

HEART ASSISTED



T H E R A P Y

®

# **Heart Assisted Therapy®: The Basic Clinical Protocol**

## **“Mini-Manual”**

**For ACEP Pre-Conference, One-Day Workshop  
Baltimore, MD (6-1-2023)**

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**With**

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## **Heart Assisted Therapy®**

Heart Assisted Therapy® (HAT®) is a dynamic, integrative, humanistic, and mindfulness-enhancing approach to psychotherapy that incorporates the use of heart influence, cognition, emotion, sensation, and a stabilizing breathing treatment while overlapping hands are placed over the heart (“heart-breaths”). HAT is a holistic mind/body/energy approach that uses “Awareness Streaming” in concert with the body’s innate electro-physiology and respiration throughout the process.

The HAT approach merges the complimentary use of thought, feeling, sensations, breath, and heart influence to facilitate shifts in emotions, beliefs, behavior, and physical comfort. Heart Assisted Therapy engages the physical energies of the heart to orchestrate and synthesize these shifts; the heart produces the strongest electromagnetic field of all body organs (Childre and Martin, 1999).

Heart Assisted Therapy is the original work of Dr. John Diepold. This approach arose from 30+ years of clinical experience and complements traditional psychotherapy paradigms. The HAT model is a gentle, self-nurturing approach that is easy to engage, and incorporates the totality of the individual’s associated experiences to the treatment focus.

The HAT protocol and methods build upon the foundations of utilizing innate mind-body communication (e.g., heart-brain), in concert with cognitive, emotional, and somatic involvement, to facilitate relatively rapid and lasting treatments regarding our human conditions. I remain amazed that HAT interventions can foster quick and often dramatic changes in feeling, thought, and behavior thus providing much needed relief from seriously distressful experiences. It is my expectation that you also will experience the same results.

John H. Diepold, Jr., Ph.D.

## CLINICAL ETHICS REMINDER

### **Before you begin....**

All Heart Assisted Therapy® treatment procedures in this and other manuals are for use by licensed and/or certified mental and health care professionals only.

Dr. Diepold **strongly** recommends, in accordance with appropriate clinical practice, that you take a complete psychosocial history, and have an understanding of the problem(s) within the context of the individual and their environment.

Effective psychotherapy requires a trusting relationship between therapist and patient. Dr. Diepold recommends that an appropriate therapeutic relationship be established before initiating Heart Assisted Therapy.

It is also **strongly** recommended that the population (adults, adolescents, children), and types of mental health issues (anxiety, dissociation, eating disorders), with which you work remain within your area of training and expertise.

Dr. Diepold further recommends that you take the time to adequately inform your patient with information about HAT as needed. To the best of my knowledge, there have been no reported detrimental effects from using HAT when recommended procedures are used.

Dr. Diepold adheres to the American Psychological Association's "Ethical Principles Of Psychologists and Code of Conduct." In this regard Dr. Diepold **REQUIRES** that all clinical information shared during the course of this training (via practicum experiences and live demonstrations) be honored as **CONFIDENTIAL** in accordance with APA guidelines.

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## **About This HAT® Workshop**

This is a workshop about psychotherapy.

Psychotherapy involves much more than technique(s). Successful psychotherapy incorporates a blending of an individual's commitment to the process and participation at many levels while the therapist serves as a guide directing the process. In other words, successful psychotherapy is built upon a highly sophisticated exchange of information between individual and therapist. The most successful psychotherapies (defined as being robust, efficient, effective, and lasting) now also incorporate the underlying physics of how inter and intra communication transpires to maximize results.

If psychotherapy can be defined in part as a caring and attuned collaborative interaction between therapist and individual, then this Awareness Streaming (AS) model of HAT is a good match as it custom-fits the individual and his or her unique experiences and associations. In addition, the individual is not made to fit into a technique per se, nor is the therapist required to figure out a solution. As you will learn from a therapist's perspective, "There's no need to figure it out...just let it play out as the individual will teach you".

This psychotherapy model of HAT is designed to maximize the therapist's skills in listening, observing, and planning while integrating procedures that enable the opportunity for the individual to be validated, heal, shift, adapt, and move forward in life.

HAT is designed to complement your existing skills and orientation as a psychotherapist or health care professional. In fact, many components of all the psychotherapy approaches I learned throughout my 30+ years of working as a licensed psychologist come together in this HAT model. For example, pieces from the psychoanalytic approaches, Carl Roger's client-centered and humanistic approaches, Ericksonian hypnosis, cognitive and somatic approaches, EMDR, mindfulness benefits, thought field therapies (e.g.,TFT, EFT and EvTFT), and other approaches along with my 10 years of learning when using HAT.

The concept of focused thought during an intervention (e.g., Callahan, Shapiro) and the important role of mind-body polarity (our innate electro-physiology) have become contemporary essential features to facilitate successful change in the psychotherapy process. Identifying and clarifying the most appropriate Treatment Focus to address is an important skill to develop and will be emphasized. Likewise, the monitoring of respiration and the use of "heart breaths" is designed to maintain an open mind-body polarity gateway and will be an important focus in this workshop.

# The Origins of Heart Assisted Therapy® (HAT®)

- ♥ Evolving Thought Field Therapy (EvTFT)<sup>1</sup> & Touch-and-Breathe (TAB)
- ♥ Breath is the most natural way to facilitate the flow of life-force energy (Chi or info-energy)
- ♥ Breath is a carrier of intention (physicist William A. Tiller, Ph.D.)
- ♥ Working with Beliefs using EvTFT with one hand over the heart
- ♥ Whole-Hearted Healing (Grant McFetridge)
- ♥ Influence of HeartMath Research and Heart Energy
- ♥ Formulation of “energy cardiology” (Schwartz & Russek) and “cardio-energetics” (Pearsall)
- ♥ Observations of spontaneous behavior
- ♥ The amazing heart; facts and functions
- ♥ Learning and using numerous orientations in psychotherapy and being engaged in clinical practice for 30+ years

**Evolving Description of HAT:** The HAT psychotherapy model incorporates a mindful whole of the individual’s cognitions, emotions, and sensory experiences using a dynamic, integrative, and self-nurturing protocol. Heart Assisted Therapy is a clinical mind-body and science-based approach that is client-centered and client-directed. The individual’s personal existential and phenomenological meaning and associations regarding the identified Treatment Focus are paramount with HAT. The influence of the heart, heart energy, respiration, and the body’s innate electro-magnetic physiology relative to experience, memory, emotion, and sensation are subtle yet integral components built into the HAT protocol to foster the change process. The HAT model of psychotherapy is dynamic and gentle but can be deceptively intense as treatment gets “to the heart of the matter” quickly while promoting healing shifts. HAT is a multifaceted and unified mind-body-energy approach to psychotherapy that maximizes the therapist’s skills in listening, observing, and planning while integrating procedures that enable the opportunity for the individual to be validated, heal, shift, adapt, and move forward in life.

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<sup>1</sup> Diepold, Britt, and Bender (2004). *Evolving Thought Field Therapy: The clinician’s handbook of diagnoses, treatment, and theory*. NY: W W Norton.

## ♥ Heart Facts

- ♥ The heart is located nearly dead center in the middle of the chest, tipped left.
- ♥ The physical heart is 1 to 2 fists in size.
- ♥ The heart is considered an involuntary muscle and the most powerful muscle in the body.
- ♥ Heart rate is controlled by a balance between inputs from sympathetic and parasympathetic branches of the ANS. Breath or respiration is a key player in regulation.
- ♥ The physical heart pumps and thumps 100,000 beats per day and pumps 5.6 liters (6 qt.) of blood 19,000 km (12,000 miles) each day.
- ♥ The 6 qt. of blood circulate 3 times every minute or one round-trip every 20 seconds.
- ♥ The human system of arteries, veins, and capillaries exceeds 60,000 miles in length.
- ♥ Blood is approximately 78% water; water has been found to contain, conduct, receive, and send info-energy.
- ♥ The heart is the first organ to function during embryonic development.
- ♥ The embryonic heart begins beating by the 25th day after conception.
- ♥ Of the estimated 70 -75 trillion cells in the adult human body, the billions of heart cells are the only cells that pulsate.
- ♥ In 1983 the heart was re-classified as also being an endocrine or hormonal gland. This re-classification came about when a new hormone (atrial natriuretic factor or ANF) was isolated and found to be produced by the heart.
- ♥ The heart hormone ANF has been documented to effect blood vessels, kidneys, adrenal glands, and many regulatory areas of the brain (HeartMath Research Center, 1997).
- ♥ The heart has its own intrinsic internal nervous system, which was dubbed “heart brain” by cardiologist Andrew Armour in 1991. (I prefer a different term: “heart origins” and connect it to the original development of the fetal heart and its directive communications.)
- ♥ The heart has about 40,000 nervous cells.
- ♥ Emotional states have been associated with changes in the electrical energy spectrum of the heart.
- ♥ The ventricle of the heart is made of a single band of muscle wrapped in the form of a double helix. The heart is a macroscopic double helix (think DNA).

