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## **EFT for the Treatment for Addiction and Co-Occurring Mental Disorders**

### Workshop Description:

Energy Psychology (also known as cognitive somatic practices) comprises a set of innovative and powerful mind-body techniques that can be used to enhance treatment progress and outcomes for addiction and co-occurring mental disorders (Balha et al., 2020; Feinstein, 2021; Stapleton et al., 2019). In this workshop, we will review the latest research, provide case studies on how these tools have been utilized in one particular treatment program, and demonstrate how to apply one of the most widely used EP modalities, Emotional Freedom Techniques (EFT), in a variety of clinical ways to treat addiction and co-occurring substance use and mental disorders.

### Objectives:

1. Describe how EFT changes the body's stress response; a.k.a. the fight-flight-freeze response.
2. Name 3 benefits of using EFT in clinical practice.
3. Identify 3 specific symptoms of addiction and co-occurring disorders that EFT can alleviate.

### Introduction:

Current State of Addiction Treatment in the U.S.

This topic is particularly relevant at this time, given the enormous stress that individuals have endured with the COVID-19 pandemic. Rates of addiction have escalated and overdoses are at an all-time high, with 91,799 drug overdose deaths occurring in the United States in 2020, an increase of 31% from 2019 (CDC, 2022).

Substance use and mental disorders continue to be a largely underdiagnosed and undertreated health issue in the United States. According to one study, of the 20.3 million people in the United States with substance use disorders, 37.9% also had mental disorders, and of the 41.1 million people with mental disorders, 18.2% also had substance use disorders. For those people who needed treatment, 52.5% received neither substance use nor mental health treatment, 34.5% received mental health treatment only, 3.9% received substance use treatment only, and only 9.1% received both substance use and mental health treatment (Han et al., 2017).

Traditional standards of care for addiction treatment have not proven to address adequately the complex needs of people with co-occurring substance use and mental disorders. Research demonstrates that only about 18% of substance use disorder treatment programs and 9% of mental health treatment programs in the U.S. actually have the capacity to serve this population in an integrated way (McGovern et al., 2014).

Traditional substance abuse treatment focuses primarily on the environmental causes of addiction and utilizes psychosocial interventions such as psychoeducation and peer support (e.g., 12-Step programs) to treat it. Mental health issues are often overlooked as there has been a longstanding bias against psychotropic medication, and many programs do not employ licensed mental health professionals who can provide psychotherapy or psychiatrists and nurses who can prescribe, dispense, and monitor medications (McGovern et al., 2014).

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Another concern with the current treatment paradigm is the undertreatment of trauma and PTSD. Many environmental influences are associated with an increased risk for both substance use disorders and mental illness including chronic stress, trauma, and adverse childhood experiences (NIDA, 2020). Those individuals who have experienced trauma are at much higher risk for drug use and substance use disorders, with poorer treatment outcomes (Berenz & Coffey, 2012).

Trauma is often not treated in traditional substance abuse programs. While it may be identified as an underlying cause of addiction, the existing mindset has been not to process trauma in early recovery, but rather to wait until clients have at least six months to one year of sobriety. The challenge is that these clients are often unable to sustain sobriety for this long due to recurrent symptoms of trauma and PTSD such as flashbacks, hypervigilance, heightened anxiety, and a constant state of nervous system hyperarousal. People with PTSD often use substances in an attempt to quell their anxiety and to avoid dealing with trauma and its consequences (Boden et al., 2014).

Thus it appears that these traditional treatment programs are often not addressing all of what research suggests are the underlying causes of addiction and mental disorders, nor giving people adequate coping skills for managing and processing mental health symptoms and trauma. Energy Psychology (EP) offers an innovative and comprehensive approach that may address these limitations.

What is Energy Psychology (EP)?

Energy psychology (also known as cognitive somatic practices) is a family of mind-body methods that rapidly reduce stress and trauma while increasing calm. Calming the body (where stress is stored) is a missing key to unlocking rapid change.

EP methods combine cognitive interventions with somatic techniques that influence the human bio-energy systems such as meridians, chakras and the biofield, as well as subtler systems of the body such as neuroception. Psychological problems are considered to be caused by disruption or blocks in the flow of energy in the mind-body system.

