Cravings (e.g. for specific foods)

Can IET's be "cleared"?

We are often asked if the IETs themselves can be treated with TFT (or some other method) so that the person can continue to consume the identified substance without ill effects. Given that toxins can often be favourite foods, we all wish that this were so!
Dr. Callahan and other Callahan Techniques® approved advanced TFT practitioners have experimented extensively with several so-called "toxin clearing" treatments and are aware of the extensive claims that are being made for a number of such methods. It has been our experience that these methods **do not** neutralise IETs to the point where a person can continue to consume a substance without the ill effects.
This can be extremely dangerous because some ill effects (such as lowered HRV) have *no apparent symptoms*, and the person incorrectly believes that the toxin has been "cleared." In fact, the toxin has not been cleared, and the person risks his/her health without even knowing it. This may only reveal itself when the person has become very ill, often too late for resolution to take place.
Since IETs can often be people's favourite foods (i.e., they have become addicted to the IET), they desperately want to believe that the toxicity can be "cleared" so they can continue to indulge. Hence, they can become susceptible to the false claims of those who say that they can clear toxins. In order to prevent this from happening, be sure *to treat people's addictive urge for that substance and show them how to treat themselves on a daily basis* (see section on Addictions). It is also helpful to lead them through the Visualisation for Peak Performance algorithm while they focus on being free of the toxin. In addition, show them alternatives that they can substitute for the toxin. If wheat is a toxin, they could eat pasta and bread made

from quinoa, rice, corn, etc. If coffee is a toxin, they could drink herbal tea.

Be aware that if someone is practicing TFT and claiming to "clear" or cure you of your IETs so that you can consume them, that person is not practicing Callahan Techniques® approved TFT. **This is an important safeguard.** It means that either we have not subjected their claims to our rigorous tests, or in some cases, the claims have already failed to pass our tests.

Beware of people who claim that they can "prove" that a toxicity has been cleared by muscle testing or another external test. The only way to find out if a treatment has worked is to observe the results ***in reality***, i.e., do the symptoms return, or does the HRV become lowered upon exposure to the suspect toxin?

A further reminder:

Once an Individual Energy Toxin has been identified, it is best to avoid all contact with it if possible, until symptom free, for at least two months and longer, if necessary. In the case of toxins that cannot be avoided, consult a practitioner trained in TFT Voice Technology or TFT Diagnosis who has taken the Advanced TFT training.

The Pulse Test

Arthur F. Coca, MD was a top allergist who founded the medical organisation of allergists and edited the major journal. He was a Professor at Columbia University and was highly regarded in his profession until his discovery of the role of the pulse in identifying allergens. This simple test caused him to be ostracised.

Mrs. Coca was a medical researcher. She was hospitalised with angina and given only five years to live. Mrs. Coca was given a morphine derivative while in hospital, and her pulse began beating so fast that it could not be counted easily–faster than 180 beats per minute. Mrs. Coca mentioned that her pulse often raced after certain meals. This led to Dr. Coca exploring and finding that the pulse increases with the ingestion of an allergen/toxin. He suggested that she count her pulse following the intake of SINGLE FOODS to see if a culprit might be identified.

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He was able to experiment with many of his patients and to develop a simple and efficient means of identifying the substances, which affected the health of his patients. His small and readable book, *The Pulse Test*, is highly recommended for a full explanation of his theories and techniques. *YOU CAN DOWNLOAD THE ENTIRE BOOK"THE PULSE TEST by accessing the Student Resource section of our website."*

Environmental Toxins

The following is a treatment developed in early 1999 by Dr. Roger Callahan through Voice Technology. It has been confirmed by feedback from other VT-trained practitioners.

An environmental toxin is any toxin in the immediate environment, such as the person's clothing, hair spray, perfume, smoke, or any other airborne substance, that enters the body via the lungs. Dr. Callahan found that such toxins could completely prevent a treatment from working or holding, even in the short term. For an inhalant toxin, in the past, the clients would have to remove their clothing and put on a gown washed in a substance that was not toxic to them. They could also wear a surgical mask to prevent them from inhaling the toxic fumes. Another option was to have them shower and wash their hair before treating them with TFT.

Fortunately, the correction described below will work about 80% of the time, making removal of the offending clothing, showering, or other intervention unnecessary.

Dr. Callahan has recently determined that this correction will often work for an ingested toxin, as well. This treatment can be applied after the reversal treatment for PR2 (under the nose) and before Collarbone Breathing (CB^2).

Environmental Toxin Correction

1. Tap the Index Finger 15 times.
2. Tap the Specific PR spot (side of hand) 15 times.
3. Then, repeat the treatment that hadn't previously worked.

If you suspect that the person has been exposed to a toxin, try the following:

Have the client tap the index finger about 15 times, and then tap the PR spot (side of hand) 15 times.

Open a window or door to freshen the air.

Change location—try out of doors (fresh air vs. air conditioning).

Have the client change into clothing that has been cleaned in a different manner. Arm and Hammer Free laundry detergent is generally good for most people.

Have the client wrap a clean towel or surgical (paper) gown over offending clothing.

Have the client wash off any scented cosmetics, perfume, or after shave lotion.

Have the client wear a medical mask.

Attempt to dilute the toxin. Have the client drink a large glass of filtered water and wait a few minutes.

Wait for a few minutes. This is not such a quick fix; however, it can sometimes make a difference.

Have the client return at another time wearing no cosmetics, no perfume, having not smoked, etc. It would be a good idea to ask clients not to wear any smells when they come for their sessions, including scented deodorants, after shave lotion, perfumes, hair sprays, scented lotions, etc.
If you have followed the procedures for all aspects of the problem and still have no change, the next step is to call an algorithm

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instructor or other practitioner who is trained at TFT Diagnostic level or higher.

If you do find that you need to refer your client to someone trained in Causal Diagnosis, it will usually only be necessary for your client to have several diagnostic sessions to clear up the problem. Once in a while, you will come across very complex clients who can only be treated by a Diagnostically-trained or Voice Technology-trained TFT practitioner. Be assured that most clients will respond to algorithms for at least some of their problems!

IMPORTANT—Tell your client to let you know immediately if the problem returns after a successful treatment. As you now know, the most common reason for recurrence of a problem after successful treatment is exposure to a toxin. If you are unable to identify the toxin, you will need to refer the client to a Diagnostically-trained or Voice Technology-trained practitioner who can diagnose the person for toxins. You can also obtain the Toxin Kit from Callahan Techniques, Ltd. This contains audiotapes and videotapes to assist you in diagnosing and treating toxins.

The exception to this is the addiction algorithm, which commonly needs to be repeated every time the client gets the urge for what he/she is addicted to.

Also, tell the client to let you know if additional aspects of the problem emerge after he/she leaves. While you are treating the client, be sure and be thorough, asking the client if other thought fields emerge after each treatment (see the Tooth, Shoe, Lump principle below) and treating them. Other aspects, however, may emerge after the client leaves. You will be able to use TFT to eliminate those the next time you meet.

Keep in mind that just because an algorithm didn't work for one of the client's problems, this *doesn't* mean that algorithms will not work for any problem. If the client has other problems to work on, try the appropriate algorithm for that problem. It is very likely that you will get a good result.

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Identifying Individual Energy Toxins

Method 1—Find patterns linked to exposure.

When a TFT cure has been undone and your client's level of distress goes back up while he/she is in the ***original*** Thought Field, the client has probably been exposed to an IET. Please note that thought fields may change.

Ask what the client has eaten or inhaled prior to the return of the problem.

Look for the patterns in the client's psychological and physical responses to exposures.

On bad days or moments, have the client track what he/she has eaten or inhaled.

Family and friends may have already noticed some patterns. Ask the client to keep a journal to record daily exposures and a food diary that includes symptoms.

Method 2—Use Coca's Pulse Test.

Dr. Coca's book, *The Pulse Test,* provides extensive background information and instruction for using this method.

Find a baseline pulse, and compare this with the pulse immediately after exposure to a potential toxin and up to an hour later.

A resting heart rate of more than 84 beats per minute usually indicates that the person has been exposed to an IET.

An increase in pulse rate of more than a few beats per minute after exposure to a toxin will also indicate sensitivity.

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A difference of over 10 beats per minute between sitting and standing will indicate the presence of a toxin.

Method 3—Look for a significant drop in Heart Rate Variability (HRV).

This requires specialised equipment and training and is one of the best objective measures of the impact of IETs on the body. See Chapter 18 in *Stop the Nightmares of Trauma,* for more information on HRV.

Method 4—Use TFT causal diagnosis.

Professionals who have been trained in both TFT Causal Diagnosis and Voice Technology can quickly identify IETs. This again requires special training and experience. TFT-Dx / VT Practitioner contact details can be found at the back of this manual. You can also learn how to identify toxins by attending the TFT Boot Camp where you will learn the next diagnostic level.

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TFT Treatment Spot Locations

The **Eyebrow Spot** is located at the beginning of either eyebrow. An alternative spot is located on the outside of either little toe by the lower outer corner of the toenail. Used in the treatment of past trauma, grief, loss, and sadness.

The **Collarbone Spot** is located about an inch down and 1 inch to either side of the sternal notch in the depression below the clavicle. This spot is used as a general treatment spot to emphasise the effects of the treatment and usually follows at the end of the treatment sequences.

The **Eye Spot** is located directly under the centre of either eye on the bony ridge. An alternate spot would be located on the second toe (the one next to the big toe) on the little toe side, near the lower corner of the toenail. Used in the treatment of fear, anxiety, and phobias.

The **Arm Spot** is located on either side of the ribs about 4-5 inches directly under the arm. Used with the eye spot in the treatment of fear, anxiety, and phobias. Used first for claustrophobia, turbulence and spiders.

The **Tiny finger Spot** is location on the thumb side of either tiny finger near the lower corner of the nail. Used in the treatment of anger

The **Index Finger Spot** is located on the thumb side of either index finger near the lower corner of the nail. Used in the treatment of feelings of guilt.

The **Under the Nose Spot** is located directly under the nose. Used in the treatment of embarrassment, as a treatment for nasal congestion, and as a reversal spot having to do with fear of a problem returning.

The **Chin spot** is located under the lower lip in the cleft of the chin. Used in the treatment of shame.

The **Gamut Spot** is located on the back of either hand in the depression below the base joints of the tiny finger and the ring finger. An alternative spot is located on the outside edge of the eyebrow – (the side nearer the ear). It is used in the 9 gamut treatment and also in the treatment of physical pain and depression.

The **Outer Eye Spot** is located at the outer edge of the bony eye socket where the upper and lower eyelids meet. Used in the treatment of rage.