- ♥ There is a demonstrated relationship between DNA and heart coherence.
- ♥ The heart continues to simultaneously resonate information to every cell in our body just as it did during embryonic development...it is a life-long process
- ♥ According to HeartMath researchers:
  - ♥ The heart produces the strongest rhythmic electromagnetic field of any organ in our body, and the heart tells the brain what to do! (90% of impulses are afferent going from heart to brain; 10% of impulses are efferent going from brain to heart)
  - ♥ The heart-field is detectable 8 feet around our body.
  - ♥ Our emotions are manifest in the patterns of our heart rhythms, and
  - ♥ These emotional frequencies modulate the heart's field.

### **Diepold's Heart Logic:**

- ♥ **If** our emotions are indeed manifest in the patterns of our heart rhythms,
- ♥ **and** these emotional frequencies modulate the heart's field,
- ♥ **and** negative emotions (e.g., hostility & depression) contribute to heart and other physical diseases,
- ♥ **and** the heart's field influences every cell in our body
- ♥ **Then...** our entire body is constantly and simultaneously affected with every heart beat, every breath, and with every emotional experience.
- ♥ **Therefore...** accessing and using heart energy and breath appears to be a key in facilitating both emotional and physical health.

### **♥The Energetic Heart**

#### ♥ Heart Meridian

- In Traditional Chinese Medicine the heart meridian is often correlated with negative emotions involving anger, vengeance, and control.
- With acupuncture, it is commonly indicated with treatment of mental disorders, cardiovascular system disorders, and pain management.
- Considered a deep pathway connecting "heart system" with "eye system" and the small intestine. (Li Ding, 1992)

#### ♥ Heart Chakra

- Called "the dominant center"
- The balance point: 3 chakras above & 3 chakras below
- Sets up momentum-stabilization for all chakras around the heart center

- A primary relay station used by the heart to help communicate dynamical info-energy to every cell in the body.
- Considered “the center of all the energy centers” in Chinese medicine.
- Believed to impact & influence our immune system because of the association with the thymus gland (Richard Gerber).

♥ “...the heart is the vehicle for spirit entry into the body and why it is the key center on which to focus to initiate *the coherence-making process*.” (William Tiller, Ph.D.;1997, p. 278)

### ♥The Heart – Brain Connection

- ♥ The EMF produced by the heart is up to 5,000 times larger than the EMF produced by the brain.
- ♥ The electrical field of the heart is approximately 60 times bigger in amplitude than the electrical field generated by the brain waves
- ♥ The brain entrains to the heart. (Translation: The heart tells the brain what to do!)

How might the brain take its cues from the heart?

### ♥ An Energy Frequencies Model

- ♥ Heart frequencies that influence and interact with every organ, organ system and cell in our body;
- ♥ Heart frequencies that influence and interact with meridians, chakras, and biofields;
- ♥ Heart frequencies that influence the body polarity gateway; the body’s innate electromagnetic physiology;

### ♥ Diepold’s Hypotheses:

- ♥ **The heart and all heart functions might be considered a Master Conductor of frequency resonance tuning that constantly receives, synthesizes, and transmits info-energy for the establishment of frequency coherence between and among all cells, organs, and systems.**
- ♥ The role of psychotherapy and medicine (including intention) in health and healing is to establish coherent resonant patterns where incoherent patterns exist.
- ♥ Heart Assisted Therapy is a “dynamical coherence-making and reconsolidation model” that targets the source of psychological distress. HAT serves to shift cognitive, emotional and somatic components, and the corresponding bio-frequency resonance, toward interference-free coherence relative to mind attunement.



## **Merging Pieces: The Historical Psychotherapy Influences regarding HAT-AS**

This section offers a brief overview of psychotherapy methods in which I learned about purpose, process and engagement of psychotherapy via existing models, orientations and techniques. The following are some examples relative to the development and use of this Awareness Streaming (AS) model of HAT:

### **1) Psychoanalytic**

Psychoanalytic approaches assert that the psyche is more complex than what an individual can consciously recognize, and that inner, unconscious forces serve to protect and guide an individual and influence memory, feeling, and behavior via a network of associations and defenses. Throughout my years as a psychologist I have favored the Adlerian approach as it addresses the individual in society as the backdrop influencing the inner psychic phenomena. I suspect that it is the individual's network of associated thoughts, feelings, memories, and sensations within his or her context of living that the AS model of HAT accesses.

### **2) The Cognitive-Behavioral Therapies (including Rational Emotive)**

This group of structured therapies focuses on conscious thought as the impetus of emotion and behavior. Most often the thought-emotion-behavior patterns are identified, monitored, and cognitively adjusted in relation to specified goals.

The AS model of HAT relies on the therapist developing a keen ear to the cognitive expressions of the individual as they experience the "awareness streaming". The individual's idiosyncratic use of language and phrases and non-verbal expressions often relate to far more in terms of memory, affect, and experience than is presented or recognized consciously. Making use of the individual's own words without interpretation serves to access their complex associations when using this HAT model.

### **3) Gestalt Psychotherapy**

This existential and experiential approach is grounded in the individual's present moment experiences, the therapist-individual relationship, the environmental/social contexts, and self-regulating capacities.

Gestalt Psychotherapy is unrelated to the Berlin (Germany) School's Gestalt Psychology. Gestalt Psychology theory is often referenced by the description "The whole is greater than the sum of its parts". This theory posits that the mind and brain operate within a holistic self-organizing relationship with much work geared toward perception and insight.

The AS model of HAT incorporates elements of both Gestalt Psychotherapy and Gestalt Psychology and posits that deep-level self-regulatory capacities are accessed via simultaneous engagement of mind, heart, brain, polarity adjustments, and breath to facilitate the experienced shifts in feelings, thinking, behavior, and physiology.

### **4) Humanistic/Rogerian**

The Humanistic psychological approach advocates the self-healing capacities of individuals and incorporates the whole of the person (mind-body-spirit) into the therapeutic process. Psychologist Carl Rogers formulated "client-centered" psychotherapy that built upon every individual's vast capacity for self-understanding and acceptance and innate ways to modify perceptions of self, beliefs, attitudes, and behaviors and thus feelings via definable facilitative components in therapy.

This HAT model is Humanistic and Holistic at its core, and almost exclusively "client-centered" as the individual guides the flow and direction of the HAT treatment based on self-

report of thoughts, memories, images, feelings, and sensations (i.e., “streaming”). This definable facilitative approach requires the therapist to maintain keen observation throughout the process and to use this information to guide treatment toward self-acceptance and shifted, stabilized feelings and sensations to even the most distressing and challenging experiences.

### **5) Hypnosis and Neuro-Linguistic Programming (NLP)**

While there are several approaches to using hypnosis in psychotherapy I have found the style associated with psychiatrist Milton Erickson to be the most versatile, creative, and efficacious. A common thread to Dr. Erickson’s success was his masterful attention to the individual, which served to guide inductions, deepen the trance state, and direct idiosyncratic self-exploration and healing. Results can occur quickly even without conscious knowledge or understanding of process; the solution is within and does not require explanation.

On the other hand, Richard Bandler and John Grinder, the developers of NLP, sought to understand Dr. Erickson’s patterns more specifically and concretely as to make some techniques more explainable and reproducible. Practitioners of NLP learn in more structured ways how to assist individuals in psychotherapy using certain patterns of language, touch, and behavior to facilitate desired change.

With HAT-AS there is a premium on attending to the individual’s verbal and non-verbal responses as treatment progresses. This information is used to inform and guide the therapist during treatment, which makes each session unique from person to person and session to session while being issue specific. This model of HAT can seem trance inducing to some individuals; however this occasionally observed phenomenon is neither sought nor required. Like with hypnosis, the individual discovers his or her own associations to the focus of treatment at multiple levels of experience and awareness and is invited to accept, ponder, or accentuate this information.

### **6) Transpersonal / Psychospiritual Psychotherapy**

The base orientation in this psychotherapy approach focuses more on the spiritual dimension than the content of therapy. Therapeutic methods are used to uncover past psychological material relative to an individual’s potential hinging on spiritual insight and experience for the purpose of repair and individuation.

While HAT-AS does not directly or routinely address issues of soul and spirit, it serves to connect these potent areas with interested individuals. The trusted flow of inner resources when engaging the “streaming”, often experienced as insight, visions, and/or memory awareness, permits facilitation of psychospiritual health and growth.

