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USING SUBJECTIVE UNITS OF TRANSFORMATION (SUT) AND INTENTION TO SUSTAIN HEALTHY RESPONSE HABITS

by

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Lifestyle Prescription University
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DEDICATION

This dissertation is dedicated to my late husband Darel Ellert who taught me that through questioning we continue to move toward experiencing what is possible. Your loyal support and constant encouragement continue to call me forward to take the next step.

"The important thing is to not stop questioning. Curiosity has its own reason for existing."

Albert Einstein

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ABSTRACT

The purpose of this dissertation was to explore treatment options that can help relieve psychological distress following traumas. Subconscious triggers are often default protection responses (habits) that will continue to disempower the client without treatment which can prevent a person from living to their full potential and experiencing quality of life. This study uses intention to create sustainable change and assesses the effect of adding an intention statement to the subjective units of transformation (SUT) protocol that encodes healthy response habits to improve the quality of life. This research used two distinct groups of 20 participants who were followed over six months in a static control design. Both the control and treatment groups undertook a series of emotional freedom techniques (EFT) interventions, including the establishment of a lifestyle goal. However, the intervention in the treatment group also included an intention statement that gave additional support to the goal. The correlation between the reduction of the subjective units of distress (SUD) and the increase in the (SUT), including the effect on the sustainable and improved quality of life, was documented over six months. These results indicate that adding the intention statement significantly impacted maintaining the SUD at a lower level and enhancing sustainable SUT levels. This research found a significant relationship between the ability of participants to maintain their SUD distress at low levels and their SUT transformation at high levels over time. This study suggests that adding an intention statement significantly improves the outcomes of achieving goals and the sustainability of positive improvements in the quality of life.

Keywords: trauma, intention, subjective units of distress, subjective units of transformation.

CHAPTER 1

INTRODUCTION

I have observed in my practice as a health coach that even with mental health support in many areas of treatment, most trauma still is not being treated effectively. Thus, my dissertation is focused on identifying the gaps in treatment approaches which have resulted in trauma going untreated and redefining treatment protocols to improve health outcomes. I began my research into the modalities, how health disorders were diagnosed, treatment approaches and what constitutes recovery. This study is important because research has indicated a connection between long-term physical health concerns and behavioral health issues stemming from traumatic experiences, particularly those that happen during childhood (SAMHSA, 2023). Additionally, modern world stresses continue to have adverse effects on well-being and untreated trauma has further debilitating effects.

My research contributes to the knowledge base concerning trauma treatment by analyzing the sustainable outcomes of energy psychology protocols--specifically EFT, the impact of using root cause analysis more effectively, and adding an intention statement to support goals for improved quality of life. Specifically, does adding an intention statement increase the sustainability of positive habits that impact the improvement in patients' quality of life?

Traumatic events might have their genesis in drug abuse, domestic violence, accidents, mental health issues, Adverse Childhood Experience (ACEs), exposure to a catastrophe, an accident, a divorce, or any experience that has left a lasting negative psychological imprint on the subconscious. Among the wider arguments set out in this dissertation is that these experiences can often lead sufferers to develop maladaptive coping mechanisms (Wadsworth, 2015). Past traumatic events can lead people to struggle to establish relationships, experience

difficulty coping with day-to-day life events, or take solitude in destructive behaviors. At the very least, the psychological scars of past trauma prevent people from achieving goals and flourishing (Gray & Chapman, 2023). Seen through this wider lens, some ninety percent of behavioral health clients have experienced trauma of some kind, and this thesis represents an attempt to address this epidemic (Bentley, 2014).

As such, this thesis is motivated to find realistic, cost effective, and practical remedies that can help people overcome trauma and develop resilience. My research aimed to identify and evaluate how to eliminate or mitigate these unhealthy habitual responses that can range from low-level anxiety and uncontrolled panic attacks to the inability to deal with daily living activities. Specifically, the research investigates whether Emotional Freedom Techniques (EFT) represent an effective treatment to improve the quality of life for people suffering with trauma given the increased daily challenges of today's world. Beyond testing EFT with this population, this dissertation also explores whether EFT protocols need to be updated to more effectively treat trauma. More specifically, my research was designed to test whether adding an intention statement to the current EFT protocols produces further improvement in achieving clients' goals and improving quality of life than the effects of EFT alone. The study uses primary data collected from a static control study collected from my client base.

