

ACEP

Association for
Comprehensive
Energy Psychology



THE ENERGY FIELD

INTERNATIONAL ENERGY PSYCHOLOGY NEWS & ARTICLES

Summer 2012

PRESIDENT'S MESSAGE



**Carole Stern,
MS, RN-C, DCEP**

Dear ACEP members,

WOW! What a conference. From the first thundering beats of the Senyru Taiko drummers to the closing meditation and everything in between. For those who attended, I hope you enjoyed being there as much as we at ACEP enjoyed putting the conference together for you. We know that there are many professional conferences to choose from and we are grateful that you chose ours. So, again, thank you for making your way to San Diego last week.

With approximately 200 first-time attendees and representation from at least 17 countries, it was an amazing conference to be a part of. Thanks to all of the first time attendees who made a point of introducing yourself to me or any of the other board members. It means so much to all of us. And we hope to get to know you better over the coming years.

I was impressed at the committee meeting attendance. You have probably heard that we have some pretty lofty goals here at ACEP; no less than to help heal the world. But we don't have to be giants to have significant impact. Each of us can have a part in seeing this dream come to fruition. We all have something to contribute. The more involved you are, the more ACEP will become your organization. I am in awe of the many people who have approached us to volunteer gifts of

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Applied Kinesiology as a Tool to Bring a Paradigm Shift in Psychology



Dapha Slonim MD

Appplied Kinesiology, or Energy Muscle Testing (EMT), has very bad reviews by psychologists. It is regarded as unreliable and nonscientific, so much so that when I recently wrote a proposal for a workshop for the Canadian Association for Integrative and Energy Therapies, I was instructed to replace EMT with "Subtle Ideo-Motor Cues." It really does not matter what you call it. What is important is that EMT should finally get its place of honor as the "Highway into the Subconscious."

Any type of psychotherapy is a language. When we practice any type of therapy, we first have to introduce and teach our patients what language we talk. This is true when we talk the language of psycho-dynamic psychotherapy: We talk ego, id, super-ego, resistance, suppression, ego defense mechanisms, etc. When we talk Jungian, we introduce the language of archetypes, collective unconscious, Self, Shadow, Anima, etc. When we speak Cognitive Psychotherapy, we introduce the common cognitive errors, and so on.

In such a way, I introduce the language of subconscious sabotage, which is to some extent parallel to Freud's suppressed materials. I also introduce a new tool in that language, which is introduced in such a way that it becomes a valid tool. This tool is the

"body language," and it is the language of Energy Muscle Testing (EMT).

The tool is parallel but far superior to Freud's "Free Association" or to Jung's use of Daniels Word Association Test to discover "Complexes." It does what "Auditing" does for Scientologists. It enables the psychotherapist to get into subconscious material within seconds, instead of putting people on the sofa for years. It also enables easily overcoming the entire issue of resistance.

I introduce the language of EMT at the first visit, after doing a formal and lengthy intake. I tell the patient that everything that is true and positive will make all his muscles strong, and vice versa, that anything that is not true, anything negative will make the body weak.

I tell my patient that EMT is their ever-present, private polygraph. By checking the strength of a muscle (any muscle), it is possible to harness the wisdom of the body to get reliable answers to almost everything. A computer is operating with a series of 0's and 1's. Likewise, the computer of the body will give a "yes" or "no" answer by either a strong or weak muscle. So, when a muscle is strong, it means "yes"; a weak muscle means "no." I tell them that the body knows more than the conscious mind. It knows more than you know you know. So by using EMT, you can

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interview the body to get important information that otherwise you won't have access to.

I explain that there are several attempts to explain it, but as always, when there are many explanations, it means that nobody knows for sure.

According to Chinese medicine, the energy flows in 14 different meridians. If the flow of the life energy (or Chi) is blocked in a certain meridian, it weakens the organs and muscles connected with this meridian.

Then I actually demonstrate it to the patient, and it always works. I don't think that it works only because of me giving the suggestion. I can state that with certainty because most patients do not believe me until I demonstrate it. Even after they experience it for themselves they remain doubtful and very much amazed.

We first start with calibration. I ask my patients to state their true name, and the muscles are rock solid. I demonstrate it with a few muscles, but I prefer to use the small muscles of the fingers. I have the person form a circle between the ring finger and the thumb and resist me when I attempt to break the circle. If that person is much weaker than me and I can break the circle, I ask them to form a circle between the thumb and the middle finger. If it's still weak, the circle is made between the thumb and the index finger.

I get a strong muscle with the true name. Then I ask them to resist me when they state a false name, and I get a weak muscle. If they are much stronger, I have them make a circle between the thumb and little finger, on the nondominant hand.

It takes a few minutes to calibrate a muscle. I am looking to find muscles (making a finger circle) that are very strong with a true name and weak with a false name. It is of note that regardless of how strong people are, 95 percent of the time it works using the circle between the thumb and ring finger.

Once I find this, which by itself is a jaw-dropper for most patients, I check the muscle with positive and negative statements, thoughts, and feelings, and prove to them my assertion that true and positive strengthens them, and false and negative weakens them. I show my patients how feelings of love and

gratitude make their muscle strong, whereas feelings of anger and jealousy weaken them.

This discovery by itself is a life-changing experience for most of my patients. It also lays the foundation for them to better accept and be motivated to proceed with cognitive psychotherapy, as it proves that choosing positive thoughts is actually desirable, because it strengthens the muscles. Once we establish that, I have all I need to use EMT to get to subconscious material.

When I check my patients with EMT to see what their subconscious has to say about

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wanting to feel better, the results often surprise them. It becomes clear to them why their condition has not improved. That's where the real treatment of their problems begins: checking what the subconscious has to say about healing.

One hundred percent of hundreds of patients I treated all had some form of subconscious sabotage to healing. Most of them were unaware of it. Most denied it but accepted it after EMT confirmed it. (Weak muscle with "I want to be happy" and strong muscle with "I want to be unhappy." By the way, I prefer the term Subconscious Sabotage rather than Psychological Reversal, as I found that my patients could better understand and relate to this term.)

I always start checking EMT with the statement: "I deserve to be happy." A weak muscle confirms for the patient that they have subconscious sabotage to get over their depression, and we proceed from there to map exactly where the sabotage is: is it related to a trauma, suppressed negative emotions, etc.

EMT became very controversial and was actually "proven" as nonscientific after a double-blind study ("A Study to Assess the

Validity of Applied Kinesiology as a Diagnostic Tool and as a Non-clonal Proximity Effect"), which was conducted by Schwartz, Utts, et al., and presented as selected paper at Para-psychological Association Annual Meeting, Seattle, WA, 17 July, 2009.

I do have some issues with this study. In my practice I make sure to first calibrate with a known answer (your true or fake name). I don't think they did in the study. I also make sure to remove subconscious sabotage. I found out if there is subconscious sabotage the answers are often unreliable. Again this was not done in this study.

Because my patients always accuse me that I am not using the same force, and because I do have a scientific mind, I ordered a hydraulic dynamometer and started experimenting with it. It did not work. It did not even work with calibration. The muscle was not stronger with my true name. It did not make any sense.