### **7) Eye Movement Desensitization and Reprocessing (EMDR) Therapy**

The EMDR treatment approach originated by psychologist Francine Shapiro, Ph.D. opened a large doorway in utilizing a fuller range of mind and body interaction in psychotherapy. Dr. Shapiro’s structured, comprehensive, and integrative formats use bilateral dual stimulation (e.g., side to side eye movements or alternating auditory or tactile activity) while the individual is focused on a particular cognition or image. Dr. Shapiro contends that the EMDR treatments foster accelerated and adaptive information processing relative to the target issue and posits a neurobiological influence connecting life events with memory, cognition, emotion, and sensation.

Having studied and applied EMDR for several years I gained an appreciation for the interplay of multiple bio-psychological systems involved in the EMDR treatment of traumatic experiences. The approach also brought an appreciation that inner resources can be activated in this mind-body, dual stimulation approach directed primarily by the individual’s unique experiences. However, an area of concern with EMDR is that the individual can experience strong and distressing emotional reactions (i.e., abreaction) that necessitate complementary self-

regulatory techniques.

The HAT-AS model appears to similarly evoke a cascade of bio-psychological system involvement in response to awareness of the targeted treatment issue while engaged in “heart-breaths”. There is, however, no dual stimulation component or requirement; breathing is a naturally occurring physiological process. The therapist’s monitoring of respirations and switching of hand placement over the heart during the phases of treatment serve to facilitate natural self-stabilization and keep open the mind-body polarity gateway required for change. The individual is not required to focus on this treatment component.

In a manner similar to EMDR, HAT-AS is directed primarily by the individual’s idiosyncratic associations and experiences (e.g., emotional, cognitive, imaginable, sensory) when thinking of the treatment issue. Unlike in EMDR, when negative states emerge the individual is guided to recite tailored acceptance statements in concert with heart breaths and alternating hand placements. When neutral or positive states emerge there is also acknowledgement and a procedural manner to incorporate these experiences. Future Performance Imagery procedures are also engaged at the end of treatment, as appropriate, to facilitate the individual’s desired outcomes.

### **8) Thought Field Therapy (TFT) and Energy Psychology (EP) Approaches**

With the advent of chiropractor George Goodheart’s Applied Kinesiology (Walther, 1981), energy psychology approaches emerged originating with psychiatrist John Diamond’s Behavioral Kinesiology (1979) and psychologist Roger Callahan’s Thought Field Therapy - The Callahan Techniques (1985). By refining muscle-testing techniques and including aspects of acupuncture theory and practice from traditional Chinese medicine, the mind-body-energy connection was made visible, testable, and applicable to psychological assessment and treatment.

As the above mentioned approaches became more known and applied, techniques offering variations in procedure and/or explanation began to appear and thus the current field of EP emerged. Thinking about the nature of thinking, how thought processes impact our physical-energetic body and emotional states, inclusion of the wisdom of centuries-old Eastern philosophy and medical interventions, and principles from classical physics and quantum physics has revitalized and expanded the territory now available in doing psychotherapy.

These approaches also brought new concepts and ways of thinking regarding why psychotherapy fails to be effective despite the best intentions of individual and therapist. In particular both Dr. Diamond and Dr. Callahan described a phenomenon called “reversal of body morality” and “psychological reversal” respectively. In short, this observable physical response via muscle checking is the direct opposite of what is expected (given what the individual states) and is thought to undermine effective therapy when undetected and untreated. Therefore monitoring and correcting for this body energetic phenomenon has become an important component in many of these meridian assisted thought field therapies.

The similarities of the various EP approaches rest in adjunct use of acupuncture meridian points, chakras, and/or biofields while the individual is thinking about his or her problem. These mind-body-energy approaches are largely meridian assisted treatments where the individual is taught to tap or Touch-and-Breathe (TAB) (Diepold; 1998, 2000) on specified meridian points usually at the beginning or end of the meridian. I have studied and used many of these methods over the past 15 years and have been impressed with outcomes in psychotherapy despite the non-traditional formats. I learned first hand how thinking instantly influences physiological and psychological states and how important proper mind-body polarity is to acquiring the desired outcome in feeling and behavior.

Exciting, yes. Effective, yes. Controversial, to some.

The original model of Heart Assisted Therapy (HAT) introduced in 2006 (Diepold) evolved gradually from years of daily use of the meridian assisted approach called Evolving Thought Field Therapy (EvTFT) (Diepold, Britt, and Bender, 2004). Several years of using the original model of HAT then led to the development of the current HAT- Awareness Streaming model, which excludes the use of muscle checking. Use of identified treatment foci and management of the mind-body polarity gateway via “heart-breaths” to eliminate potential “psychological reversal” and ensure optimal electro-physiological functioning are integral components of HAT.

### 9) **Mindfulness**

The Buddhist concept and experience of mindfulness has become more popular in recent years and has found its way into psychotherapy. Mindfulness is an English translation of the Pali word “Sati”, which is an activity. Mindfulness can be described as an activity of experiencing present moment awareness. Often mindfulness is experienced via meditational practices to promote an uninterrupted state of mindfulness leading to awareness and insight. Subtle yet profound, the mindfulness experience is by nature a non-judgmental observation of what is at the moment.

In *Mindfulness in Plain English* (2002), Bhante Henepola Gunaratana wrote,

“In order to observe our own fear, we must accept the fact that we are afraid. We can't examine our own depression without accepting it fully. The same is true for irritation and agitation, frustration and all those other uncomfortable emotional states. You can't examine something fully if you are busy rejecting the existence of it. Whatever experience we may be having, Mindfulness just accepts it. It is simply another of life's occurrences, just another thing to be aware of. No pride, no shame, nothing personal at stake - what is there, is there.” (p. 139)

This quote embodies core components of HAT encompassing both mindful observation and acceptance. The mindfulness component just emerges in this model of HAT without any intent to do so. Each session is unique and guided by the individual's reported observations and experiences in the moment. The therapist must be a keen listener and observer as the “awareness streaming” model involves a more *active* process of observing and accepting relative to meditation oriented approaches in mindfulness. While mindfulness meditations approaches often refer to the value in keeping an “open heart” as the individual observes, HAT actively promotes open-heartedness via patterns of hand placements over the heart with “heart-breaths” (allowing for the “polarity gateway” to remain open to facilitate change).

### 10) **My Observations of spontaneous heart contact**

As a psychologist and an observer of people I have repeatedly noticed how individuals would unconsciously touch one or both hands to their chest in the heart area when emphasizing a strong belief, conviction or excitement. As a result, around 2002 I began working with belief related issues using the EvTFT treatment approach while the individual placed one hand over their heart in combination with TAB on diagnosed meridian treatment points. This combination worked nicely and was described as qualitatively different compared to using only meridian involvement. Comments ranged from “more powerful”, “more intense”, and “natural feeling”. My curiosity about why adding heart contact was experienced differently led to my learning more about the heart.

The HAT model maximizes hand contact over the heart throughout the treatment process.

## 11) **The Physical Heart, HeartMath Research, Gary Schwartz, and Paul Pearsall**

In addition to my rekindled interest and learning regarding the physical heart and heart functioning I revisited research information pertaining to heart energy and the heart-brain connection reported by the Institute of HeartMath. In the current climate of brain-based explanations and solutions I was reminded that it is the heart that informs the brain more so than the inverse and that the electromagnetic energy produced by the heart is up to 5,000 times greater than that produced by the brain.

The heart is primary. The heart is the first organ developed in the fetus and begins beating by the 25<sup>th</sup> day of conception. Of the eventual 70 trillion cells in the human body, only the heart cells pulsate. What do they pulsate? My thoughts are that the heart pulsates information via frequencies to every cell in the body and accordingly serves to orchestrate and synthesize the totality of body development and functioning. The heart operates in this capacity for our entire life.

Placing hands over the heart, which is a natural and unconscious act, is incorporated intentionally when using HAT. The specific use is designed to engage the heart while serving to constantly adjust mind-body polarity throughout treatment to maximize treatment results.

In my opinion, the heart is “the” organ in our body that directs and shapes all we are. I perceive the heart as a multifaceted power-organ that serves to direct and organize our physical, energetic, and emotional wellbeing. In this regard *the heart and all heart functions might be considered a Master Conductor of frequency resonance tuning that constantly receives, synthesizes, and transmits info-energy for the establishment of frequency coherence between and among all cells, organs, and systems*. More than just an organ to keep in good health, your heart’s energy can be used to restore and facilitate health and well-being.

### **The Four “Guiding Principles” of HAT®:**

The HAT approach evolved and unfolded into a replicable pattern of therapist activity that is less a “technique” and more of an “informed path”. This “informed path” serves to shift awareness of the individual’s experience in the direction of coherence<sup>2</sup>. The steps or phases of this “informed path” are guided by four principles as the therapist strives to be a keen listener and observer.

