

A Meta-Analysis of Randomized and Non-Randomized Trials of Thought Field Therapy (TFT) for the Treatment of Posttraumatic Stress Disorder (PTSD) and Anxiety

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Rationale

Thought Field Therapy (TFT)

- Was developed by Dr. Roger Callahan in the 1970s
- Is used for treating PTSD, stress, phobias, etc.
- People have an invisible thought field
- By tapping on acupuncture points of the body in a certain order, people can eliminate the perturbations in the thought field
- Declared an effective evidence-based therapy by the National Registry of Evidence-Based Programs and Practices (NREPP) of the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2016

Previous studies:

- Systematic review of the literature on TFT (Dunnewold, 2014)
- Two meta-analyses on Emotional Freedom Technique (Gilomen & Lee, 2014; Sebastian & Nelms, 2017)
- Mental health interventions by lay counsellors in low- and middle-income countries: A systematic review and meta-analysis (Connolly et al., 2021)

No meta-analysis has been conducted on solely on Thought Field Therapy and specific systems of psychological distress.

Purpose of the Study

1. To determine whether participants, guided by TFT-trained professionals or trained paraprofessionals, demonstrate symptom reduction greater than those receiving no treatment
2. To provide an estimate of the strength of this relationship
3. To contribute to the understanding of the overall results of TFT

Research Question

Do participants, guided by TFT-trained professionals or paraprofessionals, demonstrate trauma or anxiety symptom reduction greater than those receiving no treatment on measures of PTSD-specific trauma, including anxiety?

While the effects of Thought Field Therapy and the use of lay counselors across a variety of symptoms of psychological distress has been examined using meta-analysis, the effects of TFT have not been examined when directly measuring specific systems of psychological distress. The only other examination of TFT using meta-analysis was for Emotional Freedom Technique in the past (see Gilomen & Lee, 2015; Sebastian & Nelms, 2017).

Methodology

Based on Cooper and Hedges' (1994) stages of research synthesis found in their "definitive vade mecum" (p. 7).

The stages

1. problem formulation
2. data collection/literature search methods
3. data evaluation/coding and evaluating research reports
4. analysis and interpretation/meta-analytic calculations of effect size(s)
5. public presentation/meaningful interpretation and effective presentation of the synthesis results

Data Collection



Purpose and research question formed the basis for the selection of studies for the meta-analysis

- comprehensive search strategy used to locate eligible research studies
- selection was based on documented selection and exclusion criteria
- studies needed to be published/conducted between 2001 & 2021
- studies needed to (i) be Outcome Studies or Random Controlled Trials, (ii) focus on trauma or anxiety symptoms, (iii) use psychometric questionnaires and scales, and (iv) be guided by trained professionals or paraprofessionals



Data Coding

7 major areas assessed

1. study citation
2. research question or purpose
3. participant information
4. specific symptoms of psychological distress being measured
5. assessment information
6. research study design information
7. results information

Literature Search & Data Collection

2,200 articles and studies initially identified

*1,366 articles using PTSD and stress between 2001 and 2021

Qualitative research and summary articles were eliminated

*34 outcome studies and RCTs

Eliminated multiple treatments or multiple types of trauma

13 studies remained; 9 met the criteria

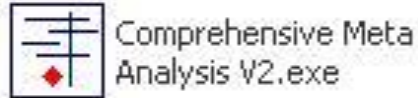
One was dropped from using pass/fail criteria and because it did not have a p -value or breakdown of type of trauma

8 studies were subject to outlier and sensitivity analyses, followed by publication bias analyses

