

Publishing Guidelines for Studies Using Emotional Freedom Techniques (EFT) or Other Tapping Protocols*

Writing a scientific paper involves two very different tasks:

1. Establishing what you will convey.
2. Conveying it in language that meets your audience.

The first Guideline below addresses this first task. The remaining eight Guidelines are for the second task, which moves from conducting a study to preparing it for publication. These guidelines assume your topic is EFT or a related form of “tapping,” and that your intended audience is a peer-reviewed clinical or scientific journal.

Guideline 1. Design a Strong Study

- Gather your team! The days of the single solitary scientist working in his/her lab are quickly fading. Quality research is usually best conducted by a team of researchers contributing their individual expertise. The team leader should be a licensed medical or mental health professional. The lead author may be a PhD or Master’s level researcher. It is not unusual for the same person to be both the team leader and the lead author.
- Intervention protocols must be standardized and presented in specific treatment manuals developed and approved for the intervention being investigated. For EFT studies, using [The EFT Manual](#) (4th edition by Dawson Church) rather than a hybrid manual provides consistency that allows for comparisons with other studies.
- Consult with a qualified statistician BEFORE beginning a clinical trial. It is important to determine what you are measuring, whether the assessments you are using are valid, and whether you have enough participants for statistical significance, BEFORE you actually begin the study. The required level of statistical significance must be established in advance, and a power analysis must be conducted in order to determine minimum required sample size.
- Use validated, well-recognized assessments.
- All subjects in your study must be properly informed about the study and give consent to their participation. Informed consent forms need to include a summary at the beginning of the consent document, with a concise explanation of the following:
 - ~ Consent sought for research and participation is voluntary
 - ~ Purpose of the research study
 - ~ Reasonable foreseeable risks
 - ~ Expected benefits to participant or others
 - ~ Appropriate alternatives

- Obtain approval for your study by an Ethics Review Board that is recognized in your country. It may also be necessary before beginning data collection for randomized controlled trials (RCTs) that the study be registered with a clinical trials registry, such as the U.S. National Institute of Health (www.clinicaltrials.gov) or one of those operating in other countries (www.hhs.gov/ohrp/international/clinical-trial-registries/index.html).
- If the research design is an RCT, a **CONSORT checklist** must be started at the outset, (see://www.consort-statement.org/consort-2010). All waitlist groups used as controls should be “active” (i.e., they should receive the same amount in time and quality of attention as the experimental group during data collection) and receive the experimental intervention at the end of the waiting period. EP techniques (i.e., the “experimental” technique) should be compared to well-established, well-researched interventions, placebo interventions, or wait list controls.
- Randomization should be accomplished by either a computer-generated randomizing system or a researcher who is blinded to relevant aspects of the research.
- Conformity to the standardized treatment protocol that is chosen should be assessed through videotapes of the sessions or the examination of practitioners’ notes. Any deviations from standardized protocols should be noted and explained.
- The research design should include at least one follow-up assessment taken at least one-month post intervention (6-months is preferred). If possible, additional posttest measures should also be obtained.

Guideline 2. Use Scientific Language to Describe Your Study

The American Psychological Association’s *Publication Manual* (7th edition) or the American Medical Associations *Manual of Style* (11th edition), depending on the nature of your research and your intended journal, should guide your writing.

Professional journals expect clarity, precision of expression, proper use of language, an economy of words, and empirical backing before assuming cause-effect relationships. Be as specific as possible in describing your method and explaining your results.

Take pains that your conclusions and claims are backed by your study in a clear, logical, defensible, and scientifically-modest manner. Words like “demonstrates” require substantial evidence. “Suggests” is an alternative when the evidence is less compelling. Words like “proof” or “this study proves that” are rarely if ever used in scientific writing.

Editing services are available to help authors meet these standards. If you are writing for an English-speaking journal and English is clearly not your first language, you are encouraged to find an editing service that can not only express your ideas in proper English but that also understands the standards of scientific writing.

