

Q. What is emotional freedom technique?

A. Emotional freedom technique (EFT), also referred to as “tapping,” is a technique that involves tapping of specific points on the face, upper body, and hands while the patient focuses on the memory of a traumatic event and repeats verbal affirmations (Craig, 2011).

Q. What is the potential mechanism of action underlying EFT for posttraumatic stress disorder (PTSD)?

A. EFT purports to combine an innovative treatment component (tapping) that capitalizes on an “energy field mechanism,” along with elements from established trauma-focused and cognitive therapy treatments. The constructs of “energy channels,” “energy fields,” and “blocked channels” have yet to be established by science. Thus, as of now, there is no available evidence to support the novel mechanism through which EFT claims to affect symptom improvement (Baker & Carrington, 2009).

Q. Is EFT recommended as a treatment for PTSD in the Military Health System (MHS)?

A. **No.** The 2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder does not include EFT as a treatment for PTSD.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend EFT as a treatment for PTSD?

A. **No.** Other authoritative reviews have not substantiated the use of EFT for PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ), Cochrane, and the VA Health Services Research & Development (HSR&D) Evidence-based Synthesis Program.

- AHRQ: No reports were found on EFT as treatment for PTSD.
- Cochrane: No systematic reviews were found on EFT as treatment for PTSD.
- VA HSR&D: A 2011 evidence review of complementary and alternative medicine therapies for PTSD includes EFT, stating that they did not identify any published randomized controlled trials (RCTs) of EFT for PTSD (Strauss, Coeytaux, McDuffie, Nagi, & Williams, 2011).

Q. Is there any recent research on EFT as a treatment for PTSD?

A. An August 2020 literature search identified one systematic review and three RCTs of EFT for the treatment of adults with PTSD. In a 2016 systematic review of 15 emerging interventions for PTSD, Metcalf et al. (2016) found one study on EFT eligible for inclusion. This small study (Karatzias et al., 2011) compared EFT to a delayed intervention control and found a significant reduction in PTSD symptoms, but the trial was characterized by a high dropout rate and lack of control data at the three-month follow-up. A 2017 meta-analysis of EFT for PTSD was also identified, but its inclusion criteria was not limited to adults with a PTSD diagnosis (Sebastian & Nelms, 2017).

Three additional RCTs were identified that were not included in the 2016 systematic review (Church, Yount, Rachlin, Fox, & Nelms, 2018; Church, Sparks, & Clond, 2016; Church et al., 2013). All three trials compared EFT to treatment as usual wait-list groups and reported that post-treatment PTSD scores were significantly lower for participants in the EFT groups relative to the comparison groups. However, no strong conclusions can be drawn from these studies based on substantial methodological limitations that include small sample sizes, the absence of clinician-rating scales, lack of a control comparison, and high risk of bias.

Q. What conclusions can be drawn about the use of EFT as a treatment for PTSD in the MHS?

A. The current state of the EFT evidence base is not mature enough to recommend EFT as an evidence-based treatment for PTSD in the MHS. The burden of evidence needed to substantiate a novel treatment such as EFT is considerable. The primary limitation of the current EFT research base is that the EFT trials have not been well controlled making it difficult to differentiate the effects of EFT from treatment as usual. The limitations of the available evidence do not allow strong conclusions to be made from the existing research that could inform clinical practice guidelines or policy decisions within the MHS.

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