COMPLETENESS OF TREATMENT WITH TFT

The frequent rapidity of response to treatment of trauma and phobia in Callahan Techniques Thought Field Therapy often brings sighs of relief, cheers of liberated joy, or tears of release. The question raised by clients, practitioners, and skeptics of "how long will it last?" is a constructive one.

My clinical experience over the nine years I have been using TFT is that completeness of treatment with TFT can make a difference in how long it holds with treatment of trauma and phobia. Individualized energy sensitivities have their retriggering effects on addiction, anxiety, depression, fatigue, irritability, insomnia, etc. and at times with trauma and phobia as well. However, this retriggering with trauma and phobia appears in my experience to be reduced with more comprehensive and complete treatment of the trauma or phobia. As Roger Callahan so often states, we want to get to the root causes to eliminate the symptoms from their source of origin.

With treatment of traumas, a screen for dissociative disorders such as the DES and DIS (Dissociative Experiences Scale, Bernstein & Putnam, 1986; Dissociative Interview Schedule, Ross, 1989) is helpful. It is a self-administered test which only takes about 10-15 minutes to do and score. With high scores (or too low scores with clients with histories of early severe traumas) in the dissociative disorders range, it would then be prudent to take longer in the preparation phase. This would include having the client master TFT self-treatments for stress, anger, rage and fear. Also included would be whatever else would be anticipated to be needed coping skills when the client works through the traumas that have been so horrifying that the client's protective survival mechanisms invoked the dissociative defense. (For those for whom treatment of dissociative disorders is outside their scope of practice, referrals would be made to the appropriate clinician. For those within scope of practice but without experience, either appropriate supervision would be obtained or referral made.)

The complete TFT treatment for trauma would be essentially following up with what else comes up for the client after successfully processing through the targeted trauma. Targeting any residual body sensations often brings up further information to process through, more perturbations. This would be continued until no more perturbations can be found, and client now thinks about the trauma or phobia with clearly changed perspectives, affect, thoughts, intensity, vividness, body sensations, perceptions in all sensory modalities, etc. Using the Peak Performance protocol to enhance and improve confidence in coping effectively in dealing with the problem is an important component that parallels the future template. The usual instructions for the client to call if there are any recurrence of symptoms would also be in effect, as well as follow-up session(s) to work on residuals or other material that emerges subsequently in awake or dream states.

Case examples to illustrate this follow.

Phobia of elevators

Client presented with a fear of elevators that prevented client from going up tall buildings unless client could walk the stairs. Working through fear of elevators brought SUD 10 down to a 4 with the phobia algorithm. Client then shifted thought fields with flashbacks about being trapped in a crashed vehicle with the doors unable to open and the imminent risk of explosion. After that trauma was treated with the trauma algorithm with SUD 10 down to 0, client then accessed a memory that had not seemed connected to the phobia but now made sense. When client was a toddler, one parent died and not understanding death at that age, the client as a young child was horrified at seeing the coffin close. After working through this trauma with SUD 10 down to 0, a related trauma with a close friend in elementary school emerged. After this related trauma was worked through with SUD 6 going down to 0, returning to the original phobia of elevators the SUD was down to 0. No further memories or material came up. The elevator phobia was then tested in the situation with actually riding up and down elevators with no problems experienced.

Trauma of loss of a child

Client presented with depression, sadness, crying three years after tragic death of client's teenager. After working through the grief with TFT diagnostic treatment with SUD 10 down to 0, client could talk without crying. Anger about some of the circumstances of the death came up with queries about what else was coming up. When anger was worked through with TFTdx. with SUD of 9 down to 0, client then experienced waves of guilt and sadness about what could have been different. in the past. This guilt and sadness was treated with TFTdx with SUD of 7 down to 0. Client appeared calmer, more at peace within self, and was able to talk about client's teenager with smiles, recounting fond memories. A peal of laughter broke out as client reminisced, and accessed a humorous and touching past event. Looking at what else was coming up now brought more fond memories, smiles, chuckles and laughter. Client's images of teen had changed from the tragedy to happier times and images, and this grief work was more complete with layers and stages of grieving processed. Peak performance was used to work on coping with the upcoming anniversary of the teen's death, birthday, favorite holidays and activities.

Multiple traumas

Client had severe multiple rape-assault trauma a couple of years prior, which had not responded to more traditional treatments of trauma. She worked through the trauma, fear, rage and feelings of helplessness with TFTdx with SUD 10 down to 0. Earlier traumatic events then surfaced, and were processed through with TFTdx. with SUD 8 down to 0, SUD 7 down to 0, SUD 9 down to 0, SUD 6 down to 0, SUD 5 down to 0 over the next two sessions. Relevant or related issues that came up were also treated with TFTdx to remit the distress, until client could think of no further disturbing memories or thoughts. The sequelae to the rape-assault with avoidance of many everyday situations were worked through wherever perturbations could be found. Then peak performance was used to enhance confidence levels in coping with previously avoided situations with safety.

Client was graduated from treatment after 5 sessions with instructions to call when/if any problems developed. Nine months later, while in crowded supermarket, she called in distress from her cell phone in her car. She had just run out of the supermarket after the man standing in line too close behind her, noisily chewed and cracked his juicy fruit gum. The smell and sound brought back a memory of the primary rapist chewing and cracking juicy fruit gum, which she had completely forgotten about even when the smells and sounds of the prolonged ordeal had been worked through. Since I was in session at the time of her urgent call, I asked if by any chance she still had her treatment protocol for this trauma. Although she had not used the treatment protocol since graduating, she still had it in her purse. She was instructed to use it a few times and call back. She called back 30 minutes later, and was putting away her groceries which she had gone back into the supermarket to purchase. She did the protocol a few more times before going to sleep, and reported the next morning that she was fine, with no nightmares, with which she had long suffered prior to her original TFT treatments. She had even gone to a store in the morning to pick up and smell a pack of juicy fruit gum, which she reported doing without any flashbacks or trepidation. She stated that she felt so empowered, that she felt so in control of herself again. She was doing peak performance on her own, and we cancelled the urgent session squeezed in for that morning. I apologized for the incomplete treatment and she agreed to call if there were any further problems.

References:

Bernstein, E.M., & Putnam, F.W. (1986). Development, reliability and validity of a dissociation scale. Journal of Nervous and Mental Diseases, 174, 727-735.
Ross, C. (1989). Multiple personality disorder: Diagnosis, clinical features, and treatment. New York: Wiley.

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