Listen carefully to what is expressed. As you listen, follow these “Guiding Principles” in deciding what you say next in the process:

#### **1) “Accept the negative”:**

When the individual reports a negative emotional state, a negative experience, or an uncomfortable physical sensation, guide them to accept it. Do this by inviting him or her to say a constructed *acceptance statement* three times while alternating hand positions over the heart in concert with heart breaths. Use the individual’s exact words whenever possible; you may simplify or condense as needed. The most common acceptance statement is:

*“Deep in my heart<sup>3</sup>, I love and accept myself even though... (I feel the negative emotional state, the specific body sensation, or experienced the uncomfortable event).”*

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<sup>2</sup> Movement from experiential states of resonant incoherence to resonant coherence when the individual thinks of the problem is both the goal and outcome of successful psychotherapy.

<sup>3</sup> “Deep in my heart” was a welcomed suggestion by Gerrit Van der Neut during a HAT workshop in Antwerp (10/2011).

Some specific examples of acceptance statements:

- “Deep in my heart, I love and accept myself, even though I feel angry”
- “Deep in my heart, I love and accept myself, even though I feel sad and depressed”
- “Deep in my heart, I love and accept myself, even though I feel tension in my shoulders”
- “Deep in my heart, I love and accept myself, even though I feel nauseous”
- “Deep in my heart, I love and accept myself, even though my classmates made fun of me”
- “Deep in my heart, I love and accept myself, even though I grew up never having a father”

**2) “Ponder the neutral”:**

When the individual comments about situations free of a clear emotional charge, invite him or her to “just think about that” or “ponder that” and invite them to take several more heart breaths.

**3) “Accentuate the positive”:**

When the individual reports a positive emotional state or a pleasant physical sensation, guide them to focus upon it. Do this by inviting him or her to “just notice” it and take several more heart breaths.

Examples: Use the individual’s exact words whenever possible.

- “Take several more heart breaths and just notice the relaxation in your shoulders”
- “Take several more heart breaths and just notice that comfortable, warm feeling”
- “Take several more heart breaths and just notice the relief and calm”

**4) “Prepare for the future”:**

Consider if Future Performance Imagery (FPI) work is needed. When FPI is not appropriate, treatment on the identified issue is likely completed.

## Some Observations and Notations for HAT-AS

Notes and/or Observations:

Eyes open or closed to start?

EO or EC/EO



Note starting hand positions:

3 X 3

[Three heart breaths done three times with alternating hand positions. Also call the initial Self-Regulating Heart Breaths (SRHB)]

Place inside the heart either L/R or R/L

L/R means Left hand over Right hand

R/L means Right hand over Left hand

## The Heart-Breath Treatment Approach with HAT®

The Touch-and-Breathe (TAB) treatment approach used in EvTFT is the forerunner of using Touch-and-Breathe on the heart. This treatment approach using the heart is now more commonly called “heart-breaths.”

- ♥ Demonstration of “heart-breaths” as used in HAT.  
“Normal” respirations of the individual
  
- ♥ Proper hand positions  
Overlapping, flat hands over heart in center of the chest
  
- ♥ Use **your** hand positions as a guide  
Learn your natural hand positions
  
- ♥ Watch and pace the respirations of the person you are treating  
When individuals are upset they stop breathing or breathing becomes shallow & quick  
Be patient and wait for his or her breathing to recover (even out) before continuing
  
- ♥ Monitor whether eyes are open or closed  
This is important when beginning treatment; some individuals will need to be guided to complete another set of “Self-regulating Heart-Breaths” when eyes are closed the first time
  
- ♥ How did the use of heart-breaths and overlapping hands come about?  
This procedure resulted from the benefit of maintaining “Neurologic Organization” (NO) throughout treatment. Specifically, NO reflects an optimal electro-physical state of readiness as reflected in measures of mind-body polarity via muscle checking. The concept of NO comes from the sub-specialty area in chiropractic known as Applied Kinesiology developed by George Goodheart. The mechanics of NO relative to the psychological treatment were initially discovered and addressed by psychiatrist John Diamond and psychologist Roger Callahan respectively in the late 1970s and early 1980s. Assessing and maintaining an optimal electro-physical state of readiness is a hallmark of the thought field therapies or Energy Psychology methods.

In my 15 years experience using various measures to assess and establish NO before and during treatment I observed that hands placed over the heart also had an effect on NO. Through repeated use and observation over a 3 year period, verified via muscle checking, the current overlapping hand patterns with heart breaths were developed. Initially it was observed that three Self-Regulating Heart Breaths (SRHB), with mind in the clear, before initiating treatment re-established NO for about 60% of individuals. When the overlapping

hands were reversed and three more heart breaths completed the remaining 40 % demonstrated NO and therefore electro-physical readiness for treatment.

However, the uncertainty of not knowing if only 3 or 6 SRHB were needed, and the added time to muscle check to verify, left me continuing to explore. Using the logic reported by David Walther in the Applied Kinesiology literature, and having used the 9-Gamut (Callahan) and the Integration Sequence (Diepold, Britt, & Bender) to facilitate NO during TFT and EvTFT treatments, led to the 3 X 3 model of using heart-breaths before and throughout treatment. Specifically, I began having individuals place overlapping hands over their heart and take a total of 9 heart-breaths with reversed hand placement after every 3 heart-breaths. To my amazement and satisfaction, 100% of individuals demonstrated NO upon completion via muscle checking and a reported sense of calm. After 2 years of this repeating phenomenon, I discontinued the use of muscle checking in HAT to verify NO at the start of treatment.

The above 3 X 3 conceptual model was carried forward throughout HAT in a modified fashion to maintain NO (an open mind-body polarity gateway) during treatment whereby the individual reversed hand position after saying an Acceptance Statement, which was stated 3 times. Accordingly, if the thoughts, feelings, and sensations that emerged during HAT were prone to trigger “energetic blocks”, “psychological reversals”, or Neurologic Disorganization, it was automatically corrected. This, indeed, is what appears to happen.

Another discovery via observation was the need for the therapist to monitor whether the individual’s *eyes were open or closed* while doing the 3 X 3 SRHB procedure. Specifically, it was observed with some individuals that if they *closed their eyes* while doing the SRHB but had *eyes open* during the muscle checking that there was no re-establishment of NO. However, when I had them repeat the SRHB procedure with eyes open NO was observed to be re-established. Therefore, I have found it beneficial to invite the individual to repeat the same SRHB sequence with eyes open whenever someone spontaneously completes the initial procedure with eyes closed. I have found no need to repeat the SRHB procedure when it is spontaneously done with eyes open.<sup>4</sup>

NO → Optimal electro-physical state of readiness → An open Mind-Body Polarity Gateway that is essential for change

The electro-magnetic component of our body’s physiology, in which there is a mind influence, has been demonstrated to be an essential consideration in both physical (e.g., Robert Becker, MD) and psychological healing.

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<sup>4</sup> Individuals who are experienced in meditation, mindfulness, and self-hypnosis may be inclined to close his or her eyes. However, eye closure also serves as an escape for others (think about Piaget’s stage of object permanence). We live our lives with our eyes open. Also, different areas of the brain are involved and activated depending if eyes are open or closed.



## The Basic Clinical Procedures Used In HAT (The Basic Clinical Protocol)

- 1) Select a Treatment Focus (TF):  
The TF is the target of treatment. It is most often an incident or experience reported by the individual that is a/the cause of emotional distress. Examples include reported upsetting events (e.g., assault, injury/diagnosis/surgery, and social expectations/encounters), nightmares, and phobic triggers. Stay clear of using only a feeling state as a TF; the feeling is a consequence or result of that which triggered it and that trigger may evoke other feelings as well.
- 2) (Optional) Obtain a SUD level (Subjective Units of Distress) from 0 to 10. Zero is no emotional upset or neutral and 10 is the highest level of emotional upset. The SUD level can serve as a quantified subjective starting point as needed.
- 3) Open the mind-body polarity gateway: The initial set of 9 “Self-Regulating Heart-Breaths”  
*[Therapist also to do]*
  - a) Instruct individual (therapist also) to free their mind and place their overlapping hands over their heart and take 3 (or more) respirations or heart-breaths. (Therapist to note whether right hand overlaps left hand or left hand overlaps the right hand **and** if eyes are open or closed. *Therapist also note which hand you have on top and bottom.*)
  - b) Now have the individual (and therapist) *reverse their hand positions* and take another 3 (or more) heart-breaths. (Therapist to note if eyes are open or closed.)
  - c) Now have the individual (and therapist) *reverse hand positions* back to the original starting position and take several more heart-breaths.