Papers about EFT need to also meet additional standards and considerations. The use of concepts taken from ancient healing traditions but not recognized by contemporary science may be particularly delicate. For instance, EFT 1) uses acupuncture points, 2) is known by at least one of its major professional organizations, the Association for Comprehensive Energy

Psychology, as a form of “energy psychology,” and 3) the journal specializing in the field is called *Energy Psychology*. Nonetheless, use of terms like “energy” (in the sense of “subtle” energies or healing energy) and “meridians” in explaining EFT and how it works can be problematic. Such language tends to challenge the materialistic paradigm that is shared by most scientific journals. Unless that is your purpose, an abundance of information is available for describing how EFT works in scientifically recognized clinical and neurological terms. These are the empirical studies and theoretical formulations to draw upon as you frame EFT in your literature review section within a conventional journal.

EFT can itself be categorized in a number of ways that speak to the wider clinical community. It can be described as a mind-body therapy. It can also be properly referred to as a stress reduction approach, a somatic intervention for altering mental models, or a psychophysiological therapy. EFT and related methods have been referred to as “Combined Somatic and Cognitive Techniques” by the UK’s National Institute for Health Care and Excellence (NICE).

Use of images of the tapping points utilized in an EFT clinical trial should be strongly considered, and if copied from another source, properly cited with any required permissions having been obtained. Note: a change in the language from earlier sources is that the “Karate Chop point” is now called **Side of the Hand** in EFT publications.

Note also that the acronym EFT stands for “the Emotional Freedom Techniques” (with an ‘s’ on the end). A paper that provides a solid explanation of EFT is:

Bach, D., Groesbeck, G., Stapleton, P., Sims, R., Blickheuser, K., & Church, D. (2019). Clinical EFT (Emotional Freedom Techniques) Improves Multiple Physiological Markers of Health. *Journal of Evidence-Based Integrative Medicine*, 24. <https://doi.org/10.1177/2515690X18823691>

Download: <https://journals.sagepub.com/doi/10.1177/2515690X18823691>

Guideline 3. Put EFT into the Context of Scholarly Research

A book that provides a solid overview of the current science and studies published on EFT is:

Stapleton, P. B. (2019). *The Science Behind Tapping: A Proven Stress Management Technique for the Mind and Body*. Hay House.

As of November 2020, more than 100 clinical outcome studies, 5 meta-analyses and 12 review articles have been published in peer-reviewed journals on EFT and other energy psychology methods, almost universally documenting efficacy. Sixty-five were RCTs. The method has been researched by more than 200 investigators in over a dozen countries.

The results of these studies have been published in more than 15 prestigious peer-reviewed journals, including the *Journal of Clinical Psychology*, *the Journal of Nervous and Mental Disease* and the APA journals *Psychotherapy* and *Review of General Psychology*. While questions remain about the mechanisms of action that make EFT effective, a robust and growing body of research continues to document their efficacy.

A “Quick Fact” sheet is available at:

https://cdn.ymaws.com/www.energypsych.org/resource/resmgr/research/Science_Behind_EP_Quick_Fact.pdf

Guideline 4. Consult Websites That Compile EFT Studies

These websites are up-to-date with the current published EFT research. You can also access papers from these sites when the full-text is available at no charge:

<https://www.eftuniverse.com/research-studies/eft-research>

<https://www.efttappingtraining.com/eft-research/>

https://www.energypsych.org/page/Research_Landing

The ACEP website includes research on ALL energy psychology modalities, whereas the others present EFT only.

Guideline 5. Cite the Meta-Analyses

A meta-analysis is an examination of data from a number of independent studies of the same subject, in order to determine overall trends. Meta-analyses provide a more precise estimate of the effect size and increases the generalizability of the results of individual studies. Therefore, they may enable the resolution of conflicts between studies and yield more conclusive results when the implications of individual studies are ambiguous.