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Notes: It is possible to rub these spots or hold them rather than tapping, but, in most cases to be most effective, tap 5-10 times on each meridian point (tapping spot). Tap hard enough but not hard enough to hurt. Speed of tapping does not matter. You may tap on both sides of body. This was done originally, but has been shown over time to not be more effective than tapping only one side. It is okay to switch sides as tapping continues. There are 12 meridians mirrored on each side and two main connecting channels that are used in Thought Field Therapy. These tapping spots are all on, or close to, meridian end points.

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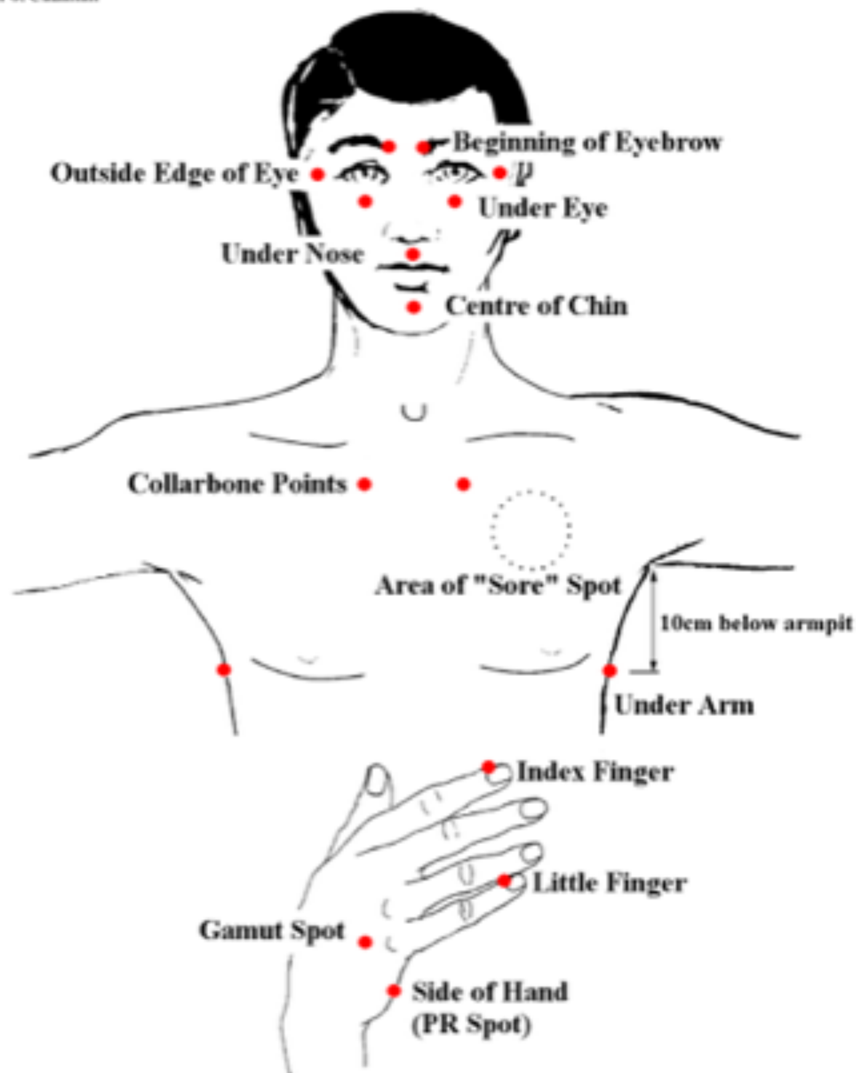
THE CALLAHAN TECHNIQUES®
Treatment Points
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Beginning of Eyebrow
Outside Edge of Eye
Under Eye
Under Nose
Centre of Chin
Collarbone Points
Area of "Sore" Spot
10cm below armpit
Under Arm
Index Finger
Little Finger
Gamut Spot
Side of Hand
(PR Spot)

Abbreviations

TFT Name

a	Arm spot
e	Eye spot
c	Collarbone spot
eb	Eyebrow spot
oe	Outer eye spot
tf	Tiny finger spot
if	Index-finger-spot
un	Under the nose spot
ch	Centre of chin
mf	Middle finger spot
g	Gamut spot
g50	gamut-spot tapped 50 times
9g	9 gamut treatment

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Step-By-Step Procedure for Using TFT Algorithms

1. Ask the client to think about the problem.

2. Ask the client to quantify the problem on a scale of 0 to 10 (SUD level).

3. Ask the client to continue thinking about the problem while tapping on the appropriate Major Treatment Spots.

4. Check SUD level.

    If SUD is a 0, you are finished using TFT on this specific problem.

    If SUD has not gone down at least 2 points (or, if the starting SUD was 6 or less, it has not gone down 1 point, do the appropriate reversal and begin again with step 3.

    If SUD has gone down at least 2 points (or, if the starting SUD was 6 or less, it has gone down 1 point, proceed with Step 5 (the 9 Gamut Treatment).

5. 9-Gamut Treatment:
   Client taps Gamut Spot (on back of either hand) while doing the following:
   - Eyes Closed
   - Eyes Open
   - Eyes look down and to the left
   - Eyes look down and to the right
   - Roll eyes in a circle
   - Roll eyes in a circle in the opposite direction o Hum a short tune
   - Count to five
   - Hum a short tune

6. Repeat Step 3 (Major Treatment).

7. Check the client's SUD.

If SUD is a 0, you are finished using TFT for this specific problem.
If SUD is a 1 or below, but not yet a 0, do the Floor-to-Ceiling Eye Roll.

If SUD is above a 1, do the Mini Psychological Reversal Correction

Then, begin again with step 3. Proceed to steps 5, 6, and 7.

FLOOR TO CEILING EYE ROLL

Used when the entire algorithm has been completed and the client reports a SUD level above 0,but not higher than 1 – 2. This technique can be used by itself for the purpose of relaxation.

Have the client tap the gamut spot while holding the head level. While continuing to tap, the client looks down toward the floor and then, gradually, raises the eyes until looking at the ceiling.

Note: This can be done twice if necessary. After doing once on one hand; switch to other hand.

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Abnormal clumsiness or awkwardness	1	**CB^2**
Addictive Urge	2	**e - a - c**
	3	**c - e - c**
	4	**a - e - c**
	5	**e - c - a - c**
Anger	6	**tf - c**
Complex Trauma / Rejection / Love Pain / Grief	7	**eb - e - a - c**
Complex Trauma with Anger	8	**eb - e - a - c - tf - c**
Complex Trauma with Guilt	9	**eb - e - a - c - if - c**
Complex Trauma with Anger and Guilt	10	**eb - e - a - c - tf - c - if - c**
Depression	11	**g50 - c**
Embarrassment	12	**un**
Environmental Toxin Correction	13	if–repeat PR corr. (side of hand 15x)
General Anxiety / Stress	14	**e - a - c**
Guilt	15	**if - c**
Jet Lag (East - West)	16	**a - c**
(West - East)	17	**e - c**
Obsession / OCD	18	**c - e - c**
	19	**a - e - c**
	20	**e - a - c**
Panic / Anxiety Disorder	21	**eb - e - a - c**
	22	**e - a - eb - c**
	23	**a - e - eb - c - tf**
	24	**eb - a - e**
	25	**e - eb - a - tf**
	26	**c - e - a**
Physical Pain	27	**g50 - c**
Rage	28	**oe - c**
Reversal of concepts, words or behavior Self sabotage / Negativistic behavior	29	Correct for PR at appropriate level (PR / RPR / MPR / PR2 / CB2)
Shame	30	**ch**
Simple Phobias / Fear	31	**e - a - c**
Simple Trauma / Rejection / Love Pain / Grief	32	**eb - c**
Spiders / Claustrophobia / Turbulence	33	**a - e - c**
SUD report of 2 or less / Rapid Relaxation	34	Floor-to-Ceiling Eye Roll (er)
Visualization for overcoming addictions or achieving peak performance	35	**a - c**