Dr. Hawkins wrote that EMT will not work with atheists, psychopaths, or people whose level of consciousness calibrates lower than 200. I indeed can confirm that EMT did not work with a few atheists and psychotic patients, but this is not enough for statistical conclusions.

It is my speculation that EMT requires human energy and human contact. We are dealing with Energy Psychology and the human biofield. So it does make sense, on an intuitive level, that it does not work with machines.

Notwithstanding the above comments, I don't find that this study is in any way relevant to the issue of using EMT as a psychotherapeutic tool. The real issue is not whether or not the body knows if things in the outside world are harmful or not. The real question is, "Does the body know things that are in that same person's subconscious?"

I submit to you that the knowledge is, indeed, stored somewhere, as evidenced by getting access to it through hypnosis. The person's body somehow "knows" whether or not there is a suppressed negative emotion or forgotten trauma and what caused it.

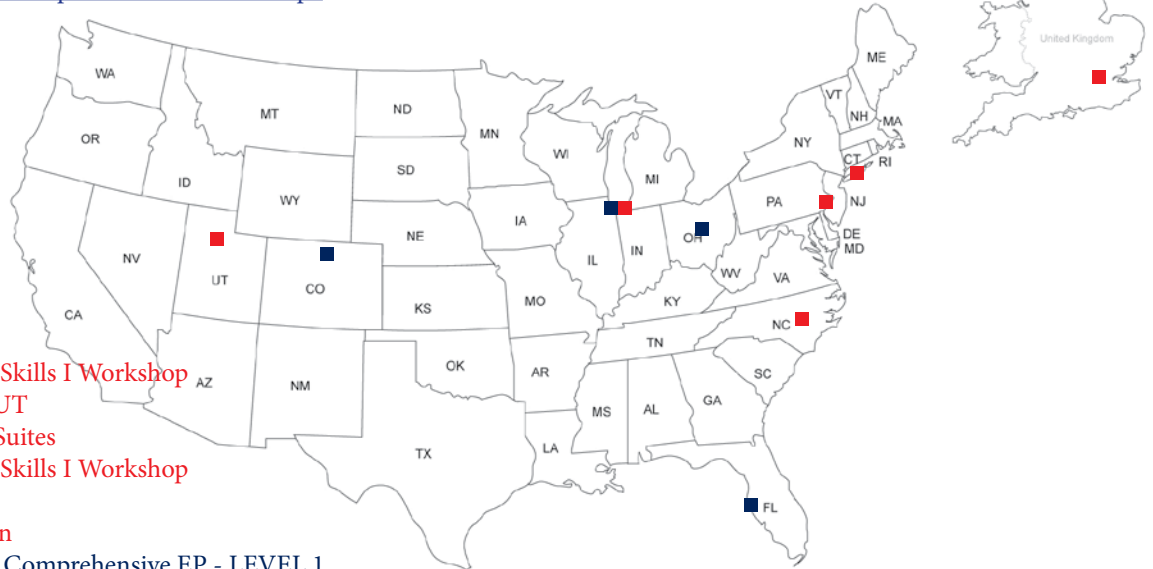
EMT is an awesome tool, as it eases resistance. It is also better than hypnosis, as it is a much shorter procedure, and the person

2012 EFT and CEP Workshops Coming to a City Near You

Learn more about upcoming workshops and online registration at <https://m360.energypsych.org/frontend/portal/viewcalendar.aspx>

■ EFT Workshops

■ CEP Workshops



- Oct 13-14 **EFT Professional Skills I Workshop**
- Salt Lake City, UT
Holiday Inn and Suites
- Oct 20-21 **EFT Professional Skills I Workshop**
- Raleigh, NC
Hilton Garden Inn
- Oct 20-21 **Essential Skills in Comprehensive EP - LEVEL 1**
Denver, CO
Denver Marriott Tech Center

- Oct 20-21 **Essential Skills in Comprehensive EP - LEVEL 2**
Chicago, IL
Hilton Chicago Northbrook
- Oct 27-28 **EFT Professional Skills I Workshop**
- London, England
Mostyn Hotel, London
- Oct. 27-28 **Essential Skills in Comprehensive EP LEVEL 1**
- Columbus, OH
Holiday Inn
- Nov 9-11 **EFT Professional Skills 3 Workshop**
- Chicago, IL
- Nov 10-11 **Essential Skills in Comprehensive EP LEVEL 1**
Tampa, FL
DoubleTree Tampa - Westshore
- Nov 17-18 **EFT Professional Skills I Workshop**
New York, NY
SLC Centers Inc
- Nov 24-25 **EFT Professional Skills I Workshop**
Edinburgh, Scotland

CERTIFICATION

Congratulations!

ACEP is delighted to recognize the following people for their completion of one of our certification programs. To find out more about ACEP's certification in Comprehensive Energy Psychology or EFT, please check our website at www.energypsych.org

Certified Energy Health Practitioner (CEHP)

Maria DePasquale

Diplomate, Comprehensive Psychology (DCEP)

Cindy Baker

ACAP-EFT

Odet Beauvoisin
Michael DeMolina
Steven Kessler
CJ Puotinen
Kevin Soltani
Helen Walker

ACP-EFT

Harriette McDonough
Betsy Muller
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cannot ignore, or “forget,” or resuppress the “unacceptable” material.

Here is a typical example: Eli, a 40-year-old man, came to me because his wife was about to divorce him. They had been married happily for three years and felt they had a strong relationship, yet Eli would often have rage attacks against his wife when she did not immediately respond to him.

When we checked: “My mother deserves for me to get better,” there was a weak muscle response. Eli did not understand why. It did not make sense to him. He loved his mother. Eli did not remember any childhood trauma, but muscle testing showed that he was abandoned by his mother between the age of two and three.

Eli still did not remember anything traumatic from that age. But his mother told him that at age two and a half, when she gave birth to his sister, she had complications and had to stay in the hospital for two weeks.

Eli realized that his marital problems had nothing to do with his wife. They all came from the past. So every time he called his wife, and she was delayed in answering, Eli subconsciously felt abandoned by his mother, and it triggered the response temper tantrum of a two year old, totally out of proportion. On a subconscious level he was not yelling at his wife. He was yelling at his mom.

Let’s assume just for a minute that the therapist’s intention is what is affecting the muscle strength or weakness. Even then, it would be therapeutic, as it enables the therapist to introduce “outsights.” In other words, if I suspect, for example, that the person has suppressed anger towards his mother, a weak muscle when checking “My mother deserves for me to feel happy” will enable to bring it to the surface, discuss it in a nonjudgmental, matter-of-fact way.

Then we can proceed to remove the sabotage with my Sabotage Correction Technique (SCT): Personalized Forgiveness Affirmation, which is a combination of owning the problem (Confession principle), releasing the suppressed negative energy (Insight principle), and accepting and forgiving the negative emotions (Empathy

principle). All this is done with a combination of sensory stimulation. Thus, we are combining all principles of good supportive psychotherapy with Energy Psychology.