A number of meta-analyses, each combining the results of multiple tapping RCTs have been published. Meta-analyses are considered to be ***at the top of the "hierarchy of evidence"*** so including them in a paper is prudent.

Meta-analyses use a measure called Cohen's *d* (Cohen, 1988) or a slightly different calculation called Hedges' *g* (Hedges, 1981). In both calculations, the scale ranges from a small treatment effect (*d* [or *g*] = 0.2) to a moderate effect (*d* [or *g*] = 0.5) to a large effect (*d* [or *g*] = 0.8).

Three independent meta-analyses show EFT to have a large treatment effect for anxiety, depression, and PTSD. For anxiety, *d* = 1.23 (Clond, 2016), for depression *d* = 1.31 (Nelms & Castel, 2016), and for PTSD, *d* = 2.96 (Sebastian & Nelms, 2016). These studies are:

Clond, M., (2016). Emotional Freedom Techniques for Anxiety: A Systematic Review with Meta-analysis. *Journal of Nervous and Mental Disease*, 204(5), 388-395.
[doi:10.1097/NMD.0000000000000483](https://doi.org/10.1097/NMD.0000000000000483)

Nelms, J. & Castel, D. (2016). A systematic review and meta-analysis of randomized and non-randomized trials of Emotional Freedom Techniques (EFT) for the treatment of depression. *Explore: The Journal of Science and Healing*, 13(6), 416-426. [doi.10.1016/j.explore.2016.08.001](https://doi.org/10.1016/j.explore.2016.08.001)

Sebastian, B., & Nelms, J. (2016). The effectiveness of Emotional Freedom Techniques in the treatment of posttraumatic stress disorder: A meta-analysis. *Explore: The Journal of Science and Healing*, 13(1), 16-25. [doi.10.1016/j.explore.2016.10.001](https://doi.org/10.1016/j.explore.2016.10.001)

Guideline 6. Provide a Detailed Description of How EFT Was Administered

Investigating a clinical approach requires a standardized description of the method in the form of a manual and/or other training materials, documentation that the treatment was delivered with fidelity to that method, the use of validated and reliable outcome measures, corrections for dropouts (such as an intent-to-treat analysis), appropriate statistical analysis, sample sizes sufficient to produce a probability of $p < .05$ or better, and publication in a peer-reviewed professional journal.

You need to clearly outline the process you used in your trial (so that if someone wanted to replicate your trial, they would know *exactly* what you did). Keep in mind that reviewers of EFT studies are often new to the topic. They may not know how EFT is delivered or the sequence of steps in the protocol. All this should be clearly presented, and the manual that was used cited so greater detail can be obtained. For tapping studies, the advantage of using *The EFT Manual* is mentioned in Guideline 1.

Guideline 7. Meet the Criteria for “Evidence-Based” Practice

The paper below defines “Clinical EFT,” the format validated in many research studies, and shows it to be an “evidence-based” practice. It describes standards by which therapies may be evaluated, such as those used by the American Psychological Association (APA) Division 12 Task Force (in 2013, they have since been revised), and reviews the studies showing that Clinical EFT meets these criteria.

Church, D. (2013). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions. *Psychology*, 4(8), 645-654. Download from https://www.scirp.org/pdf/PSYCH_2013081215123494.pdf

Seven widely-accepted criteria for studies of evidence-based practice include:

- 1) Randomized controlled trials (RCTs)—subjects were randomly assigned to the treatment of interest condition or to one or more comparison conditions.
- 2) Adequate sample size to detect statistically significant ($p < .05$ or better) differences between the treatment of interest and the comparison condition(s) were used.
- 3) The population for which the treatment was designed and tested must be clearly defined through the use of diagnosis by qualified clinicians, through cutoff scores on questionnaires that are reliable and valid, through interviews identifying the focus of the study’s interest, or through some combination of these.
- 4) Assessment tools must have demonstrated reliability and validity in previous research.
- 5) Any interview assessments were made by interviewers who were blind to group assignment.