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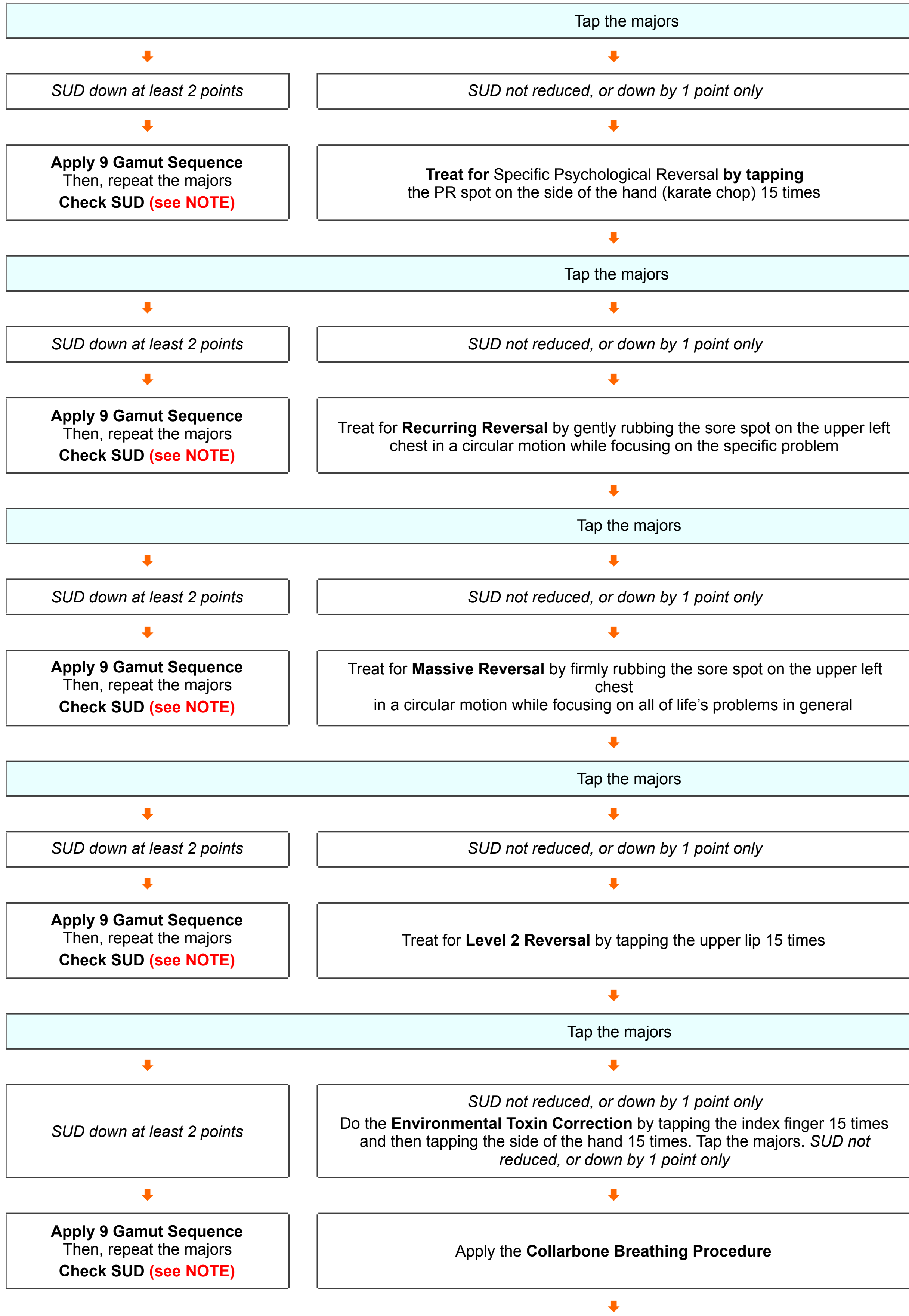
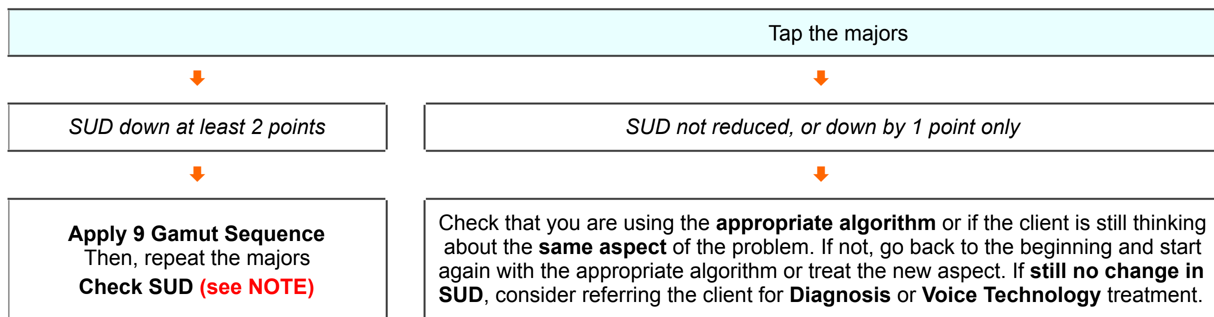
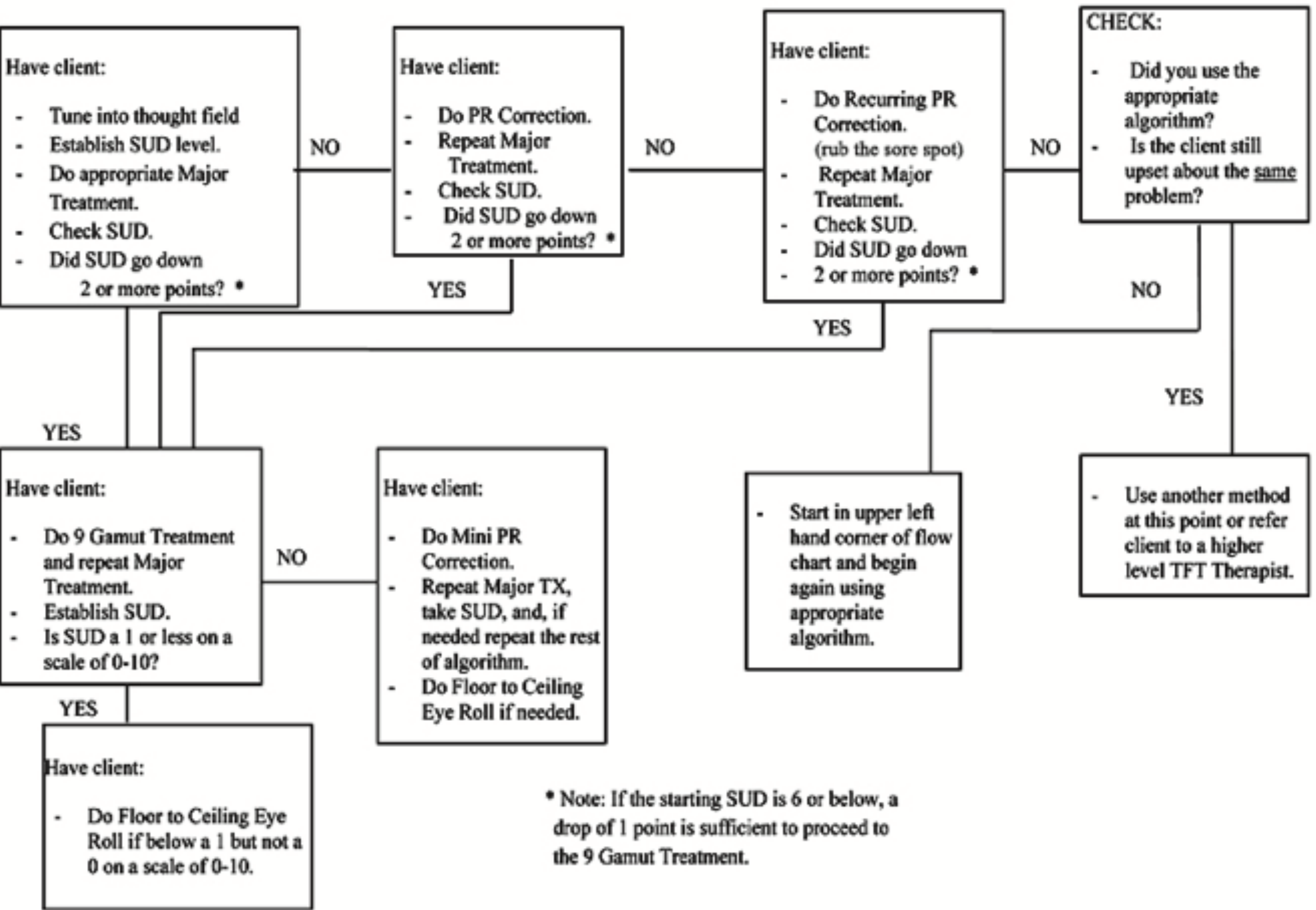
Step-by-Step TFT Algorithm Procedure

1. Ask the client to think of the problem and then have him/her give it a SUD rating from 0 (or 1) to 10 (with 10 being the highest).
2. While he/she continues to think about the problem, have the client do the following:

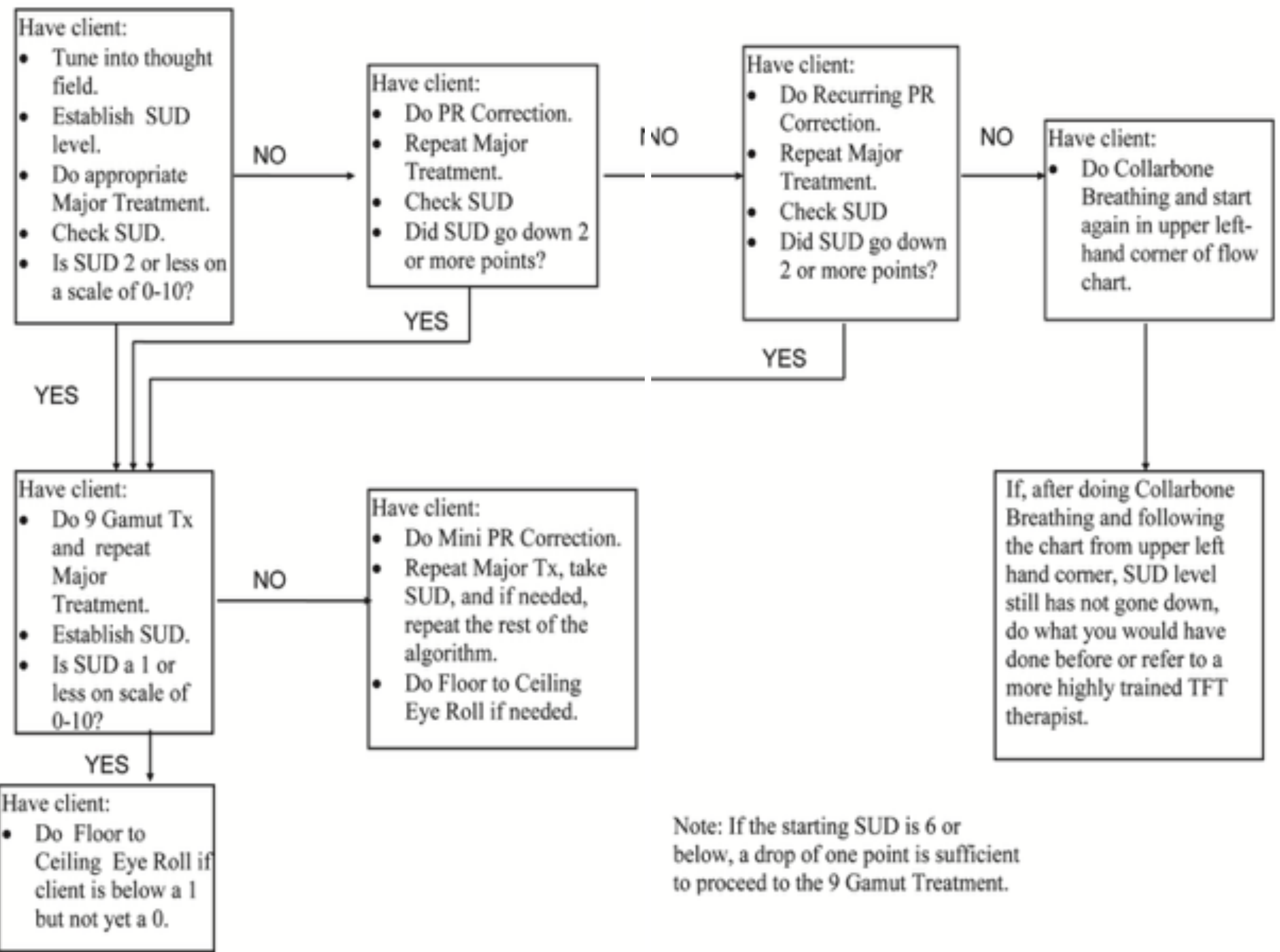




NOTE: If SUD is not 2 or less after the 9 Gamut Sequence and the majors, correct for **Mini-PR. Begin again with the reversal corrections on the right side of the flowchart. After each reversal correction, repeat the entire treatment (majors, 9 gamut, majors) until SUD is 2 or less. When SUD is 2 or less, do floor-to-ceiling eye roll.**



Thought Field Therapy Flow Chart I
Have client:
- Tune into thought field
- Establish SUD level.
- Do appropriate Major Treatment.
- Check SUD.
- Did SUD go down 2 or more points? *
NO
Have client:
- Do PR Correction.
- Repeat Major Treatment.
- Check SUD.
- Did SUD go down 2 or more points? *
NO
Have client:
- Do Recurring PR Correction. (rub the sore spot)
- Repeat Major Treatment.
- Check SUD.
- Did SUD go down
- 2 or more points? *
NO
CHECK:
- Did you use the appropriate algorithm?
- Is the client still upset about the same problem?
YES
YES
YES
NO
YES
Have client:
- Do 9 Gamut Treatment and repeat Major Treatment.
- Establish SUD.
- Is SUD a 1 or less on a scale of 0-10?
NO
Have client:
- Do Mini PR Correction.
- Repeat Major TX, take SUD, and, if needed repeat the rest of algorithm.
- Do Floor to Ceiling Eye Roll if needed.
- Start in upper left hand corner of flow chart and begin again using appropriate algorithm.
- Use another method at this point or refer client to a higher level TFT Therapist.
YES
Have client:
- Do Floor to Ceiling Eye Roll if below a 1 but not a 0 on a scale of 0-10.
* Note: If the starting SUD is 6 or below, a drop of 1 point is sufficient to proceed to the 9 Gamut Treatment.