Problem Statement

As stated in the introductory section, leaving trauma untreated is unhealthy, can be dangerous, and has significant negative impacts on quality of life. The focus of treatments is to reduce or eliminate the emotional reactions to trauma, and the results are that the client can feel safer and resist self-destructive behavior. At the same time, the client can experience less intense feelings and can have more control over emotional reactions (Lahousern et al., 2019). Yet,

clients may not have developed the confidence and sense of safety to make decisions and set goals that will allow them to live a more fulfilled life. Observations of my clients have highlighted the need for continued efforts to explore the treatment of trauma beyond releasing the presenting triggers.

Another complication of untreated trauma is that early exposure to different types of adversity affects the developing brain and puts children at higher risk for a broad spectrum of developmental issues that impact their ability to appropriately respond cognitively and emotionally (Bick & Nelson, 2016). People who have experienced emotional, mental, and physical abuse early in life are also frequently seen to exhibit atypical emotional development including increased rates of psychiatric diseases, interpersonal issues, and high-risk antisocial behavior and do not have the sense of well-being necessary to live to their full potential (Bellis et al., 2013). Even though they may have had treatment and no longer have triggers from past traumatic events, they still have the habitual protection mechanisms to prevent further trauma, which can result in them developing a pattern of victimization.

The brain is always prepared to react to trauma to ensure survival during a traumatic event. However, the same protection mechanism that responds to keep people "safe" can also hold patients in painful memory loops (van der Kolk et al, 2023) that become a serious problem for those who cannot experience the emotions of a happy and good life. Therefore, in order to better understand how these events may influence fundamental neurobiology, and raise the likelihood of persistent problems, future research must take into account the timing of negative experiences that impact normal brain development (Ostby et al, 2009 & Goddings et al, 2014).

Evidence of the Problem

We have a health culture of wanting quick solutions to complex problems which has resulted in a dependency on pharmaceuticals for our healing. In an effort to feel normal, many individuals take medications to treat the various symptoms of trauma (Schiavone & Lanius, 2019). Thus, clients' habitual responses of feeling sad, disappointed, and believing they have no control over the outcomes of their lives have resulted in the use of excessive amounts of medications. However, the wider literature indicates that it may be possible to find additional innovative approaches to helping people become more self-sustainable in achieving their well-being (van der Kolk et al, 2023).

Overview of Chapters

The remainder of this thesis is split into four substantive chapters, covering a literature review, methodology, the results of the empirical study, and a set of conclusions and recommendations. The aim of the literature review is to set out a novel and emergent view of trauma that differs in explicit ways to conventional views of trauma as emerging from extreme events. It is my contention that trauma needs to be understood and analyzed at the level of the everyday. Adverse events, such as sexual exploitation, accidents, violence, childhood bullying, and so on, often leave scars on the subconscious that manifest as psychological and behavioral difficulties later in life. At the extreme end, these experiences can sometimes emerge as PTSD or intense anxiety, though more often they manifest in maladaptive coping mechanisms, low self-esteem, avoidance behavior, relationship difficulties, or struggles with addiction (Wadsworth, 2015).

The literature review also covers potential treatments for trauma, with EFT emerging as a cost effective and accessible way to treat these kinds of trauma (Bach, 2019). As shown throughout the literature review, EFT has proven incredibly useful in addressing various

symptoms of psychological distress. However, since it remains an emerging treatment, it is argued that EFT protocols still need to be refined (Gaesser, 2020). Specifically, EFT is often practiced as a "treatment" for the symptoms of psychological distress, whereas there is scope to better address the root causes of this distress. Following any trauma, people frequently feel as though they have lost control of their lives. Setting goals that assist them in concentrating on a larger objective helps them regain it. One way of doing this is to include an intention statement to EFT protocols, which helps the client better understand who they are, take responsibility for their actions, and—above all—reaffirm their belief in their own abilities. As explained later in chapter 2, when EFT treatment is fused with setting intentions, its results may be more durable and efficacious.