6) Treatment manuals that make clear the nature of the treatment being tested were used. If the treatment was relatively simple, it could be described in the procedure section of the journal article presenting the experiment, in lieu of a treatment manual.

7) The paper reporting the study provided enough data that the study's conclusions can be reviewed for appropriateness including sample sizes, use of instruments that detect changes targeted by the study's design, and magnitude of statistical significance.

As much as possible, EFT clinical trials should describe how they adhered to these criteria.

Guideline 8. Address the Mechanisms of Action in EFT Outcomes When Appropriate

A question likely to be paramount in the minds of many of your readers is just how can tapping on the skin bring about psychological change? Skeptics have attributed the strong outcomes shown in EFT clinical trials to the use of exposure, the cognitive aspects of EFT protocols, or influences that are common to all psychotherapies such as expectation and placebo effects.

A paper establishing that tapping *is an essential ingredient* in the strong EFT outcome studies summarizes several pivotal “dismantling” studies that have been conducted on EFT:

Church, D., Stapleton, P., Yang, A., & Gallo, F. (2018). Is tapping on acupuncture points an active ingredient in Emotional Freedom Techniques? A systematic review and meta-analysis of comparative studies. *The Journal of nervous and mental disease*, 206(10), 783-793. <https://doi.org/10.1097/NMD.0000000000000878>

Download:https://journals.lww.com/jonmd/Abstract/2018/10000/Is_Tapping_on_Acupuncture_Points_an_Active.6.aspx

A theory that is gaining increasing recognition is that the signals sent via tapping to specific areas of the brain lead to changes in existing mental models through a process called “memory reconsolidation.” One of the first formulations of this theory for tapping is in:

Feinstein, D. (2015). How energy psychology changes deep emotional learnings. *The Neuropsychologist*, 10, 38-49.

Download:http://www.innersource.net/ep/images/stories/downloads/Neuropsychotherapist_Article.pdf

Other Mechanisms Papers

A growing number of additional papers investigate various aspects of the mechanisms of action of tapping treatments. They describe the neurological, epigenetic, psychoneuroimmunological, and hormonal pathways engaged. The following are all hyperlinked. You can click and read more, gain access to the full paper when available:

- [Clinical EFT \(Emotional Freedom Techniques\) improves multiple physiological markers of health](#)
- [The effect of EFT on stress biochemistry: A randomized controlled trial](#)

- [Epigenetic effects of PTSD remediation in veterans using Clinical EFT: A randomized controlled pilot study](#)
- [Pain, range of motion, and psychological symptoms in a population with frozen shoulder: A randomized controlled dismantling study of Clinical EFT](#)
- [Do noncoding RNAs mediate the efficacy of Energy Psychology?](#)
- [Differential gene expression after EFT treatment: A novel pilot protocol for salivary mRNA assessment](#)
- [How therapeutic tapping can alter neural correlates of emotional prosody processing in anxiety](#)
- [Neurophysiological indicators of EFT treatment of posttraumatic stress](#)
- [Modulating gene expression through psychotherapy: The contribution of non-invasive somatic interventions](#)
- [Taming the amygdala: An EEG analysis of exposure therapy for the traumatized](#)
- [EFT as an effective adjunctive treatment in the neurotherapeutic treatment of seizure disorders](#)
- [Is acupoint tapping an active ingredient or an inert placebo in EFT? A randomized controlled dismantling study](#)
- [EFT for stress in students: A randomized controlled dismantling study](#)
- [Energy healing at the frontier of genomics](#)
- [How EFT may be utilizing memory reconsolidation mechanisms for therapeutic change in neuropsychiatric disorders such as PTSD and phobia: A proposed model](#)
- [Energy Psychology in rehabilitation: Origins, clinical applications, and theory](#)
- [The neurochemistry of counterconditioning: Acupressure desensitization in psychotherapy](#)
- [Energy psychology: Efficacy, speed, mechanisms](#)
- [A neurobiological basis for the observed peripheral sensory modulation of emotional responses](#)
- [Evidence and potential mechanisms for mindfulness practices and energy psychology for obesity and binge-eating disorder](#)
- [The Dream to Freedom Technique, a methodology for integrating the complementary therapies of Energy Psychology and dreamwork](#)