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Psychological Reversals and their Correction

The TFT Law of Reversal

Psychological Reversal (PR) is literally a state of reversed polarity in the body. This state or condition blocks natural healing and prevents otherwise effective treatments from working. Dr. Callahan discovered that a person who is in a state of psychological reversal is unable to respond to an otherwise effective TFT treatment.

A person can be psychologically reversed in just one, a select few, or many areas of life. For instance, a person who has a "mental block" against learning mathematics might be psychologically reversed only in that area and not with other subjects.

A person who is psychologically reversed in most or all domains in life is considered to be massively reversed. The PR state is usually accompanied by negative attitudes and self- sabotaging behaviour. Correction of psychological reversal is a vital step in successful treatment for people who are reversed.

An interesting symptom of PR is that concepts are reversed 180 degrees (e.g., people will say left when they mean right, South when they mean North, but not East when they mean North). They may also reverse numbers and/or letters. The common typing error of reversing letters can indicate that the typist is in a temporary state of PR.

In the 1940s, Langman (1972) discovered that 95% of the women in his study who had tumours that were not malignant showed a positive polarity when measured with a voltmeter, and 96% of the women who had tumours that were malignant showed a negative polarity (Burr, 1972). All of the women had tumours, yet the polarity distinguished the cancer from the non-cancer. Complete removal of the tumour corrected the reversal of polarity. This was the only way they knew to correct a reversal. Dr. Callahan has found a number of ways to correct a reversal.

Blaich (1988) found that readers improved in reading speed by 45% after treating for reversal using Dr. Callahan's discoveries. Teachers have helped students who were writing backwards or reversing letters to write correctly.

The Psychological Reversal Correction Spots Explained

1, The **Psychological Reversal Correction Spot** is located on the tiny finger side of the outside of either hand (the karate chop spot) midway between the base of the tiny finger and the top of the wrist bones.

When a major treatment (tapping sequence) is not effective, but after tapping the psychological Reversal Correction spot it is effective, that indicates that there was a blockage in the energy system. The blockage is caused by stress. It could be the stress of thinking about the problem; it could be the stress resulting from an ingested food or beverage that is not favourable to that person, or from an inhaled toxin, such as laundry detergent on clothing, perfumes, fragrances, or other chemicals in the air.

A psychological reversal does not indicate a client's reluctance to get over the problem. When Dr. Callahan first encountered reversals in the late 1970's, he developed an affirmation: "I deeply and completely accept myself even though I have this problem." Later, he discovered that the tapping on the side of the hand (or using other reversal spots) was simpler and just as effective without the repetition of the affirmations. The affirmations were then dropped in the late 1990s.

2. The **Recurring Psychological Reversal Spot** is found by going one inch down from the sternal notch and going about four or five inches over to the left. This is not an acupressure spot, but a neuro-lymphatic reflex point. (Note: neuro-lymphatic reflexes were discovered by Frank Chapman, D.O. in the 1930s.)

This area is rubbed in a circular motion rather than tapped. When this intervention is needed, this spot is often quite tender or even painful to rub. If after rubbing this spot and repeating the first major treatment (tapping sequence), the SUD level begins going down, this may indicate that the client has ingested an Individual Energy Toxin or IET (a substance that has a negative effect on their individual and unique-to-them energy system. This may be important information to share, and proper referrals can be made. For this reason, it is not suggested that you automatically begin the treatment by rubbing this spot. Most clients will not need to rub this spot; however, those who do, need to rub this spot before treatment is effective, will need to have this information about their diet as will you the therapist. Looking at diet is an essential part of all holistic approaches to healthcare.

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Psychological Reversal Correction Techniques

If the SUD level is not down *by at least 2 points* after the initial major treatment, (or, if the starting SUD was 6 or less, if it has not gone down 1 point), use:

THE PSYCHOLOGICAL REVERSAL CORRECTION

Procedure: Tap the "PR" spot, which is located on the outside edge of the hand about midway between the wrist and the base of the tiny finger (The "karate chop" spot) for 20 seconds. Then attempt the major treatment again and take a SUD reading.

If the Psychological Reversal Correction above is not adequate to lower the SUD level *by at least 2 points* after doing the major treatment again, it may be that there are ingested toxins involved. Then use:

THE RECURRING PSYCHOLOGICAL REVERSAL CORRECTION

Procedure: Have client locate the tender area of the upper left chest beneath the left collarbone (about 1 inch down and 3-4 inches over to left from sterna notch). Have client rub this area in a circular motion for about 20 seconds. (The direction of rubbing is not an issue). Then, again repeat the major treatment and take a SUD reading.

If, after completing the entire algorithm, the SUD level is down significantly but is still higher than a 1, use:

***THE MINI PSYCHOLOGICAL REVERSAL CORRECTION**

This is the same as Psychological Reversal except that it is used later in the treatment process when the SUD is already lower. Again, have the client think about the remaining problem while tapping on the outside edge of the hand (PR spot) or rub the sore spot in the upper left chest (Recurring Psychological Reversal Area) if that was needed earlier in the treatment. Then, repeat the major treatment and take a SUD reading.

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The Future Level (Level II) Reversal Correction Technique (or PR2)

This is a reversal correction technique that is used in the following situations:

1. To correct for the fear of a problem returning after the problem has been successfully worked on.

2. To correct for a fear of never getting over the problem.

3. To correct, in the case of a very successful person, for blocks/fears about becoming more successful.

For Example:
You have used TFT with a client, and the client has gone from a higher number SUD to a 0 or a very low number. They then relate that "the fear is back again" or "the anger is back again." Upon further clarification with the client, you find that at that particular moment, there is no fear of anger when thinking about the problem just worked on, and you determine that the client is not tuning in to another problem that you have not yet worked on. Still the client is apprehensive and perhaps fearful or angry, and the client has a SUD of 2 or higher. You then ask a question such as, "Are you afraid the problem will return later?" or "Are you afraid that you will never get over this anger?" If the answer is "Yes" to such a question, you may consider using the Deep Level Reversal Correction Technique. It is helpful to know that; at the diagnostic level, one would test for; "I WILL get over this problem." Or at the mini level: "I will be COMPLETELY over this problem.

If you are working with a successful person (such as a golf pro who has hit a plateau or a salesperson who has reached a level of competency but feels that something inside gets in the way of even greater success) who would like to be even more successful, you may want to try using the Deep Level Reversal Correction Technique to assist in removing the block.

The Deep Level Reversal Correction Procedure:

- Have the client tap 5-10 times under their nose at the end point of the Governing Vessel (G 26). Then, take a SUD reading on the fear of never getting over the problem or the fear about being even more successful.

- If fear remains, proceed through the anxiety algorithm as with any other fear or anxiety. This time, however, you are working with the fear of never getting over the problem, or the fear of the problem returning, or the fear of being even more successful. If a mini- reversal is needed, again use the nose spot, the end of the Governing Vessel.
  Remember: The PR2 Correction does not take the place of the other reversal corrections that you have already learned. At times it can complement successful work already completed except that fear around the ability of the success to last, has surfaced.
  The PR2t can help break through blocks to greater success.

Correcting the PR2 Reversal will not insure lasting results, but it can ease the anxiety around the possibility of symptoms returning. Only time and exposure to triggers will give feedback as to the lasting results of any treatment. Do not give the client the impression that the correcting the PR2 Reversal will guarantee that the symptoms will not return; However, alleviating anticipatory anxiety may lessen the chances of symptoms returning.

Likewise, do not guarantee that a successful person will be more successful after alleviating the fear and anxiety around the issue of greater success. Again, it is reasonable to hope that alleviating fear and anxiety around greater success will increase the chances for greater success.

You probably won’t be using the PR2 Reversal Correction Technique as frequently as you use the other reversal corrections; however, when you need the help that this technique offers, you’ll find the PR2 Reversal Correction Technique to be of great value.

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Massive Psychological Reversal

How to recognise a Psychological Reversal:

Client does not respond to the appropriate algorithm treatment but then does respond to the same treatment after PR correction.

TFT or other treatments (e.g., a medical treatment that is normally effective) do not work.

Reversing words, concepts, numbers (saying hot when you mean cold, transposing
numbers).

Dyslexia or Dyslexic like symptoms or behaviours.

Grumpy, irritable, negative mood.

Self-sabotaging behaviour.

Self-talk is negative.

Procrastinating.

Having a mental block in a particular area such as math, writing, computers, etc.

A wound that does not heal.

Psychological Reversal (PR) is literally a state of reversed polarity in the body. This state or condition blocks the natural healing and prevents otherwise effective treatments from working. A client can be psychologically reversed in one or more specific areas of life. For instance, a client can have a mental block around getting past an

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event that has occurred in the past and/or forgiving someone who has hurt that client in the past.

A person who is reversed in almost all domains of their life is considered to be massively reversed. This PR state is usually accompanied by negative attitudes and self-sabotaging behaviour. A most interesting symptom of PR is that when in that state, symptoms are reversed 180 degrees (e.g., a persons might say South when they mean North but not East when they mean North).

Correcting a reversal with TFT is usually simple and easy to do, whether you are correcting a specific psychological reversal or a massive psychological reversal. The correction of psychological reversal is a vital step to successful treatment for people who are reversed.

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Collarbone Breathing Treatment (CB^2)

Collarbone breathing (CB^2) is a treatment developed by Roger Callahan that will often allow a very resistant problem to respond to TFT treatments.