Developing these themes, chapters 3 and 4 detail the results of an empirical study designed to test whether including intentions statements improves outcomes for trauma patients. Specifically, the study uses a novel method of measuring trauma, using the subjective units of distress (SUD) and subjective units of transformation (SUT), which measure levels of distress and ability to heal respectively (Cunic, 2020). As shown in chapter 4, clients who engaged in setting intentions in addition to EFT treatment show a marked improvement on these scales in comparison to controls. Moreover, the benefits persisted at follow up, suggesting that intention statements do not only improve outcomes but offer longer term benefits.

As such, the study shows that releasing trauma triggers from the past originating events using updated treatment approaches is essential before transformation habits can be sustained. In turn, this study makes an original contribution to current knowledge. First, it adds to the now well-established literature demonstrating the effect of EFT on trauma symptoms. Though more impactfully, the study also evidences the case for further development of EFT protocols and

makes practical recommendations to EFT practitioners to include intention statements in EFT routines.

CHAPTER 2

LITERATURE REVIEW

This literature review provides solid evidence that trauma affects many people and disrupts their sense of well-being. A prevailing problem is that trauma is rarely effectively addressed, and its ongoing misdiagnosis and lack of access to effective treatment are implicated in the surge of mental health disorders worldwide (Centre for Addiction and Mental Health, 2024). Four themes are central to this thesis: (1) untreated trauma can cause mental health disorders and chronic disease, (2) treatment protocols have focused on symptoms rather than root causes and facilitating behavior change and thus new approaches to treatment are needed, (3) originating meanings and beliefs from trauma need to be cleared before transformation can be encoded sustainably, and (4) the usefulness of intention needs to be acknowledged and integrated into new treatment approaches.

My Search

I wanted to gain a better understanding of the existing research from databases that had reliable findings, so that I would not just duplicate results, but be able to adequately compare my outcomes and identify inconsistencies, gaps, and conflicts with previous studies. I sought research on the debilitating effects of untreated trauma on mental health disorders and chronic disease, studies using energy psychology techniques (primarily EFT) to resolve trauma symptoms measured with quantitative statistics, and research on using intention to affect the quality-of-life outcomes. I excluded studies that used pharmaceuticals to treat trauma, elderly patients, and other types of therapy to treat trauma. Overall, I found 182 articles using my key terms and, of those, I selected 38 that were specific to the effectiveness of energy psychology and 72 that also aligned with my inclusion criteria and identified gaps in the literature which were relevant to my topic.

I found these databases to be the most useful as they had more hits related to my key terms: APA, pmc.ncbi.nlm.nih.gov, nattrauma, APA PsycNet,PubMed, Google Scholar,ScienceDirect, ResearchGate, EFT universe, and frontiersin. My research included several books on trauma theories, including *When the Body Says No by* Dr. Gabor Mate, *The Myth of Normal* by Dr. Gabor Mate, and *The Body Keeps the Score* by Dr. Bessel van der Kolk. I read research articles on treatment protocols for trauma, energy psychology fundamentals, energy psychology protocols, emotional freedom techniques research, and intention research. I researched peer reviewed journal articles and professional journals with ResearchGate, statistics from the government and health organization websites including the World Health Organization and Centers for Disease Control and Prevention, and websites from the professional associations ProQuest, Pharmaceutical Journal and the National Library of Medicine.

I used seven key terms in my search of the research literature.

