

Stimulation of Acupuncture Points (Acupoints) with Imaginal Exposure in the Treatment of PTSD

Energy Medicine Institute

www.energymed.org

January 2012

Background: The non-needle stimulation of acupuncture points (through tapping, holding, or electrical stimulation) has been combined with imaginal exposure in the treatment of PTSD. The proposed mechanisms of action are:

- 1) imaginal exposure activates an amygdala threat response while
- 2) stimulating selected acupuncture points reduces limbic arousal, resulting in
- 3) reduced arousal becoming permanently associated with the memories or triggers that were mentally activated.¹

Clinical approaches utilizing this strategy fall within a practice area called “energy psychology,” with a number specific protocols having been developed. Of these, Thought Field Therapy (TFT) and Emotional Freedom Techniques (EFT) are the most widely used and researched. This document briefly recounts eight studies bearing upon the efficacy of this approach. The full studies are included in an appendix. The studies are divided into three categories: Randomized Controlled Trials (RCTs) with an *active-ingredient* comparison group, RCTs with a *wait-list* comparison group, and pilot studies that did not use a comparison condition.

Category 1: RCTs with an Active-Ingredient Comparison Group

1. Karatzias, T., Power, K., Brown, K., McGoldrick, T., Begum, M., Young, J. . . . & Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye Movement Desensitization and Reprocessing vs. Emotional Freedom Techniques. *Journal of Nervous & Mental Disease, 199*, 372-378.

Protocol: EFT. Comparison Group: EMDR. Subjects: Individuals seeking mental health services who met *DSM-IV* criteria for PTSD. Initial N = 46.

<u>Measure</u>	<u>Pre- to Post-Treatment</u>	<u>Effect Size</u>
Clinician-Administered PTSD Scale	$p < .001$ on all subscales	$d = 1.0$
PTSD Checklist	$p < .001$ on all subscales	$d = 1.1$
The Hospital Anxiety and Depression Scale	$p < .001$ on all subscales	
Satisfaction with Life Scale	$p < .001$	

*Above figures are for the acupoint treatment condition. The comparison group produced similarly strong outcomes (e.g., effect sizes of $d = 1.1$ and 1.0 on the Clinician-Administered PTSD Scale and the PTSD Checklist, respectively. An effect size higher than $d = .8$ is considered a large effect size).

¹Feinstein, D. (2010). Rapid Treatment of PTSD: Why Psychological Exposure with Acupoint Tapping May Be Effective. *Psychotherapy: Theory, Research, Practice, Training, 47*(3), 385-402.

- Zhang Y, Feng B, Xie JP, Xu FZ, Chen J. (2011). Clinical study on treatment of the earthquake-caused post-traumatic stress disorder by cognitive-behavior therapy and acupoint stimulation. *Journal of Traditional Chinese Medicine*, 31, 60-63.

Protocol: Electrical Acupoint Stimulation with Cognitive Behavior Therapy (CBT).

Comparison Group: CBT without Acupoint Treatment. Subjects: Survivors of the May 12, 2008, earthquake in Wenchuan, China, who exhibited symptoms of Acute Stress Disorder (treatments were administered within one month of the earthquake, before a PTSD diagnosis may be rendered). Initial N = 91.

<u>Measure</u>	<u>Acupoint/CBT</u>	<u>CBT Alone</u>	<u>Intergroup Difference*</u>
Impact of Event Scale - R	$p < .01$	$p < .01$	$p < .01$
PTSD Questionnaire	$p < .01$	$p < .01$	$p < .05$

*Pre/post-treatment improvement for acupoint/CBT was stronger than for CBT alone on both instruments.

Category 2: RCTs with a Wait-List Comparison Group

- Church, D., Hawk, C., Brooks, A., Toukolehto, O., Wren, M., Dinter, I., & Stein, P. (2012). Psychological trauma in veterans using EFT (Emotional Freedom Techniques): A randomized controlled trial. Poster session presented at the 31st Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, Seattle, April 7-10, 2010. Retrieved January 2, 2012, from <http://stressproject.org/documents/ptsdfinal1.pdf>]. Paper is currently under peer review.

Protocol: EFT. Subjects: Combat veterans meeting the criteria for PTSD on the military version of the PTSD-Checklist (PCL – M). Initial N = 59.

<u>Measure</u>	<u>Pre- to Post-Treatment</u>
PCL-M	$p < .0001$
Symptom Assessment 45	$p < .0001$
Insomnia Severity Index	$p < .0001$

- Church, D., Piña, O., Reategui, C., & Brooks, A. (in press). Single session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study. *Traumatology*.

Protocol: EFT. Subjects: Institutionalized males in Peru, aged 12 to 17, with a history of abuse or parental abandonment or negligence. Initial N = 16.

<u>Measure</u>	<u>Pre- to Post-Treatment</u>
Impact of Events Scale	$p < .001$

3. Connolly, S., & Sakai, C. (in press). Brief trauma intervention with Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*.

Protocol: TFT. Subjects: Adult survivors of the genocide in Rwanda reporting symptoms of trauma. Initial N = 145.

<u>Measure</u>	<u>Pre- to Post-Treatment</u>
The Modified PTSD Symptom Scale	$p < .001$ on all subscales
Trauma Symptom Inventory	$p < .001$ on all subscales

Category 3: Pilot Studies with No Comparison Condition

1. Church, D. (2010). The treatment of combat trauma in veterans using EFT (Emotional Freedom Techniques): A pilot protocol. *Traumatology, 15*(1), 45-55.

Protocol: EFT. Subjects: Combat veterans or family members reporting symptoms of PTSD. Initial N = 11.

<u>Measure</u>	<u>Pre- to Post-Treatment</u>
PCL-M	$p < .001$
Symptom Assessment 45	$p < .002$

2. Church, D., Geronilla, L., & Dinter, I. (2009). Psychological symptom change in veterans after six sessions of Emotional Freedom Techniques (EFT): An observational study. [Electronic journal article]. *International Journal of Healing and Caring, 9*(1).

Protocol: EFT. Subjects: Military veterans reporting symptoms of PTSD. Initial N = 7.

<u>Measure</u>	<u>Pre- to Post-Treatment</u>
PCL-M	$p < .016$
Symptom Assessment 45	$p < .001$

3. Sakai, C. S., Connolly, S. M., & Oas, P. (2010). Treatment of PTSD in Rwandan genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health, 12*(1), 41-50.

Protocol: TFT. Subjects: Rwandan adolescents orphaned by the country's genocide 12 years earlier scoring above the PTSD range on a standardized inventory for parents and caregivers. Initial N = 50.

<u>Measure</u>	<u>Pre- to Post-Treatment</u>
Child Report of Post-Traumatic Symptoms	$p < .0001$
Parent Report of Post-Traumatic Symptoms	$p < .0001$