David Walther (1988) had developed a treatment that he called "Cross-K27." Dr. Walther used it for what he called "neurological disorganisation," and it proved to be useful in the treatment of schizophrenics and dyslexics.

Walther's (1988) treatment used cranial manipulation, which required special training. If not done correctly, cranial manipulation can cause harm. Dr. Callahan said the following about his discovery of the Collarbone Breathing treatment:

I discovered that rather than doing cranial manipulation, tapping the ubiquitous gamut spot would give the same result. It was a very thrilling discovery, for it meant that people were now able to do this important correction easily. I hence re-named the treatment in a descriptive way, and now, we all do Collarbone Breathing. It never could have been the common and very helpful treatment it is now, were it not for my discovery of the simple way to apply it. I never would have been able to make this discovery, were it not for Walther's prior discovery, with which I am still impressed.

When doing Collarbone Breathing in the context of a TFT treatment for a particular problem, the client must be tuned into the thought field of the issue being addressed.

Dr. Callahan recommends that people working on addictions do CB^2 at least three times a day, in addition to correcting their PR 15-20 times a day (side of hand, sore spot, and under nose). He also finds that clients with Anxiety and Panic Disorders and Obsessive/Compulsive Disorders (OCD) need to do Collarbone Breathing three times a day and correct their PR 15-20 times a day (side of hand, sore spot, and under nose) on a regular basis.

CB^2 is also often useful in the treatment of Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), Learning

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Disabilities (LD), Dyslexia, Stuttering, Tourette's Syndrome, and Schizophrenia.

In the Collarbone Breathing treatment, when the knuckles touch the body, only they should touch the body. They are a negative polarity, and the palm of the hand, the thumb, and the elbow are a positive polarity. If anything other than the knuckles were to touch the body during this phase of the treatment, the treatment would not work. When a negative or neutral polarity touches the body at the same time as a positive polarity, it will short circuit the treatment.

The Collarbone Breathing Exercise

1993 by Roger J. Callahan, PhD

What I call the "collar bone points" are located in the following way: Go to the base of the throat, about where a man might knot his tie. From that point, feel for the notch in the centre of the collarbone. Go straight down about one inch. The points are about one inch to the right of centre and one inch to the left of centre.

BREATHING POSITIONS

There are five breathing positions in this exercise:

1. Take a full deep breath in and hold it.
2. Let half that breathe out and hold it.
3. Let it all out and hold it.
4. Take a half breath in and hold it.
5. Breathe normally.

THE TOUCHING POSITIONS

1. Take two finger tips and touch one of the collarbone points and tap the gamut spot on the back of that hand while going through the 5 breathing positions. Tap rapidly, about 5 good taps for each of the five breathing positions.

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2. Move the same two fingertips to the other collarbone point and repeat above.

3. Now, bend the same two fingers in half and touch the knuckles to the collarbone point while tapping and going through the 5 breathing positions.

4. Move knuckles to other collarbone point and tap while going through 5 breathing positions.

5. Now, take fingertips of OTHER hand and repeat above.

6. Now, take knuckles of that hand and repeat above.

Please learn to do these well so that in emergencies, you are able to do them without having to think about it.

If you do them and you don't need it, it won't hurt; they will either help or else do nothing. Sometimes, collarbone breathing needs to be done in the middle of a treatment. When the treatment is taking more than a few minutes, it is likely that this treatment is needed.

You will find that if you ingest or are exposed to a toxin or an extremely stressful situation, you may need to do this in addition to an algorithm treatment.

Indications that Collarbone Breathing may be needed:

TFT and / or PR Corrections won't work or won't hold.

SUD is going down very slowly, (i.e., 8, 7, 6, 5, 4, etc.).

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Coordination is off, and the person is awkward.

Person has an unbalanced gait - arms don't swing evenly and smoothly when person walks (4% of people walk with one arm curtailed, and 2% of people walk with both arms curtailed).

Person chronically reverses actions, concepts, and thoughts.

Person is declining in performance and / or competence.

Timing is off, and person is confused.

Reading makes person yawn / feel sleepy.

Person is hyperactive.

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Thought Field Therapy Glossary of Terms

Algorithm—A sequential treatment pattern including a Major Treatment the 9-Gamut treatment and a repeat of the Major Treatment. Algorithms are patterns that were discovered by Dr. Callahan to be successful a great majority of the time for specific psychological problems.

*Apex Problem—**Refers to the tendency of people who have been successfully treated with TFT to attribute the success of the treatment to something else such as "distraction", "placebo" or "it comes and it goes anyway", or "it really helped to talk about it."***

Major Treatment—A part of the TFT treatment process involving a sequence of tapping on specific meridian points in a particular order, used at the beginning and the end of an algorithm.

Nine Gamut Treatment—An entire range (the "whole gamut") of activities that are performed while continually tapping on the gamut spot, which is located on the back of the hand just below and between the knuckles of the tiny finger and the ring finger.

Perturbation—A disturbance in the Thought Field or other system. Dr. Callahan suggested that negative emotions are caused by Perturbations in the Thought Field.

Psychological Reversal—A block in the energy system that must be cleared before healing can take place. Usually corrected by tapping the side of the hand.

Recurring Psychological Reversal—A psychological reversal that is repetitive, usually due to toxins, and is corrected by rubbing the neuro-lymphatic reflex point located on the upper left side of the chest, the "sore spot".

Mini Psychological Reversal—A psychological reversal that occurs later in the treatment, after an algorithm has been completed with only partial success. The person being treated focuses on the REMAINING problem. The mini psychological reversal can be treated by tapping the side of the hand, or if the person already needed to rub the "sore spot" earlier in the treatment, you would treat the mini reversal by rubbing the "sore spot".

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Thought Field—An invisible field, which is paired with a particular thought, that has an effect on the emotions of the individual. The client needs to tune in to the Thought Field (thinking about the problem) in order to treat a problem using Thought Field Therapy.

Answers to Common Questions

Is the Floor to Ceiling Eye Roll always part of the algorithm protocol?

No. If you are using the SUD scale of 0-10 and the SUD is below a 1 but not yet a 0, use the Floor to Ceiling Eye Roll. On a SUD scale of 1-10 and the SUD is below a 2 but not yet a 1, use the Floor to Ceiling Eye Roll. If you are already a 1, on a scale of 1-10, or a 0 on a scale of 0-10 and have not done the Floor to Ceiling Eye Roll, the Floor to Ceiling Eye Roll does not "Seal it in." When a client reports a 1 one on a scale of 1-10, or a 0 on a scale of 0-10, that holds while challenged, the treatment is complete.

When do you take the SUD?

After each major treatment. You can take a SUD also after the 9-Gamut treatment, as you like. But, do not just go through the whole algorithm a second or third time after doing the mini- reversals. You are finished when the Client reports a 1 or a 0 depending on the scale you use after you have challenged them to make certain it is really a 0 or a 1.

What is the difference between a mini-reversal correction and the psychological reversal correction?

Nothing, except when in the treatment you use it. Once you have gotten through an entire algorithm the first time, the client will be at a lower (mini) SUD level. Before repeating the algorithm again, if needed, you will have the person tap the side of their hand (or rub the tender spot if they already used this spot earlier in the algorithm) and repeat the algorithm.

Why do some people say an affirmation like "I deeply and completely accept myself even though I have this problem?" while doing the various reversals?

Dr. Callahan began using this affirmation in the late 70s when he discovered reversals and attributed it to a person not accepting themselves.

In the early 90s he discovered that TFT was just as effective without the affirmations, and in fact, the affirmations caused distraction from thinking about and experiencing the problem. It is best to not use this old affirmation. It is not necessary and can be distracting.

How can I increase my understanding of environmental and ingested toxins and the part they play in treating psychological problems?

The Diagnostic Level Trainings and Boot Camp Trainings given by Callahan Techniques, Trainers will increase your knowledge of toxins, as well as help you use TFT to treat those problems that have not responded to the algorithm treatments. After taking the algorithm training, you do know that environmental and ingested toxins can play a role in the etiology of psychological problems. You can learn how to identify and neutralise toxins at the TFT Boot Camp that trains to diagnostic level.

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Resources on the Web

UK Institute of Thought Field Therapy - *www.thoughtfieldtherapy.co.uk*

Thought Field Therapy Foundation - *www.TFTFoundation.org*

Callahan Techniques Ltd. - www.RogerCallahan.com

TFT Practitioners Directory - www.TFTPractitioners.net

TFT Foundation’s Trauma Relief Blog - *TFTTraumaRelief.wordpress.com*

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Specific Therapy Applications Introduction

This section contains a combination of theory and practical information related to specific problems most commonly addressed by TFT Algorithms. These brief discussions may help you to:

- develop explanations to give your clients
- help your client tune to the appropriate thought field
- identify the proper algorithm to use
- consider what to do if the client presents more problems.

Sometimes, people come to you looking for things that TFT cannot do. TFT does not change values, beliefs, or knowledge by itself. Once when Dr. Callahan was conducting a training, he asked for a volunteer to identify a problem to treat with TFT for purposes of instruction. A man responded. When asked what he wanted to work on, he replied, *"I want to be happy in life."* Dr. Callahan simply answered, *"There is no TFT to make you happy. What else might we work on?"* The man went on to explain that he had long-term depression and an overwhelming hopelessness about his future. Dr. Callahan was able to resolve both of these problems quickly. Was the man happy in his life? That may require more than getting the depression resolved. You certainly can remove traumatic stress symptoms and the phantom pain that an amputee has, but that will not assure a successful rehabilitation. Only the right set of resources, support, and motivation can make that happen. We work more on Positive beliefs and emotions – now.

TFT trainees are again reminded to work within the scope of their knowledge, training, and experience. If you think an algorithm may help, use it. If it does not work, it will not cause any harm—it will simply not work. If the TFT is not working or the person needs help in other areas, make a referral, seek supervision, and/or consult with someone trained in TFT Diagnosis or Voice Technology.

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Suzanne Connolly has written *Thought Field Therapy: Clinical applications: Integrating TFT in psychotherapy*. In her book, she provides case studies and valuable information about treating clients with specific problems such as grief and loss, anger, negative self-assumptions, sexual problems, trauma, and others.

The Tooth, Shoe, Lump Principle (TSL)

In some complex clients, a complication takes place, which Dr. Callahan calls the Tooth, Shoe, Lump (TSL) principle. Here is an illustration:

A man wakes up with a terrible toothache. He calls the dentist's office, and the secretary asks him to rush over to the office. Although the dentist does not have an opening in the schedule, the dentist will take care of the problem as soon as possible.

The tooth is hurting so badly that the man puts on the first pair of shoes he comes across, not even noticing the fact that these shoes always hurt his feet. Due to the tooth pain, however, he doesn't notice the discomfort caused by the shoes.