Study Demographics

Study	Publication year	Publication type	Research Quality	Research Design	Population	Recruitment	Sample Size	Outcome Measure
1. Sakai et al.	2001	Journal	not peer-reviewed	quasi-experimental; no control	Clinical (Kaiser Permanente Hospital)	not described	142	Subjective Units of Distress (SUD; Wolpe 1969)
3. Folkes	2002	Journal	peer-reviewed	quasi-experimental; no control	large urban elementary school in southern California; adults, children (5 - 48 yrs.)	word of mouth, public workshops, home visits	29	PCL-Child
4. Sakai et al.	2010	Journal	peer-reviewed	quasi-experimental; no control	adolescents (13 - 18); Rwandan orphanage/Rwandan day school attendees	voluntary participation 188 students old enough to be Rwandan genocide survivors ; 50 with highest score on caregiver checklist were selected	50	Child Report of Posttraumatic Stress (CROPS; Greenwald & Rubin, 1999)
5. Connolly & Sakai	2011	Journal	peer-reviewed	randomized, waitlisted control group design (RCT)	adult survivors of Rwandan genocide (18 - 73)	voluntary participation recruited by leaders of Women's Foundation Ministries	71	MPSS; Falsetti, Resnick, Resnick & Kilpatrick, 1993
6. Connolly et al.	2013	Journal	peer-reviewed	randomized, waitlisted control group design (RCT)	adult survivors of the 1994 genocide in Rwanda	recruited by a Catholic priest of the Nyinawimana parish of the diocese of Byumba, Rwanda	164	MPSS; Falsetti, Resnick, Resnick & Kilpatrick, 1993
7. Robson et al.	2016	Journal	peer-reviewed	randomized, waitlisted control group design (RCT)	rural population in Kaese district/Uganda who had survived Uganda's violent conflicts (46, mean age)	local radio; Catholic Diocese provided information regarding trial throughout the Diocese, any faith was welcome	236	PCL-C; Weathers et al., 1991
8. Keppel	2021	Dissertation	doctoral dissertation (PhD) High Quality	Mixed-model, randomized control study	parents of children with autism living in Israel and the USA	social media, mostly Facebook groups, for parents of children with ASD	63	Parent Stress Index, Short Form, 3rd edition (PSI/SF-3e) Parental Distress (PD) subscale
9. Morikawa et al.	2021	Journal	peer-reviewed	randomized, waitlisted control group design (RCT)	Japanese university students	psychology class and healthcare room at a Japanese University	72	Profile of Mood States 2nd Ed. (Tension Anxiety scale)

Analysis



	Model	Studies(n)	Effect size and 95% confidence interval				Heterogeneity		
			Point estimate	Std error	Lower limit	Upper limit	Q-value	df (Q)	P-value
Treatment									
	Fixed	8	-1.75	0.08	-1.91	-1.60	175.59	7.00	0.00
	Random	8	-2.01	0.41	-2.81	-1.21			
Control									
	Fixed	5	-0.62	0.05	-0.72	-0.51	43.57	4.00	0.00
	Random	5	-0.52	0.19	-0.89	-0.14			

Effect size → Hedge's d (an unbiased estimator of based on Cohen's g)

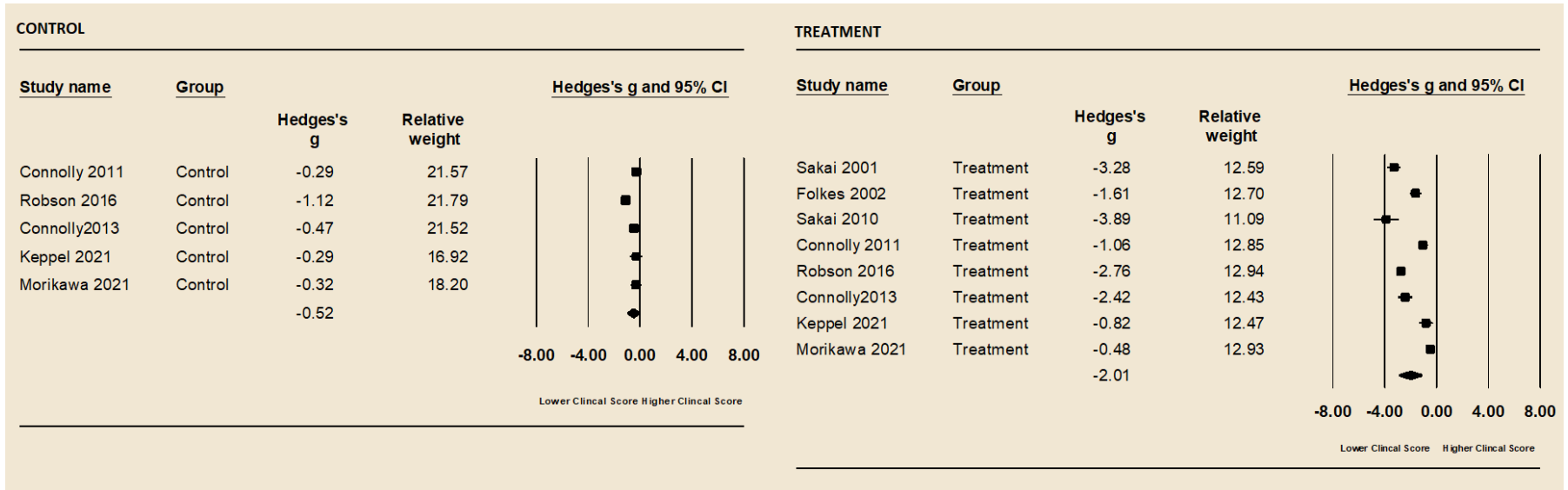
Q-test → statistically significant ($p = 0.000$) indicating that the fixed effects assumptions could be rejected