In my practice I try to do more and more detailed mapping of various types of sabotage, so I can use EMT in a systematic way, to cover a whole spectrum of possibilities. This is still a work in progress.

EMT done in a systematic way can quickly and easily find the origin and the type of the subconscious conflicts, negative imprints, suppressed emotions, and/or early life (even preverbal) traumas. Once located, the therapist could apply a whole arsenal of therapeutic interventions, according to their orientation and preference.

Using EMT does not rule out the use of other psychotherapeutic modalities. It is just another tool in the tool box. Once I detect and remove subconscious sabotage to healing, I can ask the body, via EMT, which intervention is going to be best. A lot of the times I get surprising answers.

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For example, I had a patient with depression, mild dementia, and severe chronic diarrhea. EMT showed that all he needed was supplements. We narrowed it down to B-complex. It turned out he was missing B-3 Vitamin (niacin). What he had was pellagra. I did not think of that, as in our day and age we do not see pellagra anymore. There is enough niacin in bread, but this patient happened to eat only corn bread that has no niacin.

This example was for me another indication that it was not my own opinions that influence EMT. I did not have a clue about what would help this patient, at least not on a conscious level.

I am glad to report that using these techniques (EMT with my SCT) I get results

within weeks, rather than within months or even years.

In my 40 years of practice I became absolutely convinced that no true healing is possible if there is subconscious sabotage to healing. I must assume this is true for both physical and emotional illness. I strongly believe that if you have a medical illness, and you have subconscious sabotage against being healthy, not a single medical intervention will bring a complete cure. Or, if you are cured, you may develop a different medical problem.

This is why the first thing I do in my practice is use EMT to detect (with EMT) and remove (with SCT) subconscious sabotage to healing.

Actually, this is how it all started. John was a patient who would not get better. When his depression improved he became anxious. When his anxiety improved he became obsessed. And I got frustrated. I finally asked him if he was sure he wanted to get better. He told me, “Of course I want to get better; otherwise I wouldn’t come to you!” Then it occurred to me to say, “Let’s see what your body has to say.” To John’s great surprise his muscle was very weak to “I want to get better.” I was able to pull his fingers apart easily. We found out with more muscle testing that subconsciously he felt that he did not deserve to get better. He felt guilty that his sister was injured in a bicycle accident when they were racing. He was only 10 years old.

Then I started experimenting with ways to clear this self sabotage. Only when the self sabotage was removed, and the muscle became strong, was John on the road to finally improve on medications.

So, with all due respect to the double-blind study, my assertion is that EMT (Applied Kinesiology) is still an extremely valuable tool in psychotherapy. I regard using it as a powerful tool that can introduce an effective paradigm shift in the field of psychology, as well as in any type of psychotherapy, counseling, and coaching.

Daphna Slonim, MD is a Board Certified Psychiatrist with a practice in Beverly Hills California.

—President's message continued from page 1
service to this association.

The importance of EP research and funding for research was emphasized at this year's conference. If you're not immediately drawn to research as a stand-alone endeavor, you might be interested in learning about and participating in some of the research that is taking place during EP humanitarian missions. Please contact us if you would like information on the humanitarian-research projects underway.

Thanks to the generous donations from many attendees, we were able to raise about \$3,500 for research at the conference. ACEP has agreed to match \$5,000 out of our operating budget, so we still have a ways to go. Please consider making any donation that is within your budget to meet this goal.

In other news, we are pleased to be moving forward with translations of articles, and web site content in multiple languages. This topic has been on the table at ACEP for quite some time. But now, thanks to the generous donation of time from many of our international members, this project has gained momentum. We want to be the roar heard around the world.

I have long known that ACEP is an amazing community to be a part of—and this year's conference was a wonderful reminder. We look forward to accomplishing great things in the world of EP with you this year.

"I like nonsense, it wakes up the brain cells. Fantasy is a necessary ingredient in living. It's a way of looking at life through the wrong end of a telescope. Which is what I do. And that enables you to laugh at life's realities."

— Dr. Seuss

Namaste,
Carole Stern
ACEP President



David Feinstein, PhD, winner of the 2012 Contribution to the Field Award with David Gruder, PhD



Iwowarri Berian James of Nigeria, recipient of the Spreading the Word award



EFT Founder Gary Craig held a Gathering with the ACEP EFT Community in San Diego (back row) Steven Kessler ACAP-EFT, Kevin Soltani ACAP-EFT, Gary Craig, Allison Denehy, Constance Wells, Ritch Wells (middle row) Michael DeMolina ACAP-EFT, Paulina Trevino, Odet Beauvoisin ACAP-EFT, Ann Adams (front row) Carole Stern, Tina Craig, Helen Walker ACAP-EFT, and Betsy Muller ACP-EFT

Call for Stories about "Surrogate Tapping"

As a growing body of research is establishing that Energy Psychology works quickly and effectively in treating a range of problems, the next question for scientific investigation is "How does it work?" Various theories based on brain mechanisms and other physiological processes have been put forth in peer-reviewed journals. Is there evidence that more than this is at play? Stories of "surrogate tapping"—healing at a distance—cannot be accounted for by purely mechanical explanations. They provide a glimpse into other dimensions of the healing process. A research project headed by David Feinstein, Ph.D., is collecting stories of surrogate tapping as a step in establishing the energetic dimension of healing. Do you know of a case where one person used a tapping protocol on him/herself to help another person and the other person seemed to receive distinct benefit in concrete ways? That story is eagerly invited. [Submit a story](#) or just learn more about the project.



Energy Psychology is Coming of Age in Helping the Body Overcome Physical Symptoms

Dale Paula Teplitz, MA

Introduction

During the past 30 years, as energy healing techniques have gone from obscurity toward mainstream, a growing number of health care practitioners have adopted one or more methods of bringing the body's energy into balance.

The term Energy Medicine (EM) usually refers to a “whole body” approach to health and healing by assessing and redirecting electromagnetic and more subtle energies to restore optimal functioning. The term Energy Psychology (EP) refers to a portion of this larger picture, which addresses energy blocks or disruptions that are linked to emotions. Donna Eden's Energy Medicine is the most popular and well-known approach to EM, while meridian tapping procedures such as Emotional Freedom Techniques (EFT), Thought Field Therapy (TFT), and Comprehensive Energy Psychology are among the most popular and well-known approaches to EP.

A recent [ACEP survey](#) revealed that while most ACEP members do indeed use EFT, TFT, or Comprehensive Energy Psychology as their primary treatment modality, Eden's approach to EM is the second modality used by most practitioners. This speaks well of EP's willingness to cross boundaries to find the most effective methods.

In her keynotes to ACEP and other EP organizations, Eden has discussed how EM complements the repertoire of EP practitioners, providing a range of tools for getting faster results or better outcomes with difficult clients. For instance, she explains, if a client is depressed, that person's energies are inevitably running in a homolateral pattern,

and the person will stay depressed until that pattern changes. While a variety of techniques for depression corrects homolateral energies without focusing on them, using a simple EM technique to change the pattern is the most direct approach possible.