Note: When an individual completes the above and spontaneously closes their eyes, invite them to repeat the steps above with eyes open.
- 4) Invite the individual to focus on the TF and take several (3 or more) heart-breaths. The therapist is to observe the individual as they do the heart-breaths; notice the rate of the respirations, facial expressions, body movements, eye patterns, and indicators of emotion. *Therapist to keep overlapping hands over their heart throughout treatment* serving as a mirror and a guide.
- 5) Ask the individual, “What are you aware of?” (my preference) or “What do you notice?” or “What comes to mind?” and/or “What are you thinking, feeling, or sensing?”
- 6) Listen carefully to what is expressed. As you listen, follow these “Four Guiding Principles” in deciding what you say next (constructing an Acceptance Statement) in the process:

a) **“Accept the negative”:**

When the individual reports a negative emotional state, thought, experience, or a physical sensation, guide them to accept it. Do this by inviting them to say a constructed acceptance statement three times while alternating hand positions over the heart in concert with heart breaths. Use the individual’s exact words whenever possible; you may simplify or condense as needed. The most common acceptance statement is:

“Deep in my heart, I love and accept myself, even though... (I feel the negative emotional state, the specific body sensation, unpleasant thought, or experienced the uncomfortable event).”

Some specific examples of acceptance statements:

“Deep in my heart, I love and accept myself, even though I feel angry”

“Deep in my heart, I love and accept myself, even though I feel sad and depressed”

“Deep in my heart, I love and accept myself, even though I feel tension in my shoulders”

“Deep in my heart, I love and accept myself, even though I feel nauseous”

“Deep in my heart, I love and accept myself, even though my classmates made fun of me”

“Deep in my heart, I love and accept myself, even though I grew up never having a father”

b) **“Ponder the neutral”:**

When the individual comments about situations without a clear emotional charge, invite them to “just think about that” or “ponder that and take several more heart breaths”.

c) **“Accentuate the positive”:**

When the individual reports a positive emotional state, a more positive way of thinking, or a pleasant physical sensation, guide them to focus upon it. Do this by inviting them to “just notice” it and take several more heart-breaths.

Examples: Use the individual’s exact words whenever possible.

“Take several more heart-breaths and just notice the relaxation in your shoulders”

“Just notice that comfortable, warm feeling and take several more heart-breaths”

“Take several more heart-breaths and just notice the relief and calm”

7) Whenever there is something negative reported as described in 6a above, and you have chosen the words to use, do a complete acceptance treatment as follows:

- a) Invite the individual to “take a heart-breath” and watch as they breathe and complete **two** full respirations.

- b) Upon completion of the heart-breaths, say the Acceptance Statement that mirrors what the individual stated (6a above) and have the individual say it after you. Watch how they breathe; be sure they have completed 2 full respirations (heart-breaths) after completing the statement before going to the next step.
- c) Instruct the individual (and therapist by modeling) to now reverse overlapping hands position over the heart and to take another heart-breath.
- d) Upon completion of the heart-breath, say the Acceptance Statement again and have the individual say it after you. As before, watch how they breathe; be sure they have completed 2 full respirations (heart-breaths) after the statement before going to the next step.
- e) Instruct the individual (and therapist by modeling) to again reverse overlapping hands position over the heart and to take another heart-breath.
- f) Upon completion of the heart-breath, say the acceptance statement again and have the individual say it after you. Watch how they breathe; be sure they have completed 2 full respirations (heart-breaths) after the statement before going to the next step.
- g) Upon completion, invite the individual to “now take several more heart-breaths while thinking again about (the TF).”

There are times, however, when the therapist might only say “and take several more heart-breaths” and listen to where the individual goes next without specific reference back to the TF. (To be discussed and demonstrated.)

- h) After several heart-breaths (3 or more) ask the individual, “What are you aware of?” or “What do you notice?” or “What comes to mind?” and/or “What are you thinking, feeling, or sensing?”
- 8) Continue to follow the format in steps 4, 5, 6 and 7 above until the individual states there are no more associated thoughts, feelings, or sensations when directed to focus upon the TF. Some frequent comments to indicate completion of this phase of treatment are “nothing”, “I’m clear”, “blank”, or “It does not bother me”.

**However, you are not done yet! There is still more to do!**

- 9) Now have the individual *reverse their overlapping hands over the heart (therapist also)*. Invite the individual to focus again on the TF and take several (3 or more) heart-breaths. The therapist is to observe the individual as they do the heart-breaths; notice the rate of the respirations, facial expressions, body movements, eye patterns, and indicators of emotion. *Therapist ought to continue to keep overlapping hands over their heart throughout treatment serving as a mirror and a guide.*
- 10) Repeat steps 4, 5, 6, and 7 as described above until the individual states there are no more associated thoughts, feelings, or sensations when directed to focus upon the TF. Some frequent comments to indicate this phase of treatment are “nothing”, “I’m clear”, “blank”, and “It does not bother me”.

Almost done...

- 11) Like before, again have the individual reverse his or her overlapping hands over the heart (therapist also). Invite the individual to focus on the TF and take several (3 or more) heart-breaths. The therapist is to observe the individual as they do the heart-breaths; notice the rate of the respirations, facial expressions, body movements, eye patterns, and indicators of emotion. *Therapist ought to continue to keep overlapping hands over their heart throughout treatment serving as a mirror and a guide.*
- 12) Repeat steps 4, 5, 6, and 7 as described above until the individual states there are no more associated thoughts, feelings, or sensations when directed to focus upon the TF. Some frequent comments to indicate this phase of treatment are “nothing”, “I’m clear”, “blank”, and “It does not bother me”.
- 13) At this place in treatment the individual has reported that they are now free of any negative or upsetting thoughts, emotions, or sensations. This should also be evident by your observation. You might ask them “How are you doing? How do you feel now? Can you share your experience?” when appropriate.

Optional: You can now obtain a/another SUD level, which ought to be zero. (The therapist can muscle check to confirm the zero rating if thought that this would be helpful.)

- 14) The fourth “Guiding Principle” is “**Prepare for the future**”. In this regard, consider if Future Performance Imagery (FPI) work is needed. When FPI is not appropriate, the treatment on this TF is completed. [Determining if and when to use FPI will be discussed.]

**When FPI is appropriate**, then invite the individual to do the following FPI protocol:

- a) With overlapping hands placed over the heart, invite the individual to “Take several heart-breaths and just imagine yourself sometime in the future (doing, being with, seeing, performing, etc.) and feeling just as (comfortable, relaxed, confident, etc. using the individual’s current feelings) as you do now, just imagining as clearly as *you are able*”. [Therapist also maintains overlapping hands placed over your heart.]

The therapist needs to observe and monitor the individual as they take multiple heart-breaths until there is noticeable shift in respiration as they do the imagery. When you recognize that cue that they are ready, go to step 14b below.

- b) Now invite the individual to reverse their overlapping hands over the heart and again say “Take several heart-breaths and continue to imagine yourself some time in the future (doing, being with, seeing, performing, etc.) and feeling just as (comfortable, relaxed, confident, etc. using the individual’s current feelings) as you do now, just imagine as clearly as *you are able*.”

As before, the therapist needs to observe and monitor the individual as they take multiple heart breaths until there is noticeable shift in respiration as they do the imagery.

When you recognize that cue that they are ready, you now ask, “On a scale from 1 to 7, where 1 means not very clear and 7 means as clear as it can be, how clearly you can see yourself (comfortably, confidently) acting or performing in the future?”

♥ When the response is a solid 7 this work is completed. You may muscle check to confirm the report of “7” when thought to be helpful.

♥ When the reply is less than 7, or a “soft 7”, more work is needed to maximize the outcome of treatment. In this instance, please do the following:

1. Explain or reframe that there remains some form of “interference” that prevents them from seeing themselves performing as clearly as possible in the future. The origin of the interference is usually unknown.
2. Instruct the individual to again place overlapping hands over their heart and take several-heart breaths while imagining their future situation(s).
3. Now invite them to say after you, “Deep in my heart, I love and accept myself, even though there is interference”.
4. After completion of another heart-breath, instruct them to reverse their hands position, take another heart-breath, and repeat again “Deep in my heart, I love and accept myself, even though there is interference”. Watch to see that a full heart-breath is completed after the statement.
5. Once again, after completion of another heart-breath, instruct them to reverse their hands position, take another heart breath, and repeat again “Deep in my heart, I love and accept myself, even though there is interference”. Watch to see that a full heart-breath is completed after the statement.
6. Upon completion of the heart-breath, invite them to “Take several more heart-breaths and just imagine yourself some time in the future (doing, being with, seeing, performing, etc.) and feeling just as (comfortable, relaxed, confident, etc. using the individual’s current feelings) as you do now, just imagine as clearly as *you are able*.” [Therapist also maintains overlapping hands placed over your heart.]

The therapist needs to observe and monitor the individual as they take multiple heart-breaths until there is noticeable shift in respiration as they do the imagery.

7. Now invite the individual to reverse their overlapping hands over the heart and again say “Take several heart-breaths and continue to imagine yourself some time in the future (doing, being with, seeing, performing, etc.) and feeling just as (comfortable, relaxed, confident, etc. using the individual’s current feelings) as you do now, just imagine as clearly as *you are able*.”