Results

Model	Study name	Group	Hedges's g	Statistics for each study			
				Standard error	Lower limit	Upper limit	p-Value
	Connolly & Sakai 2011	Control	-0.29	0.10	-0.49	-0.09	0.00
	Connolly et al. 2013	Control	-0.47	0.11	-0.68	-0.27	0.00
	Robson et al. 2016	Control	-1.12	0.09	-1.30	-0.93	0.00
	Keppel 2021	Control	-0.29	0.24	-0.76	0.18	0.22
	Morikawa et al. 2021	Control	-0.32	0.21	-0.72	0.09	0.12
Random			-0.52	0.19	-0.89	-0.14	
	Sakai et al. 2001	Treatment	-3.28	0.25	-3.78	-2.79	0.00
	Folkes 2002	Treatment	-1.61	0.23	-2.06	-1.16	0.00
	Sakai et al. 2010	Treatment	-3.89	0.49	-4.86	-2.93	0.00
	Connolly & Sakai 2011	Treatment	-1.06	0.19	-1.44	-0.68	0.00
	Connolly et al. 2013	Treatment	-2.42	0.28	-2.98	-1.86	0.00
	Robson et al. 2016	Treatment	-2.76	0.17	-3.09	-2.43	0.00
	Keppel 2021	Treatment	-0.82	0.28	-1.37	-0.28	0.00
	Morikawa et al. 2021	Treatment	-0.48	0.17	-0.82	-0.14	0.01
Random			-2.01	0.41	0.17	-2.81	-1.21

Note: Cohen's rules of thumb for effect sizes → large = 0.8; medium = 0.5; small = 0.2

Results



95% confidence interval for the effect sizes for the weighted average means for the 5 control studies and the 8 treatment studies

Figure shows

- mean gains for control and treatment groups were not highly variable and did not differ markedly by study

Discussion

Conclusions

Results of meta-analysis may provide some meaningful insight, as small effects

- “may be highly meaningful for an intervention that requires few resources and imposes little on the participants” (Wilson, 2006, ppt slide 3)
- “may be more meaningful for serious and fairly intractable problems” (Wilson, 2005)

Does point to ability of the aggregated work on Thought Field Therapy studies (specifically studies examining PTSD and anxiety) examined to demonstrate that Thought Field Therapy, as a treatment, is effective when compared to individuals who do not receive Thought Field Therapy

Limitations

- Only 5 control groups available for analysis ➡ limits potential robustness of conclusions
- Only 8 treatment groups available for analysis ➡ limits potential robustness of conclusions
- many of the studies located did not contain all the necessary information to be included in the meta-analysis
- the file drawer problem whereby the sample of studies selected was biased and important studies were ignored (Borenstein et al., 2009)
- inclusion of studies with complex research designs

Extensive work and rework at each step of the meta-analytic process and regular consultation with researchers and experts in the field of TFT and meta-analysis were used to help counter the limitations described.

Significance of the Study

First meta-analysis to be done solely on Thought Field Therapy in reducing symptoms of psychological distress

It is hoped

- the present study will be used to extend research into the field of Thought Field Therapy
- provide guidance into the selection of areas for further research in areas such as anxiety, depression, self-regulation, addictive urge, generalized anxiety, personal resilience, and self-concept
- as more studies are done on PTSD (trauma) and anxiety, an extension of the current meta-analysis will be conducted

As therapists around the world use Thought Field Therapy more, we hope that this study will help advance the field and demonstrate the efficacy of this method.

Thank you!

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