Many EFT practitioners have reported that sharing Donna Eden's “5-minute Daily Energy Routine” (Eden, 2008, Chapter 3) with clients prior to applying EFT balances and aligns the energy flow and increases success. When the practitioner participates in the balancing exercises along with the client, or prior to the session, there is an added benefit of balancing the practitioner's energy system, resulting in improved focus and access to skills and intuition.

Just as training in EM can make EP practitioners more effective, it also works in the other direction. EM practitioners can improve their outcomes by applying EP methods to address the emotional roots of the physical problems their clients present. These practitioners are proving to be one of the best testing grounds for using EP interventions to address physical issues.

Though the focus of EM is on correcting imbalances in the body's nine primary energy systems (Eden, 2008) rather than directly addressing physical or emotional functioning, there are times when integrating EP techniques into an EM practice can precisely target an emotional issue and shift the energy imbalances that maintain it.

A paper I wrote with David Feinstein and Doug Moore for the journal *Energy Psychology*, “[Addressing Emotional Blocks in Energy Medicine: Ethical and Clinical Guidelines](#)”, provides clinical suggestions as well as discussing important ethical principles for responsibly and effectively

addressing the emotional correlates of physical conditions within an EM practice (Feinstein, Moore, & Teplitz, 2012).

Using EP to Address Emotional Blocks for Relief of Physical Symptoms

The following are some ways of using EP to address physical issues. Though they come out of experiences with Energy Medicine practitioners, they are equally relevant for EP practitioners working with the emotional roots of physical symptoms.

Assuming the practitioner is adequately trained in EP, and has determined that a referral to a licensed psychotherapist or physician is not indicated (see Feinstein, Moore, & Teplitz, 2012), here are possible ways to proceed in three common situations:

1. Emotionally Reactive State

If the client comes into a session with emotions such as fear, sadness, or anger, the practitioner might begin with an acupoint tapping protocol. This may quickly help to decrease distress that is so strong it may be difficult to proceed with the session.

A simple approach is to tap on key acupoints while describing the physical aspects of person's fear, sadness, or anger, such as, “Even though I have this tightness in my throat”...“sick feeling in my stomach”... etc. Tapping for the physical sensations of an emotion rather than focusing on the name of the emotion is often surprisingly effective for reducing the intensity of the emotion. EFT practitioners are taught that many clients who are unable to access emotions, or who are uncomfortable when addressing them directly, find it easier to tap for the physical sensations they elicit. For this reason, the

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EFT technique called “chasing the pain” is regarded as a gentle technique for indirectly targeting emotions.

2. Traumatic Flooding

If during a session the client spontaneously reports a severe trauma or intense memory and is showing signs of distress, the practitioner can ask the client to rate the intensity of the feeling using a zero-to-10 Subjective Units of Distress scale. Keeping clients focused on some aspect of the present moment helps them stay grounded. This could include instructions such as “Keep your eyes open and look around the room” or “Feel your feet on the floor.” If additional techniques are still needed, EP methods that gently focus on immediate physical sensations, such as described above, or some peripheral aspect of the trauma that does not have the same emotional charge attached to it can be used. For instance, the client might be asked to focus on something that led up to the traumatic event or to say “Even though this terrible thing happened,” without getting into any specifics. Or the client can simply tap continuously without using words while focusing on feelings. A goal that orients the choice of interventions is to ensure that the client’s physical and emotional energies are stabilized before ending the session. The client can be provided back-home self-help tools, such as acupoint tapping, for staying grounded when stressful emotions arise.

3. Underlying Emotional Blocks

If focusing directly on the physical symptoms is not producing the desired outcome, consider (a) asking the client questions that might elicit underlying emotions or predisposing experiences and (b) using EP to take

the charge out of those that are revealed. For example:

- “What was happening in your life at about the time that this symptom began?” or “What early event in your life reminds you of the current situation?” Even though the person may never have made the connection, a loss, trauma, or major disappointment will often come to mind (e.g., “The pressure in my chest started shortly after my son died”; “This stomach pain is how I felt when Dad would threaten us”). Acupoint tapping balances meridians frequently associated with intense memories and related emotions and has often preceded a breakthrough with a recalcitrant physical symptom.
- “If you knew why your symptoms are there, what might the answer be?” Then use acupoint tapping to address the energies associated with the emotional dimensions of the answer that comes into the person’s mind (e.g., “The way I keep throwing my back out reminds me not to push myself so hard all the time”). Also explore the body’s metaphors (e.g., “Who or what is a ‘pain in the neck’ in your life?” or “If your symptoms had a voice, what would it be saying?”).
- “If you got over this physical condition, how would your life change?” Address secondary gains and psychological reversals by applying acupoint tapping for any perceived negative outcomes from resolving the symptom (e.g., “Even though I would have to go back to work again...”) (Feinstein, Eden, & Craig, 2005).

Conclusion

The recent ACEP survey reveals that a surprisingly large percent of EP practitioners are already using EM as their secondary modality. At the same time, we are seeing an increasing number of EM practitioners proving the benefits of utilizing EP interventions for addressing physical symptoms.

While both practices address underlying energy disruptions, each offers unique tools for doing so. By working directly with the body’s energy systems with both of these highly complementary tools, the presenting problem is being addressed at the physical, emotional, and energetic levels.

As a natural complement to each other, Energy Psychology and Energy Medicine can be used in combination to achieve highly effective results in even the most challenging cases.

References

- Eden, D. (2008). *Energy Medicine* (rev. ed.). New York, NY: Tarcher/Penguin.
- Feinstein, D., Eden, D., & Craig, G. (2005). *The Promise of Energy Psychology*. New York, NY: Tarcher/Penguin.
- Feinstein, D., Moore, D., & Teplitz, D. (2012). Addressing Emotional Blocks in Energy Medicine: Ethical and Clinical Guidelines. *Energy Psychology*, 4:1, 49-57.

Dale Paula Teplitz, has been an EFT Practitioner, Trainer, and Mentor since 1998. Sign up for Free “Effective EFT” Teleconferences at her website: www.EFTtappingexpert.com

ACEP Stops the Spread of False Rumor that APA Approved EFT as an Evidenced Based Approach.

Robert Schwarz, PsyD, DCEP
ACEP Executive Director

Starting late in the evening on May 14th ACEP started getting E-mails about the supposed news that the APA had approved EFT as an evidenced based procedure. We quickly tracked down the source of this rumor. On May 14th EFT Universe released an article in their Newsletter stating:

The current status of EFT as an “evidence-

based” practice is summarized in this statement published in the APA journal Review of General Psychology: “A literature search identified 50 peer-reviewed papers that report or investigate clinical outcomes following the tapping of acupuncture points to address psychological issues. The 17 randomized controlled trials in this sample were critically evaluated for design quality, leading to the conclusion that they consistently demonstrated

strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions. Criteria for evidence-based treatments proposed by Division 12 of the American Psychological Association were also applied and found to be met for a number of conditions, including PTSD.” (Feinstein, 2012). The article goes on to say: “This milestone of meeting APAs standards, published in an APA journal, marks a tipping point in EFTs

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FROM THE DESK OF THE EXECUTIVE DIRECTOR



Dear ACEP members and friends of ACEP,

It has been a jam packed 3 months and the next 3 months is also going to be very eventful. First lets talk about what has hap-

pened followed by what will happen.