Guideline 9. Seek High Quality Journals for Publication

General Guidelines:

1. Publish in a Pubmed-indexed journal if possible.
2. Publish in a non-CAM (complementary and alternative medicine) journal if possible.
3. Submit first to the highest-tier journal you believe will consider your paper, then less prestigious publications, et cetera, until accepted.

To determine the influence of a journal, look at its “Impact Factor.” The impact factor indicates how often articles published in that journal during the previous two years (e.g., 2017 and 2018) were cited by articles published in a subsequent year (e.g., 2019). The higher a journal's impact factor, the more frequently articles in that journal have been cited by other articles.

Here is a search engine to find the impact factor of many journals: <https://journal-if.com>

Here is a site that ranks journals (Q1 are considered the most robust):

<https://www.scimagojr.com/journalrank.php>

The following journals may be friendly to EFT. All are indexed in Pubmed, with varying Impact Factors:

- *Explore: The Journal of Science & Healing*
<https://www.journals.elsevier.com/explore>
- *The Journal of Alternative and Complementary Medicine*
<https://home.liebertpub.com/publications/the-journal-of-alternative-and-complementary-medicine/26>
- *Journal of the Royal Society of Medicine JRSM.*
- *Complementary Therapies in Medicine*
- *Complementary Therapies in Clinical Practice*
- *Journal of Psychiatric Practice:*
<https://journals.lww.com/practicalpsychiatry/Pages/aboutthejournal.aspx>
- *Pragmatic Case Studies in Psychotherapy* <http://pcsp.libraries.rutgers.edu>
- *Health Psychology Open* <http://journals.sagepub.com/home/hpo>
- *New Ideas in Psychology* <https://www.elsevier.com/journals/new-ideas-in-psychology/0732-118X/guide-for-authors>
- *J International Medical Research* <https://us.sagepub.com/en-us/nam/journal/journal-international-medical-research#submission-guidelines>
- *Journal of Nervous and Mental Disease*
- *Psychotherapy* (APA journal)
- *Review of General Psychology* (APA journal)
- *J Evidence Based Integrative Medicine*
- *SAGE Open Medical Case Reports*
- *World Psychiatry* [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)2051-5545](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2051-5545)
- *Global Advances in Health and Medicine*
- *World Journal of Biological Psychiatry* <http://www.journalabbr.com/journal/the-world-journal-of-biological-psychiatry.html>
- *J of Integrative Medicine* <http://www.journals.elsevier.com/journal-of-integrative-medicine>
- *European J of Integrative Medicine* <http://www.journals.elsevier.com/european-journal-of-integrative-medicine/>
- *J of Complementary and Integrative Medicine* <http://www.degruyter.com/view/j/jcim>
- *Sage Open Medicine*
<https://docs.google.com/document/d/1ldzQLK16Un6sCGseRAa84eRrkFUV4XFMCUIsSH6s9E>
- *Integrative Psychological and Behavioral Science*
<http://link.springer.com/journal/12124>
- *Permanente Journal* <http://www.thepermanentejournal.org/>
- *J Brain & Behavioral Science* <http://www.scirp.org/journal/jbbs/>
- *Journal of Internet Medical Research*
<http://www.jmir.org/reviewer/openReview/abstracts>
- *J of Affective Disorders* [http://www.jad-journal.com/article/S0165-0327\(02\)00101-5/abstract](http://www.jad-journal.com/article/S0165-0327(02)00101-5/abstract)
- *Frontiers in Psychology* <http://journal.frontiersin.org/journal/psychology#about>