Trauma. The word Trauma literally means "wounded," "shocked," or "injured." A person experiences psychological trauma when their emotional distress from an event exceeds their ability to process it. A single incident or a string of incidents deemed to be gravely dangerous or life-threatening to oneself or loved ones may serve as the precipitating event. Not everyone reacts to events in the same way, and what one person perceives as trauma may not be distressing to another. People also process experiences differently (Psychology Today, 2023). As such, trauma is best thought of as individual psychosocial responses to stressful events. The enduring psychological and psychological symptoms that follow from such events can last for a lifetime (Gray & Chapman, 2023).

Energy Psychology. Energy psychology integrates the manual stimulation of acupuncture points with imaginal exposure, cognitive restructuring, and other evidence-based psychotherapeutic procedures (Feinstein, 2022).

Emotional Freedom Techniques (EFT). EFT, referred to as psychological acupuncture, is associated with a methodology for mental health management. It is a type of counseling intervention that stimulates acupressure points by pressuring, tapping, or rubbing these points while focusing on situations that represent personal fear or trauma and promote alleviation of symptoms (Craig, 2016).

Encoding. Encoding is the process of transforming a sensory input into a format that can be stored in memory. Encoding is the first stage of memory processing, followed by retention and then retrieval (APA Dictionary of Psychology, 2018).

Subjective Units of Distress (SUD). SUD is a scale ranging from - 0 to -10 that measures the subjective intensity of disturbance or distress currently experienced by an individual. "It can be a subjective tool used by your therapist or healthcare provider to evaluate your progress and the success of your current treatment plan. In this way, it can be used regularly over the months of your treatment to gauge different areas of distress or disturbance that require additional work" (Cunic, 2020).

Subjective Units of Transformation **(SUT).** SUT is a scale ranging from +1 to +10 that measures the subjective intensity of new empowering self-reliant energy, or thoughts of inner confidence to encode a new habit (Lifestyle Prescriptions University, n d).

Intention. Intentions are powerful statements of what you want and hope to achieve. They serve as clear blueprints that guide you and influence your decisions. Contemporary psychology interprets intention as a multifaceted concept that includes elements of motivation,

emotion, and cognition. It's not only about your plans; it's also about your feelings and the reasons behind them. As such, defining intentions clearly aligns the power of your subconscious mind with your conscious goals (Positive Psychology, 2024). Therefore, in psychology, understanding intention is essential because the therapist can more accurately forecast behavior, explain motivations, and help individuals in improving their behavior (Pacherie & Haggard, 2010).

Roots of Trauma

To understand how and why trauma often remains untreated, it is important to understand the roots of trauma. Trauma is a term used to characterize the difficult emotions that arise when people experience an emotionally disturbing event (Krauss, 2023). This simple and somewhat intuitive definition of trauma is a useful departure point for this literature review. However, my dissertation operates with a more expansive notion of trauma than is commonly found in the wider clinical literature. More specifically, as this review highlights in more detail, trauma can and should refer to a range of experiences that manifest in maladaptive coping mechanisms. For example, these experiences may be loss of a parent, a child, or a loved one, adverse childhood experiences (ACEs), bullying, natural disasters, being a victim of a crime, workplace harassment, and so on.

As such, among the arguments developed across the following sections, is the notion that we need to theorize trauma as a more everyday experience (Mental Health Foundation, 2023). Moving beyond the idea that trauma is associated simply with extremes—like war or destitution—once we focus our attention on the psychological manifestations of adverse experiences, trauma is apparent in a variety of adverse life experiences. Critically, however, it needs to be recognized that not all adverse experiences will affect everyone in uniform ways

(American Psychiatric Association, 2013). People may experience the same incident differently, which makes it more challenging to determine the impact of traumatic events (Center for Addiction and Mental Health, 2023). With that caveat in mind, the following section tracks recent developments in our understanding of trauma across recent decades.