1) **The Annual conference.** It was stupendous. There is something so alchemically special about all of the great presentations and being in the presence of all these amazing EP practitioners. Here is one comment that is actually fairly representative of the comments that we have gotten.

Wonderfully-inspiring conference! My first...Even though, I am new to energy psychology, I would like to become more involved with the organization. Hardly time for a coffee break, seemingly engrossed contemplating a new idea, finding myself with eyes wide open to the promise of healing the collective Self. Thank you so much for the very best conference that I have attended in my professional career.

Michael Havercamp, Ph.D.

If you could not make it I highly recommend you get some of the audio recordings. I cannot comment on the breakouts because I never get to see them (it's okay to feel pity for me). But I did see the keynotes and the invited presentations. They were great. [Click here to get audios and handouts.](#)

2) **ACEP raised about \$3500 for research** at the conference at our first ever silent auc-

tion. ACEP will be matching that money with an additional \$3500 from our general fund. ACEP will match an additional \$1500 donated to research if it comes in by Dec 31st.

3) **Changes to the Website:** If you have not had a chance to see the new pages for [clients](#) or [health professionals](#) check them out they look great and provide valuable information. You can refer people to those pages directly. We will continue to add to them and update them.

3) **ACEP and Social Media:** We now have 1700 "fans" of our new [Facebook page](#). ACEP has launched a Twitter account. Our basic account is <http://twitter.com/acep>. We have 104 people following us so far. We have been updating our linked-in group as well.

4) **ACEP gave out four \$5000 grants for four research projects.**

TFT for the Treatment of PTSD in Uganda-Suzanne Connolly & TFT Foundation.

EFT vs CBT for Sexually Abused Women in the Congo -Victoria Bentley & Ashley Nemiro, Empower Congo Women Foundation.

EFT vs CBT for the Treatment of Food Cravings and Weight Loss - Peta Stapleton & Terri Sheldon, Griffith University, Queensland, Australia

EFT for the Treatment of Myocardial Infarction PTSD - Heather Larkin, Mary Sise & Ronald Toseland, SUNY at Albany.

5) **We have updated the look of our**

monthly E-News.

What will be coming up:

1) **In July ACEP will apply to the APA to become a CE provider for Energy Psychology**, thereby ending the ban on CE for psychologists. This goes far beyond psychologists though. It will make it far easier to get funding for research. This will be ACEP's third attempt. Please focus your intentions on the APA granting ACEP CE Provider status.

2) **In late July or early August we will release our RFP for workshop proposals for the 15th Annual conference on Energy Psychology** in Reston, VA. May 31- June 2, 2013. We will E-mail them to our entire mail list and we will post them on our website.

3) We will be updating our website to have many more videos. Do you have an EP video that is suitable for our site? [Click here for video guidelines](#)

Important Member Survey—Please take it.

In April we put out a survey asking members 10 questions about their EP practices and finances. Less than 10% of the membership has responded so far. We need to understand where people are in these matters so we best know how to serve you. The survey is completely confidential. We need a high percentage of members to fill it out for it to be valid. [Please click here to take the 1-2 minute survey](#)

Results of the February Member Survey are in. [Click Here](#)

—False Rumor continued from page 7

credibility. You can now present EFT with confidence as an "evidence-based" practice."

Just to be clear before we go any further. The APA continues to have a ban on teaching EP for CE credit. The APA has not in any way officially approved EFT as evidenced based. The only thing that has happened is that a prestigious APA journal, the *Review of General Psychology* is publishing a very important paper summarizing the state of the art of EP. Many people are hopeful that the publication of this paper may serve as a catalyst for change.

However, the speed of the over-reaction to

this article was stunning. We found websites and newsletter articles stating categorically that the APA had approved EFT. Over the next two days ACEP sent out several news releases correcting the misunderstanding. We contacted directly any source we could identify that was furthering the misinformation. Most people were gracious and appreciated our efforts. A few people were surprisingly hostile and almost paranoid about our motives.

What were our motives? If the goal is to have EP accepted by the mainstream and by the scientific community as an effective treat-

ment, the last thing that we need is to make claims that are not substantiated. Making overly bold claims was one of the things that got EP into trouble with the APA in the first place. The one piece of good that has come out of this affair is that ACEP has lived up to one of its mandates, namely to be the organizational voice for EP that can act responsibly, definitively and ethically. Many people contacted us and asked, "Is this true?" The bad news was that it was not true. The good news is that people knew whom to contact to find the truth.

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SEEKING NOMINATIONS TO THE BOARD OF DIRECTORS

Each year at this time the Nominating Committee seeks candidates for nomination to the Board of Directors. Your input in this process is needed NOW. Do you know an ACEP member that you believe would make a good leader and representative of ACEP? Perhaps you yourself might be such a member. The Board is looking for any dedicated member to fill open positions, including someone to lead our Membership efforts. Please let us know of your suggestion for candidates to the Board by contacting thoughtenergy@aol.com using the subject line NOMINATIONS. Thank you. Here is some information about service on the Board:

The Board of Directors of ACEP are members of ACEP proposed by the nominating committee and elected by a majority of the membership. They are selected on the basis of their understanding of the goals and pur-

poses of ACEP and their organizational skills. By giving your consent to be on the Board of Directors, you also agree to operate under the established bylaws of ACEP. Emphasis of the Guidelines is on encouraging the spirit of collaboration, willingness, and collegiality that will allow the discipline of energy psychology to grow, and become established and recognized as a valuable and powerful tool for personal growth and healing.

As a Director of ACEP, incumbents are responsible for the fiduciary management of the Association and administering the corporate affairs of ACEP for the common benefit of those served, exercising best care solely in the interest of ACEP.

- Duty of Care: Exercising reasonable care when making decisions for the organization
- Duty of Loyalty: Refraining from the use of information gained through the

position of Director for personal gain, acting in the best interest of ACEP

- Duty of Obedience: being faithful to the mission of ACEP

Members of the Board also are responsible for determining the long term direction of ACEP by setting policies to be implemented by the Executive Director.

Requirements

- Commitment to the mission and goals of ACEP
- Willingness to actively participate on Board committees
- Regular attendance at monthly board meetings
- Attendance at annual meetings
- Support of and participation in the development of special events, particularly fundraising activities
- Commitment to furthering the reputation of ACEP in the community and worldwide

Volunteering to become a member of the Board indicates a willingness to consistently invest time and energy on behalf of the organization. It also establishes your visibility as someone who is committed to the organization and as someone dedicated to role-modeling the concepts and values it engenders. The position allows you to give as much of yourself as you reasonably can and to enlist the help of other ACEP general members to whatever extent may be needed. A ballpark estimate of the time commitment Board members can expect to make is approximately eight to 15 hours per month (two to four hours a week), although the sky is the limit, depending on how much direct implementation responsibilities a Board member may optionally elect to assume.

Here's hoping this call to service touches your heart!