- *Applied Psychology: Health and Wellbeing*
[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1758-0854](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1758-0854)
- *BMC Complementary and Alternative Medicine*
<http://www.biomedcentral.com/bmccomplementalternmed/about/apcfaq/waivers>
- *Journal of Experimental Psychiatry* <http://www.apa.org/pubs/journals/xhp/>
- *Global Journal of Health Science* <http://www.ccsenet.org/journal/index.php/gjhs>
- *Psychological Reports* <http://www.amsci.com/psychological-reports.html>
- *Psychological Science*
http://www.psychologicalscience.org/index.php/publications/journals/psychological_science
- *Trauma, Violence, and Abuse*
<http://www.sagepub.com/journals/Journal200782/abstractIndexing#tabview=manuscriptSubmission>
- *American Journal of Health Promotion* <http://healthpromotionjournal.com/index.php>
- *Complementary Therapies in Medicine*
<http://www.journals.elsevier.com/complementary-therapies-in-medicine>
- *Epigenetics*
<http://www.tandfonline.com/doi/full/10.4161/15592294.2014.982445#abstract>
- *Research in Complementary Medicine* <https://www.karger.com/Journal/Home/224242>
- *International Case Reports*
https://www.dovepress.com/journal_pricing_bands.php?journal_id=46
- *The Scientific World Journal* <https://www.hindawi.com/journals/tswj/ai/>

These are Not indexed on Pubmed but do publish EFT papers:

- *Archives of Scientific Psychology* (APA journal but not indexed in Pubmed)
- *Alternative and Complementary Therapies*
<http://www.liebertpub.com/overview/alternative-and-complementary-therapies/3/>
- *Journal of Emergency Mental Health*
- *Open access Lidsen journals* <http://www.lidsen.com/aboutus>
- *Neurobiology of Stress* <https://www.elsevier.com/journals/neurobiology-of-stress/2352-2895/open-access-journal>
- *Energy Psychology: Theory, Research & Treatment*
- *Medical Research Archives* <http://journals.ke-i.org/index.php/mra/about>
- *Journal of Acupuncture and Meridian Studies*
<http://www.journals.elsevier.com/journal-of-acupuncture-and-meridian-studies>
- *Journal of Bodywork & Movement Therapies*
<http://www.bodyworkmovementtherapies.com/>
- *Journal of Comprehensive Integrative Medicine*
- *Neuroepigenetics* <http://www.journals.elsevier.com/neuroepigenetics>
- *Integrative Molecular Medicine*
<http://www.oatext.com/IntegrativeMolecularMedicine.php>
- *Advances in Mind-Body Medicine* <http://www.advancesjournal.com/>

The following Journals have rejected EP papers on specious grounds. While journal editors rotate out and biases change, strong papers have been rejected based on reviews that were clearly biased:

- *Clinical Psychology* (Australia)
- *Depression and Anxiety*

- *eCAM*
- *Journal of Stress Disorders and Treatment*
- *Journal of Traumatic Stress*
- *Journal of Clinical Psychology*
- *Medical Services*
- *Psychological Trauma*
- *Psychological Services*
- *Traumatology* (supportive at one time, but not recently)

Predatory Journals. A dangerous mutant plaguing scientific reporting is the “Predatory Journal.” Literally hundreds of publications have emerged that charge authors to publish their work in journals that often have impressive-sounding titles but adhere to few scientific standards. Publishing in them hurts the credibility of the author and of the field the author is representing. With more and more journals being “open access,” charging the author a fee is appropriate, making it more difficult to distinguish between legitimate and predatory journals. Nor does being on the list of *suspected* predatory journals guarantee that a particular journal is predatory, but if a journal you are considering is on the list, find credible evidence supporting its legitimacy before submitting a manuscript to it.

<https://predatoryjournals.com/journals/>

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