Practitioners view symptoms as systemic, interactive bio-energetic patterns. This involves constant complex communication among neurobiological processes, electrophysiology, consciousness, and bioenergy systems. Energy psychology (EP) helps people shift the flow of information and energy throughout these systems to facilitate healing and growth.

Most EP approaches are brief, active and structured. EP approaches can be: 1) used as stand-alone interventions, and 2) easily integrated within a broader clinical treatment, program of change or health optimization. Clients also learn self-help techniques they can use themselves.

EP has been used successfully treat a number of psychological conditions including depression, anxiety, phobias, PTSD, addictions, weight issues, etc. and a number of physical issues including allergies, chronic pain, infertility, sports/work/school performance, etc. It's even been used with animals.

Benefits of EP:

- Reducing and eliminating the effects of trauma more quickly and effectively than traditional talk therapy
- Giving access to insight and positive memories that were obscured by trauma
- Self-help, client can do it themselves. Increases their sense of self-control and empowerment
- Calming down without meds or drugs/alcohol or other addictive behaviors
- Cost-effective and can shorten the length of treatment

History of EP:

Historically, EP methods integrate concepts and techniques from related fields, including acupuncture meridian theory, neuroscience, physics/quantum mechanics, biology, medicine, chiropractic and psychology to facilitate change.

Most EP methods are based in 5000 years of Traditional Chinese Medicine (TCM) principles. Energy (chi) flows through the body along specific pathways (meridians). Blockages in chi lead to dis-ease, and when those blockages are removed (e.g., by stimulating acupuncture points), the body is able to restore balance and heal itself. There is also the tradition of Indian medicine, and hands on healing (chakras, Reiki//Touch for Health). Research on EMF's from the hands shows that this type of work can reduce heart rate, oxygen levels, etc. and speed healing.

**Birth of Energy Psychology:** In 1980, a psychologist named Roger Callahan had been studying acupuncture and was looking for a way to help a client with a specific phobia that he'd been working with in traditional exposure therapy for a year with little to no results. He had her stimulate a specific acupuncture point by tapping to help alleviate some stomach pain she was having, and miraculously, her phobia went away. From this, he developed Thought Field Therapy (TFT) and eventually began offering training in it. From there, Callahan's students went on to develop their own variations on TFT including Gary Craig (EFT; Emotional Freedom Techniques), Larry Nims (BSFF; Be Set Free Fast), and many others.

In 1999, the Association for Comprehensive Energy Psychology (ACEP; [energypsych.org](http://energypsych.org)) was founded, and with over 1500 members all over the world, has led the way in EP research, humanitarian efforts, education and outreach to get these tools in the hands of more clients and healing professionals.

#### Mechanism of Action:

How does it work?

Energy psychology utilizes imaginal and narrative-generated exposure, paired with interventions that reduce hyperarousal through acupressure and related techniques. This can lead to treatment outcomes that are more rapid, powerful, and precise than the strategies used in other exposure-based treatments such as relaxation or diaphragmatic breathing.

Stimulating a well-selected set of acupoints momentarily establishes internal balances in the flow of chi that allow psychological issues to be raised, resolved, and reintegrated in ways not possible while internal systems are stressed.

(Hui et al., 2000). A ten-year research program at Harvard Medical School investigated the effects of stimulating specific acupuncture points. Imaging studies showed that the stimulation of certain points with needles reliably produced prominent decreases of activity in the amygdala, hippocampus, and other brain areas associated with fear. Subsequent investigations provided additional evidence that acupuncture is able to produce "extensive deactivation of the limbic-paralimbic-neocortical system" (Fang et al., 2009, p. 1196).

In almost all EP acupoint stimulation protocols, the physical procedure is done simultaneously with the mental activation of a psychological problem or desired state. In this sense, energy psychology with PTSD and other anxiety disorders is an exposure technique (Feinstein, 2010).

Bringing to mind an emotional trigger, problematic scene, or unresolved traumatic memory activates the amygdala, arousing a threat response.