Joan Kaylor
MSEd, LPC, NCC
724-942-5477

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RESEARCH REVIEW

I've just returned from our annual conference, and am feeling renewed, energized, and exhilarated. Mere words can only begin to describe the excitement we experienced, as well as the pleasure of visiting with friends and colleagues and meeting new ones. Suffice it to say that it was wonderful to see and meet so many of you, and to join hearts and heads and hands in San Diego.

We held our Second Annual Research Day Symposium on May 31. Our keynote speaker was **Dr. Garret Yount**, whose presentation focused on two recent studies, the first involving reductions in stress cortisol levels following one Emotional Freedom Technique (EFT) intervention, and the second being an ongoing study demonstrating changes in gene expression following EFT treatment. This is the first study correlating psychological change with changes in physiological markers following Energy Psychology (EP) treatment and represents the next wave of research in mind-body medicine.

We then heard presentations of current research studies including "EFT vs Cognitive Behavioral Therapy for First Session Counseling Jitters" by **Suzan Thompson**; "EFT vs Diaphragmatic Breathing for Optimal Test Performance" by **April Rubino**; "TFT Treatment of PTSD in Rwanda by **Suzanne Connolly**"; "Thought Field Therapy (TFT) Treatment of Chronic Pain in 52 Patients" by **Bob Pasahow**; "EFT for Optimal Performance In Ladies' Soccer Teams in the UK" by **Tam and Mair Llewellyn**; "Two Case Studies of Healing from the Body Level Up Treatment of PTSD" by **Judith Swack**; a "Multi-Modal Study of Complementary and Alternative Medicine and EP in the Treatment of Vets with PTSD" and "Pain, Depression, and Anxiety Correlated with PTSD Symptom Remediation in Veterans" by **Dawson Church and Audrey Brooks**. The day concluded with a stimulating overview of recent EP research, entitled "Acupoint Stimulation: Evidence for Efficacy" by **David Feinstein**.

We awarded three student scholarships to attend the conference to: **Anne Marie Charest, Stephanie Stockham, and Callie**

Graca. Welcome **Anne Marie, Stephanie, and Callie!**

We held a very stimulating Research Committee meeting in San Diego and are in the process of following up on all the ideas and suggestions proposed. Attending the meeting were: **Sue Hannibal, Bob Hoss, Tiffany Barsotti, April Rubino, Bob Pasahow, Suzanne Connolly, Susan Tipton, Patty Stottlemeyer, Merissa Brickley, Callie Graca, Gail Gillespie, Dan Benor, Larry Burton, Gita Elgin, David MacKay, Julie Tracy, Carolen Hope, Thomas Lucking, Duncan Riach, Brandon Chasse, Beverlee Chasse, Howard Robson, Tony Tranguch, and Michael Rabinoff**.

Also at the conference, **Greg Nicosia** and I presented a breakout session entitled "Look, Ma, It's Easy! Single Subject Design Research for Clinicians." Single-Subject Design (SSD) Studies are a form of research that clinicians can conduct in their own offices, without labs or expensive equipment. Assessing and monitoring your clients' progress will give them valuable feedback and help you become a better clinician, so we are encouraging our members to begin conducting SSD studies. For more information, see www.energypsych.org/research, or email me at the address below.

Last September we put out a Request For Proposals. We received 16 proposals for research studies, of which 10 were of high quality. Our proposal review committee, consisting of **Jack Rowe, Linda Turner, Robin Smith, Bob Hoss, and Tiffany Barsotti** carefully reviewed the proposals for methodological rigor, value to the field, and risk/cost factors. We're happy to announce that we've awarded four \$5,000 seed grants to fund the following studies:

EFT vs CBT for Food Cravings and Weight Loss: Peta Stapleton and Terri Sheldon, Bond University, Australia.

TFT for the Treatment of PTSD in Uganda: Suzanne Connolly and the ATFT Foundation.

EFT vs CBT for Sexually Abused Women

in the Congo: Victoria Bentley and Ashley Nemiro, Empower Congo Women Foundation.

EFT For Treatment of Myocardial Infarction PTSD: Heather Larkin, Mary Sise, and Ronald Toseland, State University of New York at Albany.

In the UK: **Dr Elizabeth Boath, Professor Tony Stewart and Angela Carryer** of Staffordshire University have conducted a systematic narrative review of EFT. While this is not a meta-analysis, it is the first systematic review of EFT studies ever conducted. This document is posted on the website of Staffordshire University and has been submitted for publication.

http://www.staffs.ac.uk/faculties/health/research/cpsi/areas_of_focus.jsp

David Feinstein has written a major article entitled "Acupoint Stimulation: The Evidence For Efficacy." This article documents the accumulating evidence for the efficacy of EP interventions and compares this evidence with that for other modalities. The paper has been accepted for publication by the Review of General Psychology (an APA journal), and may be downloaded from www.EnergyPsychEd.com.

Our TFT researchers, **Suzanne Connolly and Caroline Sakai**, have announced that their latest study entitled "Brief Trauma Treatment of Rwandan Genocide Survivors Using Thought Field Therapy" has been accepted for publication by the *International Journal of Emergency Mental Health*, 13 (3), 161-172.

Dawson Church and Audrey Brooks have had two studies accepted for publication. The first, entitled "Brief Group Intervention Using EFT for Depression in College Students: A Randomized Controlled Trial," is the first study specifically targeting EP treatment for depression. It is scheduled for publication in the *Journal of Depression Research and Treatment*.