Childhood Trauma

Childhood trauma is the initial point that we must consider when trying to understand the phenomenon of untreated trauma in today's society. Where early trauma research was concerned with the immediate symptoms of PTSD and the experience of extreme violent events, as trauma research developed in the post-war period it was soon recognized that challenging experiences early in life often predicted later mental health problems (Wade et al., 2022). Early-life traumatizing experiences, such as abuse, neglect, and disturbed attachment can frequently have disastrous effects, both in childhood and later into adulthood (Lesiuk & Hegadoren et al., 2006). Childhood trauma is usually connected to experiences between ages 0 and 6, although some authors propose that trauma can affect the child in utero (Davis et al., 2011). It is suggested that early childhood trauma memory can be stored in the brain and the body where the emotional response to trauma can "freeze" at the age when it occurs (PsychCentral, 2022). Thus, some psychologists have observed what they describe as age regression, where experiences of trauma-related triggers in adulthood can prompt sufferers to revert to childlike behavior patterns (Manly, 2022). The long-lasting impact of early-life traumatizing experiences has persistent consequences in later stages of life, where it can manifest as continuing high emotional distress into adulthood (Wade et al., 2022).

Researchers (van der Kolk et al., 1994) have discovered that alterations in the physiologic stress response are manifestations of trauma that are preserved in somatic memory. Strong

feelings during the trauma trigger the long-term conditional reactions to memories of the incident, which are linked to persistent changes in the body's stress response and are typical of PTSD (van der Kolk, 1997). As such, van der Kolk (1996), has argued that the psychological burden of childhood trauma may be the most significant public health issue in modern society, which can be resolved with the right preventive and intervention measures.

Theories concerning childhood trauma assert that it diminishes a child's sense of value and feelings of safety and trust in the world in which they live (National Child Traumatic Stress Network., n.d.). Childhood trauma also creates emotional pain, shame, and/or grief that can result in several harmful behaviors in a child's behavior patterns. These include being aggressive, exhibiting apathy, promiscuity, and substance abuse, as well as developmental challenges and attachment issues (Atkinson et al., n.d.). Addressing similar problematic behaviors at an early stage can present further complications in individuals' emotional and mental states. Even though researchers provide detailed explanations about trauma, the problem of untreated trauma should be explored in a more holistic way, considering the enormous implications if it is not resolved. The serious impacts of childhood trauma are addressed below, and this must be addressed considering the long-term effects on adult functioning.

More than two-thirds of children report one or more traumatic events by age sixteen (Substance Abuse and Mental Health Services Administration, 2023) and unfortunately, as shown in the previous section, childhood trauma is frequently not recognized and consequently left untreated.

ACEs are a major problem because in the last year up to 1 billion children globally between the ages of 2 and 17 have been the victims of physical, sexual, or emotional abuse or neglect (World Health Organization, 2022). This abuse can include everything from bullying to

parent loss to having a family member incarcerated, and to more direct physical and psychological abuse (Woodland, 2023). Preschool children with traumatic histories are at risk of not developing the brain capacity to control emotions when stress arises. They often experience problems that place them at risk for additional trauma exposure and increasing damage (Cook et al., 2017). Treating trauma and the varied psychological and physical issues these events create continues to evolve as neuroscience has provided opportunities to better understand that trauma changes both biology and psychology.

Although it is frequently disregarded, emotional abuse is another cause or aggravating factor of childhood trauma and since many of these children have not been identified, they do not receive appropriate services. It co-occurs with various forms of exposure to violence and can have negative consequences (Toth & Cichetti, 2006).

At this point in my thesis, I wish to emphasize that a range of health and social consequences ensue from untreated or misdiagnosed childhood trauma. At the biological level, Mate and Mate (2022) have shown that when a child's needs are not addressed, they can become agitated, and cortisol floods their brain, impairing brain development. Unresolved trauma can cause children to be overly sensitive to imagined dangers, which can occasionally result in disagreements and problems with being able to trust friends, family, and teachers (Alburquerque & Saleh, 2024). Most importantly, unresolved ACEs can have a profound impact on well-being in later life.

Adult Trauma

Unresolved childhood trauma may affect many domains of adult life such as emotional and physical health because early negative childhood experiences have diverse consequences which present as multifaceted aspects in adult trauma. Also, the impact of early traumas can be

amplified later with a violent incident, a natural disaster, a war, a tragic accident, or a multitude of other events that can happen later in life (Jones & Grier, 2024).