Simultaneously stimulating selected acupoints sends deactivating signals to the amygdala. Repetition of the physical intervention resolves these opposing signals by reducing the arousal while the trigger is still mentally active. The hippocampus records that the memory or trigger is being safely engaged without a stress response, and the neural pathways that initiate the associated stress response are permanently altered. Being able to encounter the memory or trigger without limbic arousal becomes the new normal.

Biochemical effects of acupoint stimulation have also been identified, with neuro-transmitters, endorphins, and other brain chemicals being influenced by tapping (Ruden, 2005). Cortisol, adrenaline and other stress hormones go down, while endogenous opiates, serotonin, GABA, etc. go up. In other words, sympathetic nervous system arousal is decreased as the relaxation response increases. Three investigations have demonstrated changes in brain wave patterns following acupoint treatments as well.

*Memory reconsolidation* occurs when the memory of a traumatic event that once held emotional charge and physiological

arousal is processed and desensitized, allowing the memory to get re-encoded into long-term memory without the distress. During the reconsolidation of memories that have been mentally activated, automatic fear responses are particularly vulnerable to modification via extinction training, such as exposure to conditioned cues (Schiller, Monfils, Raio, et al., 2010).

In my 20+ years of experience with these tools, I would also explain their mechanism from a somatic perspective, in line with what Peter Levine, Pat Ogden, Bessel van der Kolk and others have described with trauma being locked into the body during moments of flight-fight-freeze, and that stimulating these memories while engaging the body through touch (e.g., tapping) allows those stuck energies to be released so they are no longer triggered by present-day experiences.

#### Research:

Over 250 review articles, research studies, and meta-analyses have been published in professional, peer-reviewed journals on the topic of EP (ACEP, n.d.). EP tapping modalities, such as EFT, have been shown in a number of studies to be effective for mitigating the effects of PTSD and trauma, depression, anxiety, addiction, and a number of other conditions often seen in mental health and addiction treatment (Feinstein, 2018). See ACEP's website for details ([www.energypsych.org](http://www.energypsych.org))

Research on EP and addiction indicates that EFT has a beneficial effect on reducing cravings and emotional triggers to addictive behavior, such as anxiety and depression (Church & Brooks, 2013; Stapleton, Lilly-Hale et al., 2020). Stapleton has published a series of studies on food cravings in overweight and obese adults, demonstrating that EFT can effectively reduce food cravings, with fMRI imaging illustrating decreased activity in the limbic region, the parts of the brain believed to be involved in addictive behavior (Stapleton et al., 2019).

Much of the research on addiction and EP has been on food cravings, but EFT has also been successfully used to help individuals quit smoking by addressing such client concerns as cravings, withdrawal symptoms, relapse triggers, fears, discomfort, and more (Stapleton et al., 2013). Feinstein (2021) outlines a protocol for applying EP with substance use disorders according to the recognized stages of change. Specific targets of the protocol include: (a) relieving cravings and reprogramming maladaptive emotional or behavioral responses to triggers; (b) addressing unresolved emotional issues that were precursors to substance abuse; (c) instilling skills for better managing pain, stress, anxiety, and cravings; and (d) increasing self-esteem and confidence.

These emerging research findings suggest that EFT may be an effective and fast-acting adjunct to addiction treatment by reducing the severity of psychological distress, processing unresolved trauma, and reducing the cravings for substances.

When providing treatment to this population, third parties such as insurance companies and accrediting agencies generally require the use of evidence-based therapies. With its growing body of supportive clinical and research evidence, EP meets those criteria. According to ACEP (n.d.), tapping-based methods such as EFT and TFT are both evidence-based and in the top 10% in terms of published research for psychotherapy modalities.

Applying the standards defined by the American Psychological Association's (APA) Division 12 Task Force on Empirically Validated Treatments, EFT has demonstrated efficacy for anxiety, depression, PTSD, and phobias (Feinstein, 2018). In 2016, TFT was validated by NREPP (the National Repository of Evidence Based Practices and Procedures, a division of SAMHSA) as an evidence-based treatment. EFT was under consideration with the same agency until the agency was defunded several years ago (ACEP, n.d.).