As before, the therapist needs to observe and monitor the individual as they take multiple heart breaths until there is noticeable shift in respiration as they do the imagery.

When you recognize that cue that they are ready, you now ask “On a scale from 1 to 7, where 1 means not very clear and 7 means as clear as it can be, how clearly you can see yourself (comfortably, confidently) acting or performing in the future?”

♥ When the response is a solid 7 this work is completed. You may muscle check to confirm the report of “7” when thought to be helpful.

♥ When the reply is still less than 7, or a “soft 7”, which is infrequent, more work is needed to maximize the outcome of treatment. In this instance, please complete steps 1 through 7 again using the acceptance statement “Deep in my heart, I love and accept myself even though there is **still some interference**”. This will usually complete the treatment.

There are times when some individuals suddenly identify the source of the “interference”, which you can then treat.

### ♥ Opportunity to Practice using HAT-AS ♥

Please do in groups of three: 1 therapist, 1 “client”, and 1 therapist-helper.

### Time for Questions and Discussion

## Ways to Discuss or Introduce the Role of Our Innate Electro-Physiology

### A. The Mind-Body Polarity Gateway: Part of our innate electro-physiology

**Mind-Body polarity IS the gateway to success or failure in treatment.** Our thoughts resonate with our body and influence polarity. When the polarity gateway is obstructed in some way regarding the treatment focus (TF) then correction is required for successful outcomes.

- ♥ Using magnets to demonstrate the unseen forces

The work of orthopedic surgeon Robert Becker, MD and bone healing

- ♥ Using examples of wireless communication devices

Radio waves, cell phones, remote controls, and other wireless devices as examples of how frequencies carry specific information. This can also help with relating to unseen influences and the concepts of interference (static) and frequency resonant coherence/incoherence.

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- ♥ Using an energy toy to demonstrate how energy (innate electro-physiology) connects all of us

A toy or stuffed animal (e.g., Care Bear) that operates when the circuit is completed

- ♥ Compass metaphor; proper mind-body polarity and the establishment of NO is like orienting to true north

## **Discussion and Management of “Rabbit Holes” and “Heart Snuffles”**

### 1) “Rabbit Holes”:

The HAT experience can be mind opening. “Rabbit holes” is my whimsical term for “be prepared for everything” when using HAT. This can apply to both the therapist and the individual in treatment. It has been my experience that some individuals are quite surprised to realize how his or her thoughts, emotions, and sensations are connected; sometimes there are unknown pathways that contribute to and resonate with the specified treatment focus.

Some individuals spontaneously comment during treatment while others may comment upon completion regarding his or her surprise information. The associated connections are usually incorporated naturally during the treatment. However, there are occasions when new information leads to future areas of treatment.

### 2) “Heart Snuffles”:

A woman I was treating when she experienced tears and a stuffy, runny nose during some of our sessions coined this term. Yes, emotion and physical reactions can quickly surface and almost as quickly dissipate. Such emotions, however, are not of a fearful, abreactive nature; just feelings and sensations. Be prepared to treat the reported and observed response (e.g., crying, standing in a corner), whether stated or not by the individual.

## **“Actively Passive” and “Passively Active”: The Roles of the Therapist**

### 1) “Actively Passive”:

This refers primarily to Actively attending to the individual’s stream of thoughts and awareness with regard to language and reported physical sensations in keeping with the protocol. This is a “being in the moment” with the individual as you follow the protocol. Yet, Passive (listen and observe) on the outside. Be mindfully quiet, perceptive, and accepting.

### 2) “Passively Active”:

This refers to being *internally* active and ready to structure the language that you want the individual to cite in the most accurate and meaningful way given his or her responses while awareness streaming. Be aware of how the words you invite him or her to say in the Acceptance Statement will be perceived relative to meaning, healing and moving forward.

### **It is all about “facing and taming the dragon”**

The “passively active” also includes the possibility of incorporating concepts regarding degrees of psychological readiness and belief related blocks as contained in EvTFT, the original HAT structured office protocol (e.g., pspr, future, deserve, and safety), and other EP approaches. However, I now find the use of these concepts to serve a practical value and only as needed.



Some examples might include:

♥ Individual says: “My anxiety is less now”.

Therapist could suggest he or she say next: “Deep in my heart, I love and accept myself even though I *still have some* anxiety”.

♥ Individual says: “I have had this (e.g., fear, hurt, anger, pain) a long time”.

Therapist could first suggest: “Deep in my heart, I love and accept myself even though I have had this (fear, hurt, anger, pain) a long time”. If the symptom remains, then follow with “Deep in my heart, I love and accept myself even if I *will/might always have* this (fear, hurt, anger, pain)” should some awareness of the fear, hurt, anger, or pain still remain at some level.

♥ Individual offers many thoughts, feelings, or memories.

Therapist needs to listen carefully to condense and select the most appropriate next acceptance statement. When there are more than one key feelings, thoughts or sensations, you can combine them (if possible) or create separate statements. (Discuss)

♥ “Let me try something” or “Let’s see if I understand that”

I use this approach when the individual has given information (e.g., thoughts, feelings) pertaining to the TF but not stating it during the formal treatment process and as clinical judgment might direct me. This includes the possibility of an acceptance statement about another person but **ONLY AFTER** the individual provides prerequisite cues. For example, after the individual streams through his or her upsetting feelings about another (e.g., mom, husband) *and* eventually states something like “...they did the best they could...” I then consider constructing an acceptance statement to that awareness. To this end I might say “Let me try something” and after observing an accepting cue (e.g., nod of head) of permission say “Deep in my heart, I love and accept (whomever) **as** they did the best they could”. This is only done when the individual spontaneously provides the prerequisite cues to do so.

It is important to use the individual’s words whenever possible. It is also critically important that the therapist honor the individual’s experience and not attempt to impose the therapist’s agenda because he or she might think “forgiveness” is important. In my experience, forgiveness is different than accepting; forgiveness will naturally occur when the individual is ready to do so and only after the shifting of all negative experiences related to that person regarding the specific treatment focus.

## Understanding the Paradox: The Key in the Acceptance Statements

The words “Deep in my heart, I love and accept myself, even though ...” can be initially puzzling and perhaps disconcerting to some. Some individuals might say something like “but I don’t love myself...” or “I don’t want to accept that...”. While I find this to occasionally occur, it is addressed calmly and in a direct manner in either one or two ways.

- 1) When possible, I add the concern into the next acceptance statement: “Deep in my heart, I love and accept myself, even though/if I don’t love and accept myself” This may get a wry smile at times but the message gets across.
- 2) Take the opportunity to explain that the only way a person can begin to change or do something different is by first accepting what they are currently doing and feeling. This approach is commonly attributed to the work of psychologist Carl Rogers. I would then give a couple concrete examples to foster an understanding (e.g., getting up from a chair, happy verses unhappy, going to an unfamiliar mall).

## Wording Options with the Acceptance Statement

The most often used wording for the Acceptance Statement is: “Deep in my heart, I love and accept myself, *even though...*” However, there are times when you want to shift the language to the individual’s best interest, and in keeping with the influence of the *bridge words*. The following are some examples of modified wording:

- ♥ “Deep in my heart, I love and accept myself *even when...*” (even when I lose my temper)
- ♥ “Deep in my heart, I love and accept myself *as...*” (as I am doing the best I can)
- ♥ “Deep in my heart, I love and accept myself *even if ...*” (even if I don’t feel better)
- ♥ “Deep in my heart, I love and accept myself *knowing that...*” (knowing that it was a possibility)

It is important to keep the Past-Present-Future orientation in mind when choosing *bridge words*. Bridge words need to make sense with what the person is stating, and reflect the reality and/or the possibility as you, the clinician, perceive it. Language is powerful and influential. The context changes among “even though” (a past or present fact), compared to “even if” or “even when” (possibilities), and “knowing that” (inner, full-being experience), so choose accordingly.

There are rare instances when another person is implicated or responsible in some way for how the individual thinks or feels. For example, when a parent, spouse, sibling or child was reported to have upset him or her for something said or done (or not done) the resulting anger, hatred, frustration, etc will surface. Often, after the negative responses are shifted and cleared, the individual will state a healthier way of thinking about that person (e.g., “Now I can see that it was all they knew how to do” or “They had problems of their own”). When you get a clear and rational response to that person, first invite him or her to ponder the awareness, then construct an acceptance statement that mirrors the new insight.

The following are some examples:

- ♥ “Deep in my heart, I love and accept *my mother*, knowing it was all she knew to do”
- ♥ “Deep in my heart, I love and accept *my brother*, as he had his own problems”
- ♥ “Deep in my heart, I love and accept *my father*, for doing the best he could”

Including pieces related to other people has proven to be very powerful. However, this can only succeed AFTER all the negative effects have been shifted.