When he gets to the office, he sits on a couch directly upon a most uncomfortable lump. Again, this goes unnoticed, due to the severe pain in the tooth.

Just then, the dentist comes out and indicates that he will be able to attend to the problem in about an hour and a half. Seeing the severity of the man's pain, he invites the client into his office and injects a shot of Novocain into the man in order to provide temporary relief.

The tooth is suddenly relieved of all pain. The man now becomes aware that he put on the wrong shoes, and he notices that his feet are quite uncomfortable.

He removes the shoes and sits back on the couch. In a few moments, he then begins to be aware of the uncomfortable lump in the couch. He moves to a nearby chair. At last, feels comfortable.

In the same way, your complex client's overall problem may consist of many layers of underlying problems. As you deal with each underlying problem, the client obtains a certain degree of relief; however, **the overall SUD of the problem may not change very much**. You should be prepared for this eventuality, as it is probably the main reason why complex clients discontinue treatment. Always explain the TSL principle to them.

Have your clients focus on very specific thought fields and ask them to provide the SUD as it applies to that thought field only. If clients realise that certain aspects of the overall problem have been eliminated, they might not feel so aggrieved at not having the complete problem resolved sooner rather than later. Clients are more likely to attend further sessions if they realise that they indeed are "on the mend."

You could also invite clients to think about the five senses and identify any SUDs that are associated with them. After treating, you could ask them to review each of the senses to see if any SUD levels remain. An example would be a smell associated with a trauma, such as the smell of fire or a particular after-shave lotion.

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Addictive Urges and the Anxiety / Addiction Connection

Dr. Callahan, in his book, *The Anxiety Addiction Connection: Eliminate your Addictive Urges with TFT* (1995), explained that the growing problem of addiction is due to the prevalence of the problem of anxiety. He proposed that all addictions are attempts to reduce anxiety, although the addictive substances and behaviours actually only serve to **mask** the anxiety and **do nothing** to eliminate it.

Therefore, addiction is tied to anxiety as an associated response. In fact, it is often the only conscious response. The anxiety itself is apparently out of the addict's awareness. Rather than consciously feeling the anxiety, the person becomes aware of a craving for the addictive substance (or behaviour).

It is important to teach clients to use the algorithms for anxiety on their own. When clients are experiencing anxiety, they can eliminate or dramatically reduce it within two or three minutes. Imagine the benefits! In fact, don't just imagine them. Experience them! The best way for you to realise how important this can be for your clients is to use it yourself. Anytime you feel anxious about anything, treat it, and notice how much more smoothly your life goes. You may notice health benefits and an improved quality of life, as well.

The Trouble with Repression

Anxiety is so pervasive in our society that people are often not overtly aware of experiencing it. Many times, it manifests instead as a reluctance to do something. In this case, you can target the client's degree of reluctance and get a SUD level specifically for the degree of reluctance. For example, you can target your client's degree of reluctance to search for a job, although he/she may not actually consciously feel anxious about looking.

Often, people will not experience anxiety but will instead be aware of an urge to use an addictive substance or engage in an addictive behavior. For example, have you ever felt like you needed a drink or a piece of chocolate at the end of an especially stressful day? In these cases, by targeting the

urge, you are targeting the underlying anxiety, as well. You can tap for the stress of the day.

When a person has intense anxiety, this sets in motion a search for a tranquilizer to mask the anxiety. The usual addictive substances generally are good masking agents for awhile. Whether treating for addiction or anxiety, the algorithms are consistently the same for both. Dr. Callahan has found that the TFT algorithm for simple anxiety (e, a, c, using the Protocol) is also extremely effective in eliminating the addictive urge, regardless of the addictive substance.

When treating addictive urges with TFT, we regularly observe an interesting phenomenon. It is often the case that people are willing and eager to be treated with TFT so that their addictive urge

will go away; however, they are usually psychologically reversed when it comes to giving up the addictive substance (i.e., cigarettes, chocolate, etc.) permanently. In other words, they may sabotage themselves when it comes to the desirable long-term result of giving up altogether the substance to which they are addicted. While they are motivated to get rid of the anxiety beneath their addiction by using TFT, they may not be as willing to let go of the substance that they have been using to alleviate that anxiety. **When you have clients think about giving up the addiction itself, you will generally find that they will need to have their PR corrected.**

It is necessary for people to be actually experiencing the urge in order for it to decrease with TFT treatment. When you work with a client, ask him/her to come to the session without having indulged in the substance so that he/she is experiencing the urge.

We recommend that our addiction clients perform the reversal correction (tapping the side of hand 15 times, rubbing the sore spot, and tapping under the nose) about 15-20 times per day while thinking about their addiction. You might suggest that they think about doing it approximately every hour. This helps keep them out of the state of reversal or self-sabotage. They will also benefit from doing Collarbone Breathing three times a day. You could suggest that they do it before or after each meal in order to link it with something they are already doing. As a result of staying out of reversal during the day, they will be more likely to use the addictive urge algorithm when they need it.

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VERY IMPORTANT

Continue to remind the client that it is **essential** to correct for PR about 15-20 times a day (side of hand, sore spot, and under nose) and to do Collarbone Breathing three times a day in order to avoid entering into a self-sabotaging state. If addicts are reversed, they will not treat themselves when they have an urge to indulge.

By treating for PR consistently throughout the day and treating the urge each time it arises, clients will find that the urge will begin to diminish in frequency and intensity. What is really happening is that the perturbations for the underlying anxiety are being treated each time they treat the urge. Eventually, enough aspects of the underlying anxiety will have been eliminated so that the addiction will no longer be necessary to mask the anxiety.

The algorithm for addictive urge has a high success rate; however, like any other successful treatment, a toxin can undo the cure. Addictive substances are generally Individual Energy Toxins and will tend to put the addicted person into a state of reversal. If the client chooses to have the addictive substance, have him/her immediately tap for reversal. Difficult cases are best referred to a person who is trained in TFT Diagnosis or Voice Technology to identify toxins.

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Visualisation for Peak Performance and Addiction Alleviation

In *The Anxiety Addiction Connection* (1995), Dr. Callahan explained that many people find it impossible to visualise themselves being over their addiction or other problem. Others may report that they cannot see themselves performing at the peak level they desire. Even if people are able to visualise other things very well, they may have trouble visualising their own desired state. They may say, “I just can’t see myself doing it, achieving my goal, being smoke-free, avoiding toxins, etc.”

He explained the following steps to help people overcome their inability to visualise being over the problem. After this treatment, clients can use positive visualisation as part of a full therapy regime.

1. Ask the client to visualise something in detail (like an apple). Then, ask the client to visualise it in some unrealistic situation (such as flying through the air like a bird). Then, ask the client to visualise him/herself in an unrealistic situation (like flying through the air him/herself).

2. Once it has been established that the client can visualise even unrealistic things, ask him/her to visualise him/herself indulging in the addiction, performing the dysfunctional behaviour, or otherwise being involved in the **undesirable** state. Usually, the client will be able to do this easily.

3. Then, ask the client to visualise him/herself in the desired state. Often, the client will find it impossible or will be able to do so only vaguely.

4. Ask the client to rate the level of difficulty of visualising the desired state on a 10-point scale, with 10 being impossible, and 1 being easy. (Feel free to use an 11-point scale, should you prefer to do so.)

5. While the client strives to imagine the desired state, have him/her tap the algorithm, which is: **under arm, collarbone** (using the Protocol)

Follow the protocol, using the necessary PR corrections, until the client can easily visualise the desired state and arrives at a level of 0 or 1 (extremely easy to visualise).

This algorithm has been found to be therapeutic in a range of situations, including overcoming addiction, recovering from cancer, eliminating toxins, reaching sales quotas, eliminating toxins, breaking records in athletics, losing weight, etc.

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Obsessive-Compulsive Disorder (OCD)

Obsessions are negative persistent ideas, thoughts, impulses, or images that repeatedly come to mind. People who have them experience them as being intrusive or inappropriate, and they can cause anxiety or distress. Compulsions are repetitive behaviours in which people engage in order to prevent or reduce their anxiety or distress, often to manage obsessive thoughts. People recognise that these thoughts and behaviours are excessive or unreasonable. They are time consuming, and they can cause impairment in one's life.

The negative and out-of-control aspects of Obsessive-Compulsive Disorder make it different from normal worries about problems in life or attempts to establish positive habits and repeat pleasurable activities. A classic example is checking to see if the door is locked or the stove is turned off. An example of obsessions and compulsions occurring together is hand washing to deal with an obsessive thought that one is being contaminated by touching others or by touching things that have been touched by others. This condition is different from an intrusive thought related to a traumatic stress event. Most of the time, people will tell you that they know these things are not worth worrying about. They will say that most reasonable people would know that they have taken adequate precautions.

Invite the person to tune into the obsessive thought that is causing the distress and rate the difficulty of letting go of that thought or image on the SUD. Another way is to ask clients how much distress they feel when the thought is present. If they feel an urge to carry out a compulsive behaviour, have them rate that urge on the SUD. Using the OCD algorithm will help to reduce the SUD. Once you have eliminated the symptoms, be sure and ask about other aspects of the problem and treat as needed (trauma, etc.). Suggest that the person do collarbone breathing three times a day and treat for reversal 15-20 times a day (side of hand, sore spot, and under nose). As with all chronic conditions, consider the impact of Individual Energy Toxins. Clients will need to repeat this algorithm, as they do with the addiction algorithm.

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Phobias

A phobia is a persistent, irrational fear of a harmless object or situation. People who have a phobia are normally aware that the fear is irrational; nevertheless, they are unable to control the strong, fearful reaction they experience when they are confronted with the object of their fear. Their awareness of the irrationality of their fear often adds to their embarrassment about having the fear, which is exacerbated by the myths, held by many people that people who have phobias lack “courage.” In reality, nothing could be farther from the truth, as it takes a supreme act of courage for people with phobias to function in the face of fears that they cannot help having.

What causes phobias? Some people erroneously believe that phobias always stem from traumas. While this might be true in some cases, it is more often the case that people are born with phobias. Biologist Rupert Sheldrake and others believe that the information in fields can be transmitted from our ancestors and passed down through the generations. In this way, phobias can be inherited, although not genetically.

All land-based chordates are born with a fear of heights. While most people outgrow this fear as a result of maturing, some people do not, and they continue to be afraid of heights. People who have a fear that they have never outgrown are said to have a ***neotenous*** phobia.