In working for over 22 years in the addiction treatment field, both as a clinician and as an administrator, this presenter has witnessed time and again that the majority of clients who present for substance abuse treatment suffer with co-occurring disorders, an observation that is backed by research (NIDA, 2020). They typically lack coping skills to manage effectively their negative thoughts and emotions, which are the primary triggers for their substance use. If their mental health symptoms are not addressed and well managed, clients will rarely be able to sustain long-term abstinence (Popescu, 2021).

Furthermore, unresolved trauma is present in the vast majority of clinical cases. Symptoms such as hypervigilance come from an overactive nervous system that leaves clients in a constant state of fight-flight-freeze. This is a primary reason why many clients are self-medicating with drugs and alcohol. If they don't learn how to rewire and re-regulate that trauma response, they won't stay sober. Research cited here supports these observations.

Research and clinical practice suggest that there is a need for effective, holistic, comprehensive approaches that address the physical, mental, emotional, and spiritual components of these conditions. EP offers that, providing clients with empowering tools for emotional self-regulation and deeper trauma processing on all levels. EP techniques such as EFT are often exceedingly rapid, have little to no adverse effects, and are usually experienced as self-empowering by therapists and clients alike (Church, 2013).

Some of the benefits of EP reported in the literature and corroborated by the work at Avery Lane (Popescu, 2021) include: a reduction and elimination of the effects of trauma more quickly and effectively than traditional talk therapy and other evidence-based approaches, increased access to insight and positive cognitions that were obscured by trauma, and an increase in a sense of self-control and confidence in knowing they can regulate their emotions on their own without the aid of drugs and alcohol (Feinstein, 2018).

More specifically, data for 123 clients collected over a 3.5-year period at a women's dual-diagnosis treatment program specializing in trauma treatment include reductions in mental health symptomology during treatment as follows: depression scores from 79% at intake to 16% at last survey,  $p < .001$ ; anxiety scores from 73% to 8%,  $p < .001$ ; trauma symptoms from 76% to 30%,  $p < .001$ ; suicidality from 53% to 11%,  $p < .001$ ; binge eating from 33% to 11%,  $p = .01$ ; and compensatory eating disorder behaviors from 41% to 11%,  $p = .074$ . The evidence presented indicates that EP can be a very empowering and effective adjunct to treatment for co-occurring disorders, particularly for emotional self-regulation, cognitive restructuring, and trauma processing.

In summary, the existing literature is consistent with claims that acupoint tapping yields unexpectedly strong and rapid clinical outcomes with a range of conditions. These studies have consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions. Investigations in more than a dozen countries by independent research teams have all produced similar results.

#### How it Works

- Basic formula
- 9-gamut sequence (9Gamut.EFTUniverse.com)
- Additional tapping points
- With words/without words
- How to create a tapping script

#### Specific EFT techniques:

- *Tell the story technique* (TelltheStory.EFTUniverse.com). Basically, have the client tap continuously as they tell you the story of the upsetting experience.
- *Movie technique* (MovieTechnique.EFTUniverse.com): Have the client look at the experience as if on a movie screen; pause scenes and tap on all aspects until SUDS decreases, then move on to the next scene.
- *Sneaking away*: "Sneaking away" is a technique for when you run out of time in the session and the person's SUDS is still up there. It's a way of providing temporary closure. Have the person tap on the points with setup phrases such as, "Even though we haven't dealt with all of this," "Even though I think I'll never get over this," "Even though I have to come back next time..."
- *Tearless trauma technique*: is for when the SUDS is too high for even remembering the trauma. Keep the problem at arm's length, or put it in a box and tap on the fear of going there, what they think is going to happen if they do, etc. until SUDS comes down to 0-3, then try to actually remember the event and tap on it.

- *Borrowing Benefits* (BorrowingBenefits.EFTUniverse.com): “Borrowing benefits” means in a group, everyone taps, even if it’s not their issue per se. Their tapping contributes energy to the person being facilitated, and if the others do have some similar issue, they benefit from it too. And if it’s not their issue, they still can benefit just from the energy balancing that comes from tapping.