For example, adults who have suffered childhood trauma are three times more predisposed to mental health problems that can affect adult relationships, productivity at work, general functioning, and overall well-being. In a recent study of over 93,000 cases, a clear connection between a traumatic childhood and adult mental disorders was found (National Institute of Mental Health, 2021), and associations have also been found specifically between ACEs, substance use, and PTSD (Khoury et al., 2010). PTSD can result from thoughts and recollections of traumatic events and can substantially impair an individual's ability to control their emotions and develop healthy relationships (Center for Addiction and Mental Health, 2023). Untreated childhood trauma can also reduce the capacity for resilience in adulthood which can lead to persistent problems (Nishimi, 2021).

A distinction between PTSD and long-term trauma is important. The latter can result in chronic physical problems over an extended period of time, whereas the former affects the entire body through the neurological system (NeuroLaunch, 2024). The criterion for a PTSD diagnosis includes symptoms that are severe enough to interfere with daily functioning and last longer than a month. The nervous system repeatedly plays back the incident, the memories, and associated fears, much like a broken record. People with trauma often feel uneasy and have a persistent inward discomfort in their bodies because they do not feel safe. To try and manage these feelings they frequently disengage from their gut instincts and acquire the ability to hide from their past experience (van der Kolk, 2023, p. 97). Trauma needs to be released from the body and further research is needed to study treatment options that will regulate the autonomic nervous system which controls our emotions and behaviors (Shaw, 2019).

As noted above, PTSD impacts the nervous system throughout the body and long-term trauma can result in chronic health problems over an extended period (Gray & Chapman, 2023). Therefore, physical symptoms could be weariness, headaches, backaches, nausea, tense muscles, elevated blood pressure, or an elevated heart rate. It is critical to understand that if the symptoms of PTSD are not treated effectively they could have lifelong effects (Newport Academy, 2022).

A further consequence of trauma is that family members of trauma victims often report themselves having experienced the same trauma symptoms as those of the primary trauma victim. Children of traumatized parents may inherit health and mental health problems (Centers for Disease Control and Prevention, 2023). Caregivers can become overwhelmed and begin experiencing many of the symptoms of PTSD, including unwanted upsetting memories, emotional distress from reminders of the traumatic event, including physical reactivity (Verno, 2023). The unofficial diagnosis for these people is optimally described as posttraumatic caregiving (PTCG). It has been shown that PTCG can be a precursor to PTSD, having the added dimension that the triggering event has happened to a loved one which causes intense feelings (Verano, M. 2023). Caregivers may feel hurt by their loved one’s distance and moodiness or may not understand their behavior and why they are less affectionate and more volatile. It can feel like they no longer know this person and must tread softly (Smith & Robinson, 2023). These examples illustrate how untreated trauma can have intergenerational. multiplying effects.

Collective Trauma

The connection between childhood and adult trauma discussed above emphasizes that the root cause of trauma is often found in early life. In this context it is important to understand the impact of collective trauma which can also profoundly affect people's psychological, emotional, and even physical well-being (Baker, (2024). As an example, collective trauma, like the effects

of the COVID-19 pandemic, has continued even though the immediate threat from COVID has diminished. Compared to statistics prior to the pandemic, there has been a significant rise in the number of individuals reporting mental health symptoms and insomnia (Pruthi et al., 2023).

Devastating events such as mass shootings, earthquakes, and war can have a profound effect at the national and state levels such as the recognizing that laws and legislation must change. It can also affect personal choices at the collective level, such as the decision to have or not to have children (Cooks-Campbell, 2022). Another example of an event that caused collective trauma is 9/11. There was a fundamental disruption of feelings of safety and ease in New York City and around the country following the events of September 11th and it continues to have an impact on Americans' daily lives even after twenty years have passed. Many people still fear flying or entering tall buildings (Cooks-Campbell, 2022). There are many examples like these that illustrate how untreated trauma can lead to more complex problems later in life and unprocessed trauma can lead to PTSD, a distinct mental health diagnosis (Baker, (2024).