Therapists, please remember,  
**There is no need to figure out a solution...**  
**The individual will teach you and lead you.**

### **The HAT-SR Protocols: The use of HAT for between psychotherapy sessions:**

There may be times and situations in which treatment between sessions would be helpful. Use your clinical judgment along with the patient’s motivation and need to benefit from home treatment. Treatment can range from using only the set of nine SRHB to promote relaxation and grounding, to using one of the HAT-SR three-step protocols, to tailoring a HAT-SR protocol to the individual’s needs, or the more complete HAT awareness streaming process with a knowledgeable, grounded, and motivated individual.

Some situations that home use ought to be considered to promote self-regulation:

- ♥ Routine correction of mind- body polarity (an electrophysiology re-set)
- ♥ As a stress and anger management tool (the Nine SRHB or HAT-SR)
- ♥ When working with athletes and performing artists
- ♥ With highly motivated patients who want to self-regulate and continue
- ♥ When treating urges related to addictive and compulsive issues (Elaters)
- ♥ In combination with other psychotherapy approaches
- ♥ As adjunctive treatment with medical conditions and pain management
- ♥ For self-regulation to promote relaxation, feeling grounded, improved focus, and self-nurturance.

**In Appendix B** you will find several HAT-SR three-step protocols for your consideration and use. Currently there are about 12 protocols that have evolved from either clinical need or research purposes. Remember, you can tailor any of the protocols to the needs of the individual.

## Heart Assisted Therapy: Current and Planned Research

A. The first published paper on the clinical effectiveness of HAT in psychotherapy:

- Diepold, J.H. Jr., and Schwartz, G.E. (2022). Clinical effectiveness of an integrative psychotherapy technique for the treatment of trauma: A phase I investigation of Heart Assisted Therapy. *Explore* (18) 698-705. <https://doi.org/10.1016/j.explore.2022.07.002>

A total of 43 patients were treated by two separate psychologists, from 2 different states, using Heart Assisted Therapy (HAT). There was a total 81 specific upsetting and traumatic life events treated. All patients used a standardized form to rate their degree of distress before and after HAT for each life event as well as rating the therapy approach and current and prior therapist characteristics. Follow-up data was also collected ranging from 3 months to over 18 months post-treatment. **Results:** The average number of HAT sessions for a treated incident was 3 - 4. The mean distress level was 7.55 before HAT and 0.00 after HAT for the exploratory study ( $p < .0000001$ ) and 8.31 before HAT and 0.02 after HAT for the confirmatory study ( $p < .0000001$ ). These striking clinical findings are supported by controlled laboratory EKG and EEG HAT hand positions research (Schwartz, De La Cruz, Witman, in preparation) pertaining to the influence of the heart and hands throughout treatment.

B. Two research studies have been completed thus far involving the HAT-SR protocols:

- Diepold, J. H., Jr., Pfrommer, M., Siegert, E., & Thompson, J. A. (2015). The health effects of Heart Assisted Therapy-SR. Unpublished manuscript.

In a 6-week pilot study of HAT-SR conducted at the Evergreens Continuing Care Retirement Community, randomized geriatric subjects ( $n=19$ ) were assigned to an intervention or control group and administered pre and post surveys. The Cognitive and Affective Mindfulness Scale-Revised (CAMS-R) (Feldman et al, 2007) was used to measure four aspects of trait mindfulness, including attention, awareness, acceptance, and present-focus. Separate paired t-tests were conducted to compare CAMS-R scores pre- and post-intervention for the placebo and intervention groups. Results revealed a statistically significant increase from pre- ( $M = 36.75 \pm 6.90$ ) to post-intervention ( $M=38.76 \pm 6.59$ ) in CAMS scores for the intervention group,  $t(N=7) = -2.43$ ,  $p < .05$ , but not for the control group,  $t(N=6) = .47$ ,  $p = .65$ .

- Pfrommer, M., McConnell, E.S., Diepold, Jr. J. H., Siegert, E.A., & Thompson, J.A. (2015). Heart Assisted Therapy-Self-Regulation (HAT-SR) for caregivers of persons with dementia. *Gerontology and Geriatric Research*, S4:005 <http://dx.doi.org/10.4172/2167-7182.S4-005>

From the statistical results section: Mean scores were slightly improved ( $M=39.00$  pre to  $M=39.73$  post) after practicing HAT-SR for just one week, however, these results were not statistically significant. The End of Educational Activity survey revealed 100% of participants increased their knowledge base regarding mindfulness, 86% reported the educational activity was helpful in identifying the challenges faced by caregivers of patients with cognitive impairments, and over 85% of participants responded favorably to using HAT-SR as a tool to promote calm and relaxation and to improve their practice in this one-week study.

## **HAT Advanced Applications Workshop: A Preview**

The HAT Advanced Applications Workshop is offered to licensed medical and mental health professionals who have completed the HAT Basic Clinical Skills Workshop. In addition, every clinician will have had a minimum of three to four months of actual clinical application of HAT in his or her clinical area.

The advanced areas of application will include:

1. Any updates on HAT procedures.
2. Updates on the ongoing research using HAT and the HAT-SR protocols.
3. A review of the HAT Basic Clinical protocol, and consultation pertaining to clinical issues related to selecting and refining the best Treatment Focus, respiration as a guide, eyes open/closed observations, Acceptance Statements and *bridge-words*, the therapeutic stance of “Actively-Passive and Passively-Active”, and “clearing both sides”.
4. Using muscle-checking as an adjunct tool before or after HAT.
5. HAT with Pain / Comfort Management and Physical Health
6. HAT with Sport and Performance Enhancement
7. More use of Future Performance Imagery
8. HAT with Loss, Grieving, and Bereavement
9. HAT with Trauma and Dissociation
10. HAT with Self-Sabotaging Behaviors (*in-orders* and the role of *elaters*)
11. HAT with Children and Adolescents
12. Model Building: Thoughts about how or why HAT works
13. Time for case consultation (as time permits)

**Closing Comments, questions and discussion:**

## Appendix A

### Heart Assisted Therapy (HAT): Models and Definitions<sup>5</sup>

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*Heart Assisted Therapy (HAT) continues to evolve from its earlier forms. The Awareness Streaming model of HAT incorporates all I have learned as a psychologist participating in psychotherapy and uses heart energy and the physics of mind-body polarity as its infrastructure. J.D.*

Heart Assisted Therapy (HAT) refers to a psychotherapy approach that incorporates the use of heart influence, cognition, emotion, intention, mindfulness, and a modified Touch-and-Breathe (TAB) treatment method used over the heart (“heart breaths”). The initial structured model of HAT (see model 1 below) used muscle checking and mind-body polarity adjustments to diagnose and/or facilitate treatment. The various HAT models constitute a highly versatile and comprehensive treatment methodology that is easy to use, blends comfortably with all forms and orientations in psychotherapy and can be used to address the simplest to the most complex of psychological issues.

Heart Assisted Therapy is the original work of psychologist John H. Diepold, Jr., Ph.D. beginning in 2006. Developmentally there were several models of HAT to facilitate office and between session uses.

#### 1) Heart Assisted Therapy - The Structured Office Protocol (SOP):

This original model essentially followed the basic structured protocol used in EvTFT’s meridian assisted therapy. However, with HAT all physical treatments are performed with overlapping hands placed over the heart. This mind-body-energy diagnostic and treatment model targets specified thought fields, and uses mind-body polarity assessment and treatment, muscle checking, assessment and treatment of blocking beliefs (including unknown blocks), heart energy, and “heart breaths”.

#### 2) Heart Assisted Therapy – Awareness Streaming (AS)<sup>6</sup>:

This AS model of HAT is built upon Dr. Diepold’s learning and experience regarding the influence of heart energy, the mind-body polarity gateway, thought fields, respiration and breath, emotion, sensation, thought, eye patterns, and attention to the patient. This model also resembles a more traditional looking approach to psychotherapy and involves tracking and treating the spontaneous stream of cognitions, emotions, and sensations reported by the individual while incorporating key elements from traditional and energy psychology approaches.

This Awareness Streaming (AS) model of HAT is employed without the guiding use of muscle checking while continuing to balance for mind-body polarity throughout treatment. The therapist is, however, welcome to use muscle checking at any appropriate time in the therapy process if believed beneficial in facilitating or confirming treatment outcome.

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<sup>5</sup> This Appendix is an historical description of the evolution of HAT. The AS model is the primary model associated with Heart Assisted Therapy® (HAT®), which is now referred to only as HAT.

<sup>6</sup> Formerly known as Thought Field Streaming (TFS)

This “awareness streaming” model of HAT has become the primary model due to ease of application and described effectiveness.

### 3) Heart Assisted Therapy for use between office sessions: Treatment at Home

#### The HAT-SR Protocols for Self-Regulation

- a) The HAT-SR Protocols: This HAT model emerged as a structured home-use procedure for use between office sessions. With this model individual follow a step-by-step abbreviated three-step protocol that begins with the nine SRHB, then selected Acceptance Statements, and closes with the nine SRHB.
  