Tapping for issues relevant to addiction and recovery:

- Increasing motivation to change/addressing ambivalence
- Creating safety
- Grounding
- Triggers
- Urges/cravings
- Coping with stress
- Alleviating symptoms of depression, anxiety, and other mental health issues
- Dealing with difficult emotions
- Shame and guilt
- Fear and doubt
- Unresolved trauma/abuse/fight-flight freeze/dissociation
- Grief/loss, including loss of the drug of choice
- Physical pain
- PAWS
- Relapse autopsy
- Relationships/sex/boundaries
- Obsessive thinking/ruminating
- Thought distortions
- Limiting beliefs
- Victim consciousness
- Psychological reversals
- Affirmation, building the positive
- Spiritual disconnection – feelings of emptiness/disconnection from Higher Power
- Spiritual principles – nonjudgment, nonresistance, gratitude, compassion, living in the question
- Cross addictions
- Codependency
- Increasing confidence, self-esteem, abundance, etc.
- And so much more...Anything is tappable!

Troubleshooting:

When EFT doesn’t seem to be working, ask yourself if you’re being too global and general vs. specific. Other possibilities:

- You’re working on an adult memory when the problem originated in childhood. Go back as early as possible
- Look for a larger or deeper emotional issue
- Find additional aspects of the triggering event
- Describe minute details of the triggering event
- Fish for related events
- Raise your voice, exaggerate, take it to extremes, generalize, swear, have a pity party

If the client struggles with the “I deeply and completely accept myself” try other phrases:

- Parts of me are ok
- I accept myself anyway

- God/Higher Power still loves me
- My dog/cat/pet still loves me
- I am working on accepting myself
- I'm starting to feel more compassion for myself
- I choose to... let this go anyway, consider the possibility that this could change, etc.

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*The EFT Protocol – Emotional Freedom Techniques (by Gary Craig)*

Tapping can be done without words and just by thinking about the distressing event or situation, or with words, as in EFT, which we will be using, below.

Here's how to do it:

1. Choose an issue or problem to tap on and give it a name (e.g., "this anxiety," "this money issue," etc. Questions to help you formulate the aspects to tap on: *What is the situation, why is it upsetting, what does it bring up when you think about it? What sensations do you feel in your body, what thoughts do you have, what emotions are present, are there any memories that come up when you think about it?*

The more specific you can be, the better. Write down a list of all of these aspects of the issue.

2. Note your starting intensity of distress (0-10, 0 is no distress, 10 is the most intense distress possible): \_\_\_\_\_

3. While tapping on the karate chop point (side of the hand), say the following 3 times (out loud or to yourself), stating your distress as specifically as possible (the "set-up" statement):

"Even though I have this \_\_\_\_\_ (problem or issue), I deeply and completely love and accept myself," or if that language doesn't work for you, "Even though I have this \_\_\_\_\_ I accept myself anyway," or "Even though I have this \_\_\_\_\_, I choose to \_\_\_\_\_ (whatever it is you're wanting instead)."

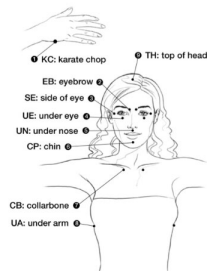
You can say the same exact thing 3 times, or mix it up and say different things.

For example, in the case of anxiety about an upcoming job interview: "*Even though I have this anxiety about the job interview, I deeply and completely love and accept myself,*" or "*Even though I have this anxiety about the interview, I accept myself anyway,*" or "*Even though I have this anxiety about the job interview, I choose to allow myself to start to let it go now.*"

4. Tap on each of the acupoints below, approximately 5-7 times each (you can use one hand or both hands), stating your issue's name, "This \_\_\_\_\_," and then all the aspects mentioned in #1. Tap on all the negative aspects first. You can do more than one round through the points, especially if you have a high intensity level of distress, or have lots of aspects on which to tap.

- Inside edge of eyebrow (where the eyebrow meets the bridge of the nose)
- Side of eye (outer part)
- Under eye (on the eye bone)
- Under nose
- Chin (in the groove part)
- Collarbone (under the collarbone in the space between it and the rib below it)
- Under arm (about 3 inches down, in line with the nipple)
- Top of head





For the anxiety example:

EB: *This anxiety about the interview.*  
 SE: *I can feel it in my body.*  
 UE: *My heart is racing.*  
 UN: *It's hard to breathe.*  
 CP: *This anxiety.*  
 CB: *I'm worried I'm going to blow it.*  
 UA: *I'm really scared.*  
 TH: *I don't know how I can change this.*

5. Take a deep breath (we always end a round or several rounds of tapping with a deep breath).

6. Reassess the intensity of distress (0-10): \_\_\_\_\_. If above a “2” repeat the steps above. Make the statement more specific to what you are feeling now; sometimes the first rounds of tapping will bring up more stuff, which can cause the level of distress rating to go up.