Individual trauma victims often consider themselves to be experiencing their pain in isolation and do not feel they fit in anywhere. In contrast, collective trauma is a catastrophic occurrence that affects the whole community and tears apart the fundamental structure of society because these events usually happen unexpectedly and there is no time to prepare. Collective trauma exacerbates previously existing inequities and marginalizes already vulnerable people by bringing to light pre-existing discrepancies and injustices they have already experienced, especially those people who already suffer from behavioral or mental health issues (Baker, 2024). To this point, collective memory of trauma differs from individual memory in that it can affect the lives of people who didn't experience the event firsthand. Individuals who are removed geographically from the event, or future generations of the immediate survivors, may connect the

memory of the trauma to their own sense of security even though they personally did not witness the event (Hirschberger, 2018).

To take this point further, it is important to understand the effects of historical collective and intergenerational trauma, especially on youth (Brave Heart M.Y.H., 1999). For example, the Lakota (Teton Sioux) historical trauma response is a constellation of features associated with massive group trauma and grief across generations dating back to the 1890 Wounded Knee Massacre and the removal of children to federal boarding schools in this period. Similar traits have been identified among Jewish Holocaust descendants. An explanation of historical and intergenerational trauma can be found in studies on trauma and the teenage brains. A noteworthy finding is that adolescent brains are more susceptible to the effects of stress hormones because they are still developing and it has proven challenging for researchers to quantify the long-term effects of collective trauma on youth (Pazderka et al., 2021). For instance, research is currently limited on how 9/11 affected the development of children who witnessed this event (Teen Mental Health & Substance Abuse Treatment Centers, 2020).

Racial oppression can become a collective trauma as did slavery in the Black American communities and camps for Asian Americans during WW1, and all such events affect young people's future social, economic, and emotional well-being. Trauma has been observed in numerous BIPOC communities and in people of all ages (Cenat, 2023). Although some may argue that racial trauma is not as present today as it was in the past, its roots continue to persist in society as intergenerational trauma, and it often causes tension within communities (Hankerson et al., 2022. As a result, untreated trauma can contribute to emotional and physical challenges later in life.

One way of thinking about and summarizing the impacts of the wide range of traumatic experiences and events is the Five Pillars.

Table 1: The Five Pillars of Trauma (Silove, D., 2007, p.1)

Pillar	*Threat: Past Present and Future*	*Normative Psychological Response*	*Normative Adaptive Response*	*Negative Outcomes (if Adaptive Responses Fail)*
Security	Ongoing violence, poverty, lack of food, absence of medical care	Fear, anxiety, hyper-vigilance, insecurity	Security seeking, protectiveness, vigilance	Anxiety, post-traumatic stress
Attachment and Bonds	Forced separation, losses, disappearances	Grief, separation anxiety	Parental protective-ness, attention to restoring families and networks	Complicated grief, pathological separation anxiety, depression
Justice and Human Rights	Discrimination, racism, humiliation, degrada-tion, rejection, incarceration, dehumanization	Suspicion, lack of trust in authorities, anger	Sensitisation to justice, universalism, human rights promotion and demanding of justice	Pathological anger and violence, loss of trust
Roles and Identity	Dispossession and dep-rivation, genocide, de-nial/inadequate rights to: work, residency, and self-support	Aimlessness, reduced awareness, loss of sense of belonging, reduced efficacy	Role confusion, recrea-tion of new or hybrid roles and identities	Loss of direction, giving up, persisting aimless-ness or persistent inactivity
Meaning and Coherence	Destruction of places of worship, banning of religious/spiritual activities, suppression of spiritual, political and cultural aspira-tions and practices	Loss of coherence, a feeling of disorientation and alienation from society Cultural disintegration	Rediscovery or regeneration of cultural, and religion/ spirit, pursuit of social and political causes	Isolation, discontinuity, fragmentation, loss of coherence

Table 1 shows the many negative symptomatic outcomes occurring from trauma, ranging from PTSD to isolation and loss of coherence. The range and depth of these conditions is staggering, and it is time to focus on the results of leaving them untreated.