- b) Awareness Streaming for Home-Use: This HAT model for home-use resembles the AS model of HAT used in the office. The individual is taught how to use heart-breaths and awareness streaming to relax, settle an emotional upset, or engage more in-depth follow-up treatment between sessions with an identified cause.

Notes:

## **Appendix B**

### **Examples of HAT-SR Three-Step Protocols on the Following Pages**

**Heart Assisted Therapy®:  
Three-Step Method for Self-Regulation (HAT-SR)**

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(This is the original HAT-SR protocol used in the initial research studies)

**When to use:** If you are feeling stressed, troubled, or uncomfortable.

**How long will it take to do?** The exercise will take less than 2 minutes.

**How often will I need to do it?** You are invited to do the exercise 3 to 5 times a day or more as needed.

**Here are the steps in the exercise:**

A. The first set of 9 “Heart-Breaths”:

- 1) Find a quiet place to sit.
- 2) Overlap your hands and place them directly over the center of your chest over your heart.
- 3) Free your mind and blankly focus your attention on something in front of you (e.g., an empty space on the wall).
- 4) Take 3 normal respirations (“Heart-breaths”) while keeping your hands over your heart.
- 5) Reverse your hands and again place them over your heart.
- 6) Again take 3 normal respirations while keeping your hands over your heart.
- 7) Reverse your hands once more and again place them over your heart.
- 8) Again take 3 normal respirations while keeping your hands over your heart.

B. The “Acceptance Statement”:

While keeping your overlapping hands over your heart, and continuing to blankly focus, please do and say the following out loud:

- 1) Take a complete normal respiration.
- 2) Upon completion of the respiration, say aloud,

**“Deep in my heart, I love and accept myself,  
even though I am the way I am.”**

- 3) Take another complete normal respiration.
- 4) Reverse your hands and again place them over your heart.
- 5) Take another complete normal respiration.
- 6) Upon completion of the respiration, say aloud again,

**“Deep in my heart, I love and accept myself,  
even though I am the way I am.”**

- 7) Take another complete normal respiration.
- 8) Reverse your hands once more and again place them over your heart.



- 9) Take another complete normal respiration.
- 10) Upon completion of the respiration, say aloud again,

**“Deep in my heart, I love and accept myself,  
even though I am the way I am.”**

C. The last set of 9 “Heart-Breaths”:

- 1) Keep your overlapping hands over your heart.
- 2) Free your mind again and blankly focus your attention on something in front of you (e.g., an empty space on the wall).
- 3) Take 3 normal respirations (“Heart-breaths”) while keeping your hands over your heart.
- 4) Reverse your hands and again place them over your heart.
- 5) Again take 3 normal respirations while keeping your hands over your heart.
- 6) Reverse your hands once more and again place them over your heart.
- 7) Again take 3 normal respirations while keeping your hands over your heart.

Enjoy your day!

## **Heart Assisted Therapy®: Three-Step Method for Self-Regulation (HAT-SR)**

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(This version of the original evolved and used in U of A research)

***Application: All-purpose adaptive***

**When to use:** If you are feeling stressed, troubled, or uncomfortable.

**How long will it take to do?** The exercise will take less than 2 minutes.

**How often will I need to do it?** You are invited to do the exercise 3 to 5 times a day or more as needed.

**Here are the steps in the exercise:**

A. The first set of 9 “Heart-Breaths”:

- 1) Find a quiet place to sit.
- 2) Overlap your hands and place them directly over the center of your chest over your heart.
- 3) Free your mind and blankly focus your attention on something in front of you (e.g., an empty space on the wall).
- 4) Take 3 normal respirations (“Heart-breaths”) while keeping your hands over your heart.
- 5) Reverse your hands and again place them over your heart.
- 6) Again take 3 normal respirations while keeping your hands over your heart.
- 7) Reverse your hands once more and again place them over your heart.
- 8) Again take 3 normal respirations while keeping your hands over your heart.

B. The “Acceptance Statement”:

While keeping your overlapping hands over your heart, and continuing to blankly focus, please do and say the following out loud:

- 1) Take a complete normal respiration.
- 2) Upon completion of the respiration, say aloud,

**“Deep in my heart I love and accept myself, (heart-breath)  
even though I am the way I am.” (heart-breath)  
in mind, body, and spirit” (heart-breath)]**

- 3) Reverse your hands and again place them over your heart.
- 4) Take another complete normal respiration.
- 5) Upon completion of the respiration, say aloud again,

**“Deep in my heart I love and accept myself, (heart-breath)  
even though I am the way I am.” (heart-breath)**

**in mind, body, and spirit” (heart-breath)]**

- 6) Reverse your hands once more and again place them over your heart.
- 7) Take another complete normal respiration.
- 8) Upon completion of the respiration, say aloud again,

**“Deep in my heart I love and accept myself, (heart-breath)  
even though I am the way I am.” (heart-breath)  
in mind, body, and spirit” (heart-breath)]**

C. The last set of 9 “Heart-Breaths”:

- 1) Keep your overlapping hands over your heart.
- 2) Free your mind again and blankly focus your attention on something in front of you (e.g., an empty space on the wall).
- 3) Take 3 normal respirations (“Heart-breaths”) while keeping your hands over your heart.
- 4) Reverse your hands and again place them over your heart.
- 5) Again take 3 normal respirations while keeping your hands over your heart.
- 6) Reverse your hands once more and again place them over your heart.
- 7) Again take 3 normal respirations while keeping your hands over your heart.

Enjoy your day!

## Heart Assisted Therapy®: Self-Regulation (HAT-SR)

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### ***Application: Three-Step Method for Health & Healing***

**When to use:** If you are in the process of healing from a physical and/or an emotional condition. This is also applicable for preventative care and health maintenance.

**How long will it take to do?** The exercise will take 3-5 minutes.

**How often will I need to do it?** You are invited to do the exercise 3 to 5 times a day or more as needed.

**Here are the steps in the exercise:**

A. The first set of 9 “Heart-Breaths”:

- 1) Find a quiet place to sit.
- 2) Overlap your hands and place them directly over the center of your chest over your heart.
- 3) Free your mind and blankly focus your attention on something in front of you (e.g., an empty space on the wall).
- 4) Take 3 normal respirations (“Heart-breaths”) while keeping your hands over your heart.
- 5) Reverse your hands and again place them over your heart.
- 6) Again take 3 normal respirations while keeping your hands over your heart.
- 7) Reverse your hands once more and again place them over your heart.
- 8) Again take 3 normal respirations while keeping your hands over your heart.

B. The “Acceptance Statement”:

While keeping your overlapping hands over your heart, and continuing to blankly focus, please do and say the following out loud:

- 1) Take a complete normal respiration.
- 2) Upon completion of the respiration, say aloud,

**“Deep in my heart I love and accept myself, (heart-breath)  
even though I am the way I am, (heart-breath)  
as I invite my mind and body<sup>7</sup> to heal, (heart-breath)  
and to become (or remain) healthy and youthful<sup>8</sup>.” (heart-breath)**

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<sup>7</sup> *Optional wording:* You can substitute “...as I invite *myself* to heal,...” when there is understanding that mind and body are connected and integral.

*Optional wording:* “youthful” is offered as an attitudinal stance toward health. You are free to insert another word (vibrant, energetic, young at heart, happy, resilient) if it is a better match for you.

- 3) Reverse your hands and again place them over your heart.
- 4) Take another complete normal respiration.
- 5) Upon completion of the respiration, say aloud again,

**“Deep in my heart I love and accept myself, (heart-breath)  
even though I am the way I am, (heart-breath)  
as I invite my mind and body to heal, (heart-breath)  
and to become (or remain) healthy and youthful.” (heart-breath)**

- 6) Reverse your hands once more and again place them over your heart.
- 7) Take another complete normal respiration.
- 8) Upon completion of the respiration, say aloud again,

**“Deep in my heart I love and accept myself, (heart-breath)  
even though I am the way I am, (heart-breath)  
as I invite my mind and body to heal, (heart-breath)  
and to become (or remain) healthy and youthful.” (heart-breath)**

C. The last set of 9 “Heart-Breaths”:

- 1) Keep your overlapping hands over your heart.
- 2) Free your mind again and blankly focus your attention on something in front of you (e.g., an empty space on the wall).
- 3) Take 3 normal respirations (“Heart-breaths”) while keeping your hands over your heart.
- 4) Reverse your hands and again place them over your heart.
- 5) Again take 3 normal respirations while keeping your hands over your heart.
- 6) Reverse your hands once more and again place them over your heart.
- 7) Again take 3 normal respirations while keeping your hands over your heart.

Enjoy your day!

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**Thank you!**

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