The second study, "Psychological Trauma Symptom Improvement in Veterans Using

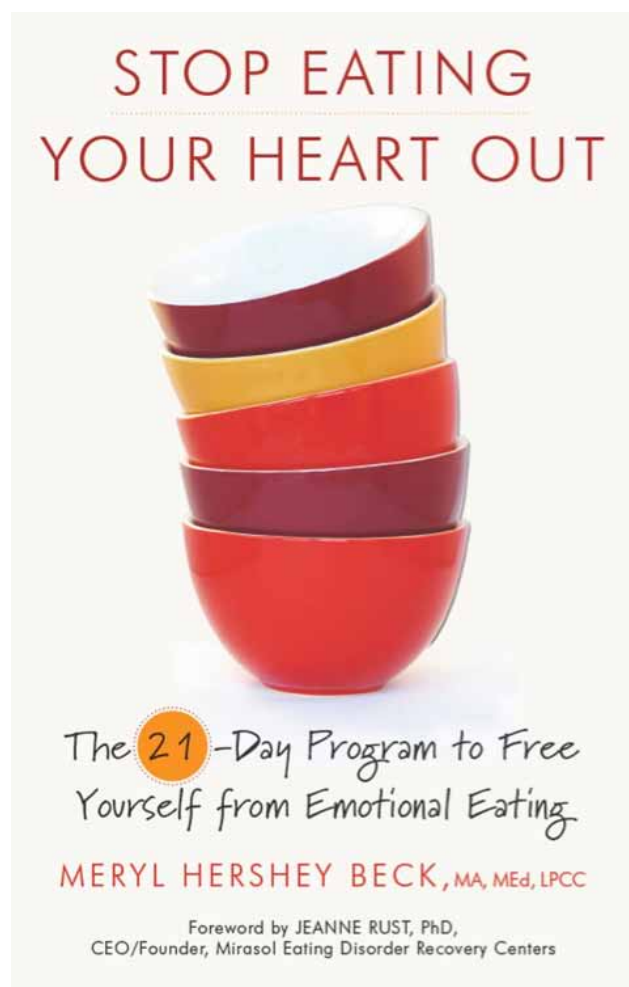
—continued on page 13

BOOK REVIEW

Stop Eating Your Heart Out

– The 21 Day Program to Free Yourself from Emotional Eating

By Meryl Beck, MA, Med, LPCC



Reviewed by Betsy Muller, MBA, CEHP, ACP-EFT

Meryl Beck knows emotional eating. She's binged, hidden food, and even raided other people's refrigerators and pantries. Her struggle and honest search for answers has healed her compulsions and brought her life into balance. Her story and the wisdom she has learned as a therapist and energy practitioner are shared in *Stop Eating Your Heart Out*.

Meryl provides readers with a logical 21-day plan to help them both understand and overcome emotional eating patterns. Recognizing that it takes three weeks to fully integrate a new habit, the book offers readers both resources and a daily assignment for each of the 21 days. She covers many angles—from journaling to meditation, from food diaries to energy self-care, and forgiveness as well as gratitude. All of these ideas invite the reader to a peaceful relationship with their bodies, emotions, and food itself.

As a lifetime member of Weight Watcher's since 1991, I personally acknowledge that dealing with life changes and emotions are a huge part of the quest for a healthy body. Meryl empowers readers beyond traditional talk therapy, diets, and eating plans by integrating energy psychology tools. She includes Emotional Freedom Techniques (EFT), Rapidly Integrated Transformational Technique (RITT), Energy Medicine, and Whole Health—Easily and Effectively (WHEE), allowing readers to try these self-care resources for immediate relief.

Perhaps the strongest message within the book comes from the touching epilogue on page 209. Meryl writes:

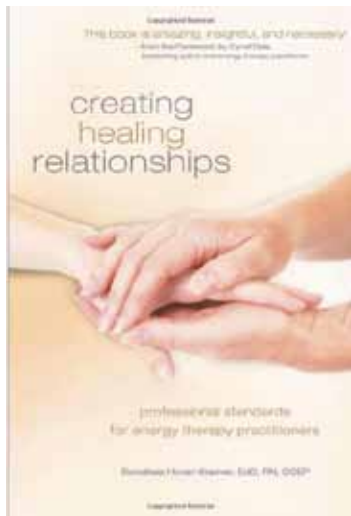
"I finished editing this book's manuscript around 6PM EDT on October 12, 2011. Little did I know that at approximately the same time, Jonathon, my sweet, loving, thirty-five year old son was finishing too: two thousand miles away, he pulled the trigger that ended his life... How have I coped with this enormous loss and excruciating pain without the old crutch of compulsive overeating? I have used the tools presented here, over and over again: allowing myself to feel and discharge my feelings, crying and weeping, some days a lot, some days a little; tapping using EFT, RITT and WHEE; praying and meditating; leaning on my support people; asking my spiritual family to send me energy; doing parts work; journaling; recognizing and working with the Inner Critic; forgiving myself and Jon; making amends with Ho'oponopono; trying to laugh at least once a day; focusing, in gratitude on the thirty-five years Jon was with us; choosing (mostly) healthy eating; and sometimes just sitting and remembering to breathe."

Yes, Meryl Beck has followed her own advice and she thrives. I happened to catch her presentation at the 2012 ACEP Conference in San Diego and was treated to a thriving, healthy, and joyful soul who lives the words she shares. She is a beautiful and authentic spokesperson for her book.

This is an essential book for practitioners and their clients, as well as any person who seeks freedom from emotional eating patterns for long term health benefits. I've already secured one copy for myself and a second for clients to borrow.

Betsy Muller MBA is a holistic business coach and EFT practitioner serving clients in NE Ohio.

Creating Healing Relationships Professional standards for energy therapy practitioners



by **Dorothea Hover-Kramer, EdD, RN, DCEP**
Santa Rosa, CA:
Energy Psychology Press, 2011
 Reviewed by **Stephanie Eldringhoff,**
MA, DCEP

I must admit when I thought about reviewing a book on ethical standards, I braced myself with a double latte preparing for a dry review of ethics and practice considerations with a healthy dose of warnings about what I better change about my way of working, but I was terribly mistaken. This is the first book I have ever read related to ethical practice that became hard to put down because it involved a very personal journey of reflection within a safe holding environment. It invites us to utilize our own chakra systems, intuition, transpersonal experiences and archetypal awareness as platforms for discovery serving ourselves, our clients and communities.

Dorothea Hover-Kramer has been a clinical nurse specialist and psychologist for more than thirty years. She has also been a long time teacher of Healing Touch and energy psychology. She is co-founder of the Association of Comprehensive Energy Psychology (ACEP), a past president and one of the initial developer's of ACEP's Comprehensive Energy Psychology Certification Program. Dorothea has authored eight other books about energy therapies including *Second Chance at Your Dream: Engaging Your Body's Energy Resources for Optimal Aging, Creativity and Healing Touch: Essential*

Energy Medicine for Yourself and Others.

The book's dedication reads..."This book is dedicated to those who seek the human truth of caring for others in their lives and who, by doing so, also bring healing to themselves and the wider world." This is a concise summary of a superb book related to ethical practice that will deliver great value to its readers. Dorothea has produced a book with heart and wisdom that will guide all of us to practice energy healing with an invigorated sense of who we are, how to apply self-care and deepen our development as practitioners of high integrity.

The book is divided into four sections. All sections include realistic vignettes, ethical principles and related standards of practice. The first section is devoted to the basics of practice considerations such as risk management and legal principles, plus a thorough overview of energy therapies within the context of complementary and alternative medicine (CAM) and background on several national organization and education resources proponents of CAM. The second section is entitled "Walking Your Talk..." where the opportunities for self care and reflection begin in earnest. Especially useful is a table relating the chakras to practice challenges with sample resolution strategies and affirmations. The third section's focus is on creating healing relationships with clients and includes chapters on fiduciary responsibilities (e.g. level of competence, boundaries, professional responsibility and right use of power), non-ordinary states of consciousness and utilization of archetypal material. There is a shift in section four to extending standards for healing relationships with colleagues, other healthcare professionals and our communities. This section's chapters offer many insights into building bridges that support the growth of energy modalities and their natural inclusion in accepted health care approaches. Here can be found an exhaustive checklist for "establishing healthy relationships in your energy practice".

This book should be on the required reading list for any energy based training program. Dorothea's ability to take the topic of practice standards and create an engaging

path of self discovery for the practitioner that leads to self healing and client centered practice is outstanding. This is a book to have and savor.