As the level of intensity comes down, start tapping on the possibility that things could change, or on the ambivalence you may have about it changing.

For additional rounds of tapping, you can modify the set-up statement in step 2 to “Even though I still have some of this \_\_\_\_\_, I choose to \_\_\_\_\_ (what you'd like instead).

For our anxiety example:

*“Even though I still have some anxiety about this situation, I choose to open up to the possibility that I can let it go now, that I can feel calm and confident, etc....”*

Then tap again through the points:

EB: *This remaining anxiety about the interview.*  
 SE: *Some of it is starting to come down.*  
 UE: *But I'm still scared.*  
 UN: *What if it doesn't work out for me and I don't get the job?*  
 CP: *But what if it does?*  
 CB: *What if I could let this go and be calm and confident?*  
 UA: *I don't know if that's possible.*  
 TH: *I'm open to finding out.*

7. Take a deep breath and re-rate the intensity when you think about the original situation. Do more tapping if needed, moving into more positive statements and affirmations.

For example,

*“Even though I still have some anxiety at a 4/10, I choose to keep releasing it until I can feel more confident and calm.”*

EB: *All this anxiety I still have about the upcoming interview.*

SE: *It’s been hard to let it go.*

UE: *But I know it’s not serving me.*

UN: *It’s only holding me back.*

CP: *Maybe I’m stronger than I think.*

CB: *I have been successful in getting hired in the past.*

UA: *I’ve been calm and confident before.*

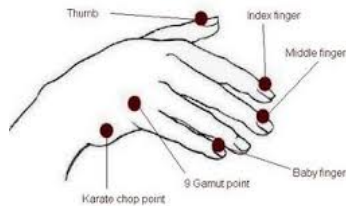
TH: *I’m choosing that now.*

Keep going until you can get as close to zero as possible. Even a slight reduction in distress, say from a 7 to a 6, can still be an improvement and help you get out of an immediate fight-flight-freeze response.

8. **Optional: 9-gamut sequence.** If your SUDS isn’t coming down, you can use the 9-gamut sequence:

Keep tapping on the outside of the hand between the ring and pinky fingers, stating your issue and its different aspects, while also going through the following sequence:

- 1) Close your eyes
- 2) Open your eyes
- 3) Keep your head still and only move your eyes to the very bottom left corner of your field of vision
- 4) Do the same for the bottom right corner
- 5) Keep your head still and rotate your eyes in a circle looking at the very edge of your field of vision (peripheral). If your eyes skip any section of the circle, repeat until they move smoothly
- 6) Rotate your eyes in the same way in the other direction
- 7) Hum a tune for about 5 seconds
- 8) Count from 1 to 5
- 9) Hum a tune for about 5 seconds



- You can find a video of this procedure along with many other EFT videos on youtube: <https://www.youtube.com/watch?v=ZtDA532q48>
- To find out more about how to do EFT, you can find lots of information and download a free manual at EFT Universe: <https://www.eftuniverse.com/>
- The folks at The Tapping Solution have lots of resources, including a free app with tapping meditations that you can get for your phone or tablet: <https://www.thetappingsolution.com/>
- They also host an annual free 10-day online event called the Tapping World Summit: <https://www.tappingworldsummit.com>
- You can also check out Gary Craig’s website, which has a free tutorial and resources: <https://www.emofree.com/>



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### Tapping Script for Cravings

*Side of Hand:* Even though I am having this intense craving, I love myself and accept how I feel.  
Even though this craving feels so intense I feel like I have to give in, I accept myself anyway.  
Even though this craving I'm having is so intense I just can't ignore it, I choose to relax and begin to let it go now.