Some phobias are ***atavistic***, a term that refers to a throwback from an earlier ancestral form. In TFT, an ***atavism*** is a return of a psychological problem, within an individual’s lifetime that has been eliminated through therapy or subsumed naturally due to maturity

When a phobia is clearly linked to a traumatic event, it is necessary to treat that trauma with the trauma algorithm before using the treatment for phobias; however, most phobias are not caused by trauma. It is much more common for people to be afraid of snakes or spiders, even though they have had no traumatic experience with them, than it is for people to have a phobia of something their parents might have warned them against, such as an electric socket or crossing the street.

It is also important to make a distinction between a ***simple phobia*** and ***complex anxiety disorder*** when trying to help someone. A simple phobia is a phobia that is limited to one area of a person’s life. A person with a

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simple phobia will typically have no problem functioning in other areas of life that do not involve the object of the fear. For instance, if people have a phobia of dogs, they will normally be relatively free from anxiety and able to function in life until they encounter a dog. Simple phobias are usually easily treated in one treatment with the TFT phobia algorithm. Complex anxiety disorder will require more than one treatment, and Individual Energy Toxins will usually be involved.

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Complex Anxiety Disorders / Panic Disorder Complex Anxiety Disorders

Complex anxiety disorders are more complicated to treat than simple phobias. People with complex anxiety disorder have multiple phobias that affect their lives as a whole and interfere with their ability to function in major areas of their lives. An example would be agoraphobia. These clients can definitely be helped with TFT; however, it usually takes more than one treatment. Multiple aspects of the problem need to be addressed, as well as the traumas in their lives.

It is important for therapists using TFT to explain this information to clients with complex anxiety disorders so they do not become discouraged if they are not cured by one simple treatment. These clients also very often have Individual Energy Toxins that need to be addressed in order for the treatments to hold up over time (see “Cure and Time” in your pre-training literature). While an algorithm-trained person can help them by using the procedures to address different aspects of their fears, it is often necessary for them to have at least a few sessions with a person trained in TFT Causal Diagnosis or Voice Technology.

Panic Disorder

It is important, at some point in therapy, to treat the trauma of the first panic attack and any subsequent panic attacks that clients can still see, hear, smell, etc. with the trauma algorithm. Most clients, when asked about their panic attacks, can tell you exactly what they were wearing, they can still hear the ambulance, or they can still smell the Accident and Emergency Department. Most think that they are having a heart attack and are dying. This qualifies as a trauma!

Any subsequent anxiety is usually a trigger back to the first panic attack (or any others that were particularly frightening), and the body/mind responds as if they were in danger (i.e., the limbic system is activated). Clients respond by trying to go through the rest of their lives actively trying to avoid any anxiety at all. Many people seek to create safe places for themselves in order to avoid triggering a panic attack.

For some people, their first panic attack happened when they were exposed to an Individual Energy Toxin. For example, it may have happened as they walked by the detergent aisle in a supermarket or the perfume section of a

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department store. It is usually quite helpful to make that connection for people and reassure them that they are okay. They need to understand that they were just exposed to a toxin.

More often than not, these clients will require regular Collarbone Breathing, at least three times a day, as well as treatment for reversal 15-20 times a day (side of hand, sore spot, under nose). Many practitioners report that their clients have told them that these techniques have helped them do much better in school and at work.

Complex Anxiety / Panic Attack Algorithms

First Use:

Eyebrow, Under Eye, Under Arm, Collarbone (using the Protocol)

(eb, e, a, c)

Alternative Algorithms:

Under Eye, Under Arm, Eyebrow, Collarbone (using the Protocol)

(e, a, eb, c)

Under Arm, Under Eye, Eyebrow, Collarbone, Tiny Finger (using the Protocol)

(a, e, eb, c, tf)

Eyebrow, Under Arm, Under Eye (using the Protocol)

(eb, a, e)

Under Eye, Eyebrow, Under Arm, Tiny Finger (using the Protocol)

(e, eb, a, tf)

Collarbone, Under Eye, Under Arm (using the Protocol)

(c, e, a)

Post Traumatic Stress

The symptoms of Post Traumatic Stress can be resolved quickly. Unlike chronic anxiety problems (which are often caused by, perpetuated by, or aggravated by Individual Energy Toxins), these problems are a direct result of a traumatic event. Once the event is over, the associated perturbations can be resolved, and the symptoms will generally not return. If they do return, it is most often as a result of a new thought field with new perturbations. They can also return as a result of the person being exposed to a toxin.

Crisis Intervention

Crisis intervention applications are many. Use the TFT trauma algorithm at the scene of a trauma or immediately afterward to help people recover their functioning. When someone has just witnessed a life-threatening event affecting them directly, or a loved one has tears running down his/her face, has rapid shallow breathing, and is apparently in emotional distress, you do not have to ask for a SUD. Assume it to be a 10, and have the person mirror you in tapping for PR and the Complex Trauma with Anger and Guilt algorithm. As the person settles down, you can apply other TFT algorithms and other crisis intervention steps as required or as appropriate.

Acute Stress Disorder

In resolving Acute Stress Disorder symptoms, TFT is unparalleled in its effectiveness. As distress associated with telling the story about a trauma arises in a person, use the appropriate algorithm to eliminate it. When the person can think through the whole story with appropriate affect (feeling calm), other thought fields may need to be addressed. After getting the SUD for the initial trauma down to 1 (or 0), ask the person what other aspects of the trauma he/she is thinking about now. Complex traumas such as the sudden death of loved ones require more than a single TFT session, as many facets are usually involved.

Do not hesitate to refer clients to other specialists to assist them in making life changes as needed. Always make sure that you give a copy of the complex trauma algorithm to the person for future reference.

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Post Traumatic Stress Disorder (PTSD)

Post Traumatic Stress Disorder is a diagnosis that is given to people 30 days after the precipitating event who have many severe symptoms disrupting their day-to-day functioning. Use TFT algorithms to resolve these symptoms as they present. Most often, a person will have little trouble getting to the thought field that needs attention. The core of the problem has to do with the ongoing, overwhelming thoughts, sensations, emotions, and memories associated with events that are out of the person's control.

After a trauma, people often develop avoidant or addictive behaviours to enable them to cope; however, these only cause more problems. In addition, feelings of rage, embarrassment, shame, depression, and pain related to the original trauma can and often do appear. You can address these problems with a variety of algorithms that you can combine, having the person think about the rage or embarrassment as he/she is tapping the rage or embarrassment algorithm. Some examples are below. The Tooth, Shoe, Lump principle is often apparent with traumas.

Complex and Complicated Disorders of Extreme Stress

Complex and complicated disorders of extreme stress are the result of many years of overwhelming physical, emotional, or sexual abuse. For both children and adults, exposure to violence (both threatened and actual) over extended periods of time can cause destruction of core functions and/or development of extreme coping mechanisms. These individuals may present as those with PTSD. They may also exhibit self-destructive behaviours, including suicidal symptoms.

You must use caution to assist these individuals in managing the overwhelming distress they are experiencing. Know your limits, and work within the scope of your education and license.

IMPORTANT

If the client has rapidly changing thought fields and/or signs of agitation or shutting down, you must ensure that both you and your client are in a position of safety before continuing.

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Anger, Rage, and Guilt

Clients can frequently expect TFT to generalise to all aspects of their life after one treatment. With complex problems, it is important to break the problem down and target its different aspects. For example, if you are helping someone with an anger problem, and you target the theme, *"I get angry because no one listens to me,"* the person's anger regarding this will usually not generalise to the anger at someone laughing at him/her. That must be treated separately, albeit with the same algorithm (tf, c, using the protocol).

It is sometimes helpful to make a list of themes to be targeted. Be sure to check themes that you have already treated at subsequent sessions to make sure that the treatments held. Most importantly, teach clients to treat themselves at home!!!

An important distinction must also be made between anger and rage in order to select the correct algorithm to use.

Anger does not often extend to physical violence against objects or persons and can usually be controlled by an act of will.

Rage may extend to physical violence against objects or persons and can rarely be controlled by an act of will. It is often characterised by loss of control.

Guilt is anger at oneself.

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Depression

Always address issues of depression with great care, especially if the client has a history of self-injury, suicide attempts, alcohol or drug use.
In every case, the client ***must*** have consulted his/her General Practitioner (GP) first, and all cases must be monitored carefully and regularly, with referral back to the GP, as required.

Numerous things can cause depression, and numerous thought fields may need to be treated. *"I am not worthy"* is a different thought field from *"I don't have any money for the holidays,"* etc. Traumas can often be associated with depression. Individual Energy Toxins are also often involved. Again, persistence is the key. Be sure and provide your client with the appropriate algorithms to use at home when depressing thoughts surface.

IMPORTANT—When the depression shifts, anger and/or rage that the client may have been suppressing may surface. This can be treated using the anger and/or rage algorithms.

Clients with complex problems such as depression or anxiety may become discouraged that they *"did the tapping and are still depressed / anxious / angry."* Be sure and remind them of the different thought fields involved, as well as the Tooth/Shoe/Lump principle. At each session, it is important to check what you worked on in the previous session. Usually, the client will have noticed a subtle but distinct shift in that particular aspect, and another thought field will have bothered the client this week. Then, you can treat that.

Remember–Be patient, and help clients to be realistic about the changes that they can expect! Remind them to only treat the aspect they are tuned into at the time of treatment.

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Physical Pain

TFT can only be successful in clearing *inappropriate* pain. Pain arising from actual injury or illness cannot be resolved, as this is the body's warning mechanism. For example, the pain that arthritics feel when sitting quietly in a chair can usually be reduced or eliminated; however, the pain that they feel when moving may be reduced slightly but may not be able to be eliminated, as actual damage to the joints is occurring.

Clients should have consulted their General Practitioner prior to working with you in order to have their pain and its origin assessed. Functional pain, such as pain caused by a broken arm or appendicitis, will generally not go away. If you happen to be working with a client before he/she has consulted a GP and the pain will not go away, the client should definitely consult a doctor.

Researchers at Oxford University in the United Kingdom (Plonghaus et al., 1999) have found that the anxiety caused by the anticipation or experience of pain makes the perceived level of pain much worse. Therefore, it is good practice to treat the client for the past trauma of the pain experience before using the pain algorithm itself. An initial thought field could be elicited by asking the client to think about *"the distress the pain has caused."* When the pain was caused by a trauma, it is necessary to treat the trauma first. Have the client think about the trauma and tap for that.

At times, the pain may move to a new place. Ask for the SUD for the new place, and treat that. After doing so, ask the client about the places where the pain was previously located in order to make sure that they, too, have diminished. While SUDs of 0 or 1 can be obtained for thought fields such as trauma, when working with pain, the treatment has to go through the body. As a result, *inertial delay* can occur, in which the SUD goes down, but it doesn't go down to 0 (on an 11-point scale) or 1 (on a 10-point scale). If the pain does not come down to a 0 or a 1 during the treatment, let the client know that the pain will probably diminish in the next 2 hours to 24 hours. Be sure that you have treated for all levels of reversal. Toxins can also cause inertial delay.