—Research Review continued from page 11

EFT: A Randomized Controlled Trial," **D. Church, C. Hawk, A. Brooks, O. Toukolehto, M. Wren, I. Dinter, and P. Stein, P.**, is scheduled to be published this year by the *Journal of Nervous and Mental Disease*. This study followed the progress of 59 veterans with PTSD who were randomly assigned to an experimental (EFT) group or a wait-list control group. A replication of this study is currently in progress, conducted by Drs. **Linda Geronilla and Lorna Minewiser.**

And finally, **Dawson Church and David Feinstein** have announced that their paper, "The Psychobiology and Clinical Principles of Energy Psychology Treatments for PTSD: A Review," has been accepted by the journal *Psychology of Trauma*.

As you know, it takes years of focused efforts and dedication to conduct quality research. Building our research base and having studies published in major journals is the key to APA approval of our application to offer Continuing Education units, having EP interventions recognized as evidence based treatments, getting insurance and HMO reimbursement, and having EP interventions accepted by the International Red Cross, VA, UN, etc. We would like to issue a Request For Proposals every year, and thereby be seeding new studies annually. Please consider **MOVING EP INTO THE MAINSTREAM!** and donate to the Harvey Baker Memorial Research Fund by clicking on the Donations tab under www.energypsych.org.

Thank you!

John Freedom
 Chair, ACEP Research Committee
freejiii@gmail.com

Energy Healing in Kosovo February/March 2012

Sarah Bird, CEHP

Handikos Centre, Malisheva, Kosovo
Date(s): 29 February – 1 March, 2012

1. Context:

Following discussions with Charley Swords, MD, of Action for the Development and Empowerment of Communities (ADEC), Sarah Bird was invited by ADEC to provide practical tools to aid individuals experiencing stress and trauma in post-conflict Kosovo, by teaching them how to reduce and eliminate their symptoms.

2. Target Group:

The target group comprised 25 women from Kosovo, ranging in age from late teens to mid 50s, including 20 with special needs and disabilities, which included mild learning disabilities, sight impairment, clinical blindness, MS, and amputations. All had experienced the trauma of war.

3. Pre-Assessment:

Each of the attendees was asked to complete a Beck's Anxiety Inventory at the commencement of the group workshop. Twenty forms were completed.

4. Methodology / Approach Taken:

The format of the event was a two-day group workshop held within a private, secure, informal setting in Handikos Centre. The group was facilitated by SB and supported by Florentina Dushi who acted as translator. Individual help was given by SB within the group.

Agenda: Day 1: (10:00 – 15:00)

- Stress and how the body responds to it.

- The body's energy system and how it stores trauma.
- Exercises included breathing techniques and Tapas Acupressure Technique (TAT).

Agenda: Day 2: (10:00 – 15:00)

- Reviewed Day 1 and elicited initial feedback from group members.
- Conducted group healing for war trauma using TAT.
- Introduced Emotional Freedom Technique (EFT).

6. Modalities Employed:

- Breathing Techniques
- Cook's Hook Up
- Butterfly Hug
- TAT
- EFT

7. Post-Assessment:

At the end of the workshop the participants were invited to complete a second Beck's Anxiety Inventory, to assess changes in symptoms. Twelve forms were completed, of which nine were of acceptable standard to be used for statistical purposes. This equates to a 45 percent response from the original group.

8. Outcomes:

Analysis of the pre- and post-assessment Beck Anxiety Inventory forms indicated a 65 percent reduction in overall symptoms and

increase in sense of well-being amongst the respondents.

Qualitative feedback provided by the women indicated that they felt more relaxed, war memories seemed more distant and had reduced in emotional intensity, and they had feelings of increased confidence to deal with their own personal life issues. Additionally, the participants indicated that they had passed the techniques on to their own family members, who they advised had also benefited from the techniques.

At the end of the workshop, the women showed a higher degree of engagement and said that they felt uplifted and incredibly grateful for the opportunity to learn these techniques, and expressed a wish for a follow-up workshop.

Video personal testimonials were provided by a number of the participants.

9. Post Event Follow-Up:

Director of the Handikos Centre Ms. Feride Hoxha stated on camera that it had been a very successful two-day program and that the participants were very happy. The training had been more helpful because the participants had been taught techniques/tools that were practical and usable. She stated that she regretted not having attended herself, and hoped that she could attend a follow-up workshop.

ACEP SEEKING RESEARCH DIRECTOR

The Association for Comprehensive Energy Psychology is seeking a new research director. ACEP is an international nonprofit organization of approximately 1300 licensed mental health professionals and allied energy health practitioners who are dedicated to alleviating suffering, enhancing human performance, and recovering human potential; see www.energypsych.org.

We are looking for someone who can navigate comfortably within an academic/scholarly setting and provide leadership while we are establishing, researching, and legitimizing a new branch of psychology/psychotherapy. Our ideal candidate would: 1) be a PhD researcher or professor; 2) be an accomplished author with peer reviewed publications; 3) have a body of work that may align with or parallel the interests of this group; 4) have experience mentoring and overseeing research; 5) be able to delegate while maintaining timelines; 6) have experience budgeting funds for a

research project; 7) have experience writing grant proposals; 8) be able to assist with research design and statistical analysis; and 9) have a sense of Vision and Commitment to the fields of EP and Energy Medicine.

This is a volunteer position. What we can offer includes: the opportunity to join and work with a progressive, visionary organization; support for your own ideas and projects; a forum to discuss and explore cutting edge ideas and techniques; a leadership position, which may be a stepping stone to who knows what; the opportunity to network with other researchers, and to mentor younger ones coming up; and the opportunity to make a real difference in our world.

If you know anyone who may fit these criteria, please have them contact: John Freedom, Chair ACEP Research Committee, freejji@gmail.com.



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Energy Field Advertising Guidelines

Energy Field is an electronic newsletter published quarterly by the Association for Comprehensive Energy Psychology (ACEP). Its active membership of over 1,000 is composed primarily of licensed mental health professionals in private practice—psychologists, social workers, counselors, marriage & family therapists, psychiatrists, and allied health practitioners such as chiropractors, acupuncturists, and other healers. These practitioners develop and apply energy psychology methods for the treatment and relief of those suffering from emotional challenges such as addictions & compulsions, anxiety, depression, limiting beliefs, personality disorders, phobias, stress, and trauma. Energy psychology interventions address the human vibrational matrix of three major interacting systems including:

Energy pathways—meridians & related acupoints, Energy centers—chakras, Energy systems—the human biofield that envelops the body

Large pockets of the membership are located in the northeast and southwest regions of the United States, but include Canada and 22 other countries.

Ads are accepted on a space-available, first-come-first-serve basis. All ads must be pre-paid and received by the deadline for each issue. Winter, December 1st, Spring,

March 1st, Summer, June 1st, Fall, September 1st
The file format should be Adobe Acrobat “.pdf”. Display ads can be color or black and white. ACEP has the right to accept or reject any advertising at its own discretion.

Display Ad Rates per Quarterly Issue

\$225	Full page	7" W X 10" H (Vertical)
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Electronic files of ad copy should be sent to Betsy Muller, Editor at betsy@theindigoconnection.com with cc to acep_ed@energypsych.org

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