*Eyebrow:* This craving  
*Side of Eye:* This craving  
*Under Eye:* This craving  
*Under Nose:* This craving  
*Under Mouth:* This craving  
*Collarbone:* This craving  
*Under arm:* This craving  
*Top of Head:* This craving

*EB* This craving is so intense.  
*SE* I can feel it in my body.  
*UE* I feel like I need a \_\_\_\_\_ (drink, smoke, etc.)  
*UN* I really want to use right now.  
*UM* This craving is so intense.  
*CB* I just really want to \_\_\_\_\_ (drink/use/eat, etc.)  
*UA* I feel so powerless over this craving.  
*TH* I don't know how to stop myself.

*EB* What if it's not the \_\_\_\_\_ that I need?  
*SE* What do I think it's going to give me?  
*UE* What is it I really need?  
*UN* Maybe I need to calm down and relax.  
*UM* But this craving is making me more stressed.  
*CB* I don't know how else to calm down.  
*UA* I can't chill out until I have that \_\_\_\_\_.  
*TH* What if there is another way?

*EB* Maybe I don't need the \_\_\_\_\_ to calm down and feel less stressed.  
*SE* Maybe I can use this tapping to calm down.  
*UE* What if I could let go of that stress and anxiety?  
*UN* What if my body could feel calm?  
*UM* I'm open to choosing that.  
*CB* I know where my addictive behavior is going to take me.  
*UA* Is it really worth it?  
*TH* What if there's another way?

*EB* I'm now releasing this craving.  
*SE* Choosing to let it go.  
*UE* Releasing this craving from my body and mind.  
*UN* Releasing all this stress and anxiety.  
*UM* Choosing to feel safe.  
*CB* Knowing I can do this.  
*UA* I'm strong enough to get through this stress. I don't need that \_\_\_\_\_ anymore.  
*TH* I'm choosing to be calm, relaxed and confident now.

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#### Resources:

- ACEP (Association of Comprehensive Energy Psychology) – [www.energypsych.org](http://www.energypsych.org)
- ACEP youtube channel: <https://www.youtube.com/channel/UCtxRhTXBGOA3ICV5tA3oqqA>
- IONS (Institute of Noetic Sciences) – [www.noetic.org](http://www.noetic.org)
- ISSSEEM (International Society for the Study of Subtle Energies and Energy Medicine) – [www.issseem.org](http://www.issseem.org)
- NET (Neuro Emotional Technique) – [www.netmindbody.com](http://www.netmindbody.com)
- EFT – [www.eftuniverse.com](http://www.eftuniverse.com), [www.emofree.com](http://www.emofree.com), youtube.com
- BSFF (Be Set Free Fast) – [www.besetfreefast.com](http://www.besetfreefast.com)
- TAT (Tapas Acupressure Technique) – [www.tatlife.net](http://www.tatlife.net)
- TTT (Trauma Tapping Technique) – [www.peacefulheart.se](http://www.peacefulheart.se)
- TFT (Thought Field Therapy) – [www.tfttapping.com](http://www.tfttapping.com)
- TFT self-help how-to (w/video): <http://tfttraumarelieff.wordpress.com/>
- Video on EP and EP research: <http://my.brainshark.com/energy-psychology-research-part1-651247499>
- Science of Healing e-course. 18 CE's available. <http://energyhealingsscience.com/offer-2/>
- *Project Light* – Documentary highlighting Rwandan genocide victims' experiences with TFT
- *The Tapping Solution* - another powerful film documenting the experiences of a group of people using EFT at a weekend workshop for a variety of traumatic experiences.
- Dr. Peta Stapleton's TED talk on the science behind EFT and how it works for food addiction: <https://www.youtube.com/watch?v=0Vu0Tibt1bQ>

You can also find more resources on my webpage, [www.adrianapopescu.org](http://www.adrianapopescu.org)

#### Trainings:

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ACEP ([www.energypsych.org](http://www.energypsych.org))  
EFT Universe ([www.eftuniverse.com](http://www.eftuniverse.com))  
Tapping out of Trauma ([www.tappingoutoftrauma.com](http://www.tappingoutoftrauma.com))

You can also find more resources on my website ([www.adrianapopescu.org](http://www.adrianapopescu.org)) and my new trauma healing program, Firebird Healing ([www.firebird-healing.com](http://www.firebird-healing.com))