Plonghaus, A., Tracey, I., Gati, J. S., Clare, S., Menon, R. S., Matthews, P. M., & Rawlins, J. N. (1999). Dissociating pain from its anticipation in the human brain. *Science, 284*(5422), 1979-81.

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Jet Lag

The feeling of disorientation as a result of flying into new time zones can be resolved by tapping the appropriate algorithm every waking hour. Don't specifically wake up during the trip, however, to tap.

For some people, application of the opposite treatment may be required, i.e., you may need to do the "east to west" algorithm for traveling "west to east." Feel free to tap both (e, c, a, c, using the Protocol). It may be helpful to treat for reversal first (side of hand) because often, no SUD will be evident. After you arrive at your destination, keep tapping as long as you need to. It is also helpful to differentiate between jet lag (waking up in the middle of the night) and tiredness from not getting enough sleep on the trip.

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When to Tap

Tapping can and should be done every day for situations that arise.

- When you first wake up and various times during the day, all points.
- Thinking of any traumas;
- Thinking of any anger;
- Thinking of any feelings of guilt;
- Thinking of any rage;
- Thinking of any embarrassment;
- Thinking of any shame;
- Thinking of any depression or physical pain, using the appropriate protocols.
- When you don't feel really up to par; Using the appropriate Protocol)
- When you are having trouble getting going in the morning, or you got out of bed on the "wrong side" (reversal treatments, including side of hand, sore spot, under nose, collarbone breathing; then, tap for whatever the problem is using the appropriate protocol.
- When you are reversing letters or numbers or words or having difficulty typing on the computer (reversal treatments, including side of hand, sore spot, under nose, perhaps collarbone breathing)
- When you are having difficulty focusing on what you are doing (reversal treatments, including side of hand, sore spot, under nose, an/or collarbone breathing)
- When you are procrastinating. (e, a, c, focusing on the reluctance, using the Protocol)
- When you get angry, upset, or frustrated using the appropriate Protocol)
- When you feel guilty using the appropriate Protocol)

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- When your energy is low (g50, c, using the Protocol)
- When you want to have a piece of chocolate or other addictive substance and know that you shouldn't have it using the appropriate Protocol)
- When something happens that you didn't expect, and you are having difficulty calming down (eb, e, a, c—complex trauma, or eb, c—simple trauma, using the Protocol)
- When you feel extremely angry or rageful (oe, c, using the Protocol)
- When you feel embarrassed (un, using the Protocol)
- When you feel pain (g50, c, using the Protocol)
- When you have trouble sleeping (e, a, c for anxiety; c, e, c for compulsive thoughts keeping you awake; eb, e, a, c for complex trauma if you are thinking about a trauma, using the Protocol; do the pulse test and track what toxin might be elevating the pulse and keeping you from sleeping)
- When you have nasal congestion (un, c, mf, a, c, using the Protocol)
- When you inhaled a toxin (mf, a, c, using the Protocol) or for inhalant allergies (mf, a, c, un, c, using the Protocol)
- For self-esteem (eb, e, a, c, if, c, un, ch, using the Protocol)
- For sinus congestion (un, c, g50, c, using the Protocol)

Treating Self-Esteem and Dysfunctional Beliefs with Thought Field Therapy

The greatest discovery of my generation is that a human being can alter his life by altering his attitudes of mind.

~ William James ~ 1842-1910

Reframing Negative Self-Concepts

Fear of not being good enough

Fear of not being perfect

Fear of being inadequate

Fear of not being enough

Fear of being incapable

Fear of being unlovable

Fear of being undeserving

Fear of being unworthy

Fear of being unacceptable

Fear of being unattractive

Common Dysfunctional Beliefs

I need to be perfect in everything I say and do.

People should always behave the way I think they should behave.

Life is supposed to be fair.

It's not okay to make a mistake.

Conflict is bad, and I need to avoid it at all costs.

Other people's needs are more important than mine.

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It’s awful when things don’t go the way I think they should.

I need to be loved by everybody all the time.

TFT Procedure for Negative Self Assumptions

1. Think of the negative self-concept / dysfunctional belief and choose a number between 0 and 10 that best represents the intensity of your discomfort, with 10 being the highest and 0 being the lowest.

2. Tapping Sequence:

- Tap at the beginning of your EYEBROW.
- Next tap just below either EYE (on the bony ridge).
- Then tap under either ARM, approximately 4 inches below the pit of the arm.
- Tap under your COLLARBONE, one inch down and one inch over to the right or left.
- Tap under your NOSE.
- Tap under your CHIN – centre of chin
- And then tap again just below the COLLARBONE.

3. Re-evaluate your feelings again and choose a number between 0 and 10 that best represents the intensity. If the intensity of your feelings is now at least 2 numbers lower than initially, go to Step 4. If not, follow this procedure: Psychological Reversal Correction. Tap the tiny finger side of either hand (the part we use for a “karate chop”) for 20 seconds (or, locate the tender area of the upper left chest beneath the left collarbone, press down with your fingers, and rub this area in a circular motion for about 20 seconds). Then, repeat Step 2 before going on to Step 4.

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4. 9 Gamut Treatment: Next is a sequence of activities that are done while tapping at a spot on the back of either hand. The spot is just below and between the knuckle of the tiny finger and the knuckle of the ring finger. With the hand flat, tap this spot continually while doing the following activities (about 5 taps for each of the 9 activities).
   Eyes Closed, Eyes Open,
   Eyes look down left, and then right (with Head still), Roll eyes clockwise in circle and then counter-clockwise, Hum a tune, Count to five, Hum, Repeat Step 2 before going on to Step 5.

5. As you did before, re-evaluate your feeling about the problem again and choose a number between 0 and 10 that best represents the intensity. If it is still above a 1, repeat the Psychological Reversal Correction followed by the Tapping Sequence (Step 2), the 9 Gamut Treatment (Step 4), and a repeat of the Tapping Sequence (Step 2).

6. Floor to Ceiling Eye roll: If the SUD level is at a 1 but not a 0, tap the gamut spot on the back of your hand. Holding your head still, look down toward the floor, and then, gradually, raise your eyes vertically until looking at the ceiling.

TFT Procedure for Dysfunctional Beliefs

1. **Think of the dysfunctional belief** and choose a number between 0 and 10 that best represents the intensity of your belief, with 10 being the highest and 0 being the lowest.

2. **Tapping Sequence**: **eb - e - a - c - 9g - sq.** Add additional spots as needed.

3. **Re-evaluate** your feelings again and choose a number between 0 and 10 that best represents the intensity. If the intensity of your feelings is now at least 2 numbers lower than initially, go to Step 4. If not, follow this procedure: Psychological Reversal Correction: Tap the tiny finger side of

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either hand (the part we use for a “karate chop”) for 20 seconds (or locate the tender area of the upper left chest beneath the left collarbone, press down with your fingers, and rub this area in a circular motion for about 20 seconds). Then, repeat Step 2 before going on to Step 4.

4. **9 Gamut Treatment:** Next is a sequence of activities that are done while tapping at a spot on the back of either hand. The spot is just below and between the knuckle of the tiny finger and the knuckle of the ring finger. Tap this spot continually while doing the following activities (about 5 taps for each of the 9 activities).
   Eyes Closed, Eyes Open,
   Eyes look down left, and then right (With Head still) , Roll eyes clockwise in circle and then counter-clockwise, Hum a tune, Count to five, Hum
   Repeat Step 2 before going on to Step 5

5. As you did before, **Re-evaluate** your feelings about the problem again and choose a number between 0 and 10 that best represents the intensity. If it is still above a 1, repeat the Psychological Reversal Correction followed by the Tapping Sequence (Step 2), the 9 Gamut Treatment (Step 4), and a repeat of the Tapping Sequence (Step 2).

6. **Floor to Ceiling Eye roll:** When the level is at a 1 but not a 0, tap the gamut spot on the back of your hand. Holding your head still, look down toward the floor, and then, gradually, vertically raise your eyes until looking at the ceiling.

Peak Performance Installation

Callahan Techniques - Thought Field Therapy

Assess level of confidence on a 0 – 10 scale. Ten is MOST confident.

Recall or picture the performance of the task, as you would do it in perfect execution. Feel kinaesthetic experience in detail. See visual experience in detail. Hear auditory experience in detail. Include taste and smell, if appropriate.

Algorithm: **a - c - 9g - sq**

Check level of confidence. Do psychological reversals or unblocking (side of hand/karate point) and repeat the above treatment for peak performance mental recreation. Continue with other reversal treatments as and if needed (recurring psychological reversal spot, deep level reversal correction spot, toxin correction spot) until goes to the highest level the individual can attain. Stop anytime highest level is attained, and do floor to ceiling eye roll while tapping gamut spot.

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TFT Treatment and Smokers

From the TFT Discussion List Roger J. Callahan, Ph.D.

Here is a copy of a letter I sent to a trainee who was having difficulty with treating smokers:

Dear ....

Some people have reported a kind of delayed success with smokers by telling them that they do not have to quit, but showing them something they can use to help themselves when they are not able to smoke. Teach them the addictive urge algorithm, or in the small number of cases where this doesn't work, have a sequence diagnosed and find the treatment that will relieve their urge.

Most do not want to quit because they tried, but they couldn’t do it. Some have such a strong addiction that they are afraid they will go crazy without a cigarette. Thanks to the algorithm, some will find that they do ***not*** have to go crazy without a cigarette; they may find no desire or urge at all. Some may then want to cut down, and others may want to quit altogether. Addiction is a very strong and intense problem for most people. If they choose to continue smoking, it is still possible to help them, though it will take a lot longer. A recent VT trainee, however, found that a very heavy smoker who did not want to quit was suddenly over the problem after the treatment.

Another tip is the following: When you eliminate their desire, have them put their cigarettes out of reach; otherwise, they will end up automatically smoking without awareness. When their desire comes to go and get a cigarette, ask them to write down everything they had just had to eat or drink, and check with you regarding which toxin undid the treatment for smoking. It may be easier for them to give up the toxin that undoes the treatment. This may then allow the treatment to endure longer and longer.

All of us are exposed to various toxins all the time. The trick is to identify the ones that we ***can*** do something about, such as the ingested ones. This can make a huge difference and increase our resistance to those over which we can do nothing, such as polluted air, household toxins, electromagnetic exposures, etc.

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Not too long ago, I heard from a diagnostic trainee who smoked heavily for years. Three years after the training, he then quit using the treatments he learned. Where there is life, there is hope!

Best wishes, Roger

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