Results of Untreated Trauma

The first of the themes I have used to organize this chapter is that *untreated trauma can cause mental health disorders and chronic disease.* The results of leaving the many forms of trauma described above, particularly PTSD, can result in a plethora of comorbid disorders which increase hospitalization, lengthens treatment, lowers overall health outcomes, increases substance use disorder, and increases the need for costly psychiatric services (Cuthrell, 2022). The prevalence of traumatic life events and PTSD, which affects over 70% of people worldwide,

and the results of leaving trauma untreated is that it creates a significant impact on public mental health services (Benjet et al., 2016; Kessler et al., 2017).

While mental health disorders are increasing, the services available are declining, leaving many people in despair, which causes a myriad of family, community, and economic breakdowns (Wainberg et al., 2017). Major disruptions to mental health service systems have occurred at the same time as the increase in mental health disorders creating gaps in support for those seeking help (World Health Organization, 2022). The effects of untreated trauma are life-debilitating; therefore, it is essential to understand the outcomes of trauma that goes untreated, and to understand that the traumatized brain is a key component of providing effective treatment (Bremner, 2006).

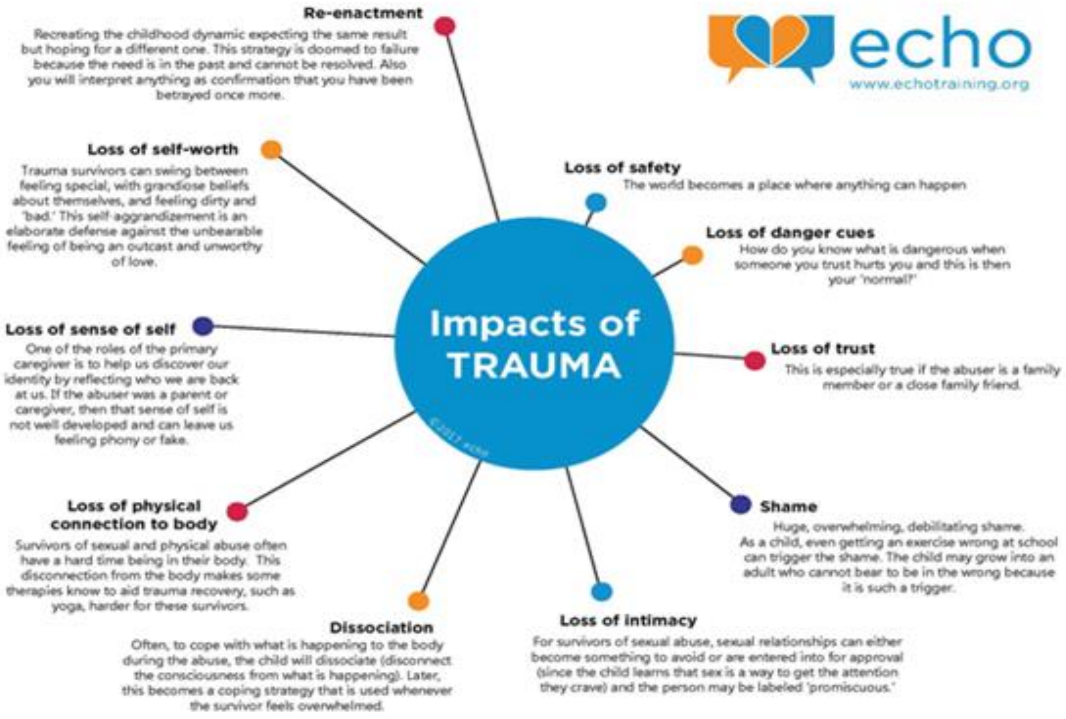
Untreated trauma has serious effects on individuals and can profoundly truncate their life's potential. Cvetkovich (2016) determined that depression sufferers can experience feelings of immobilization, stigma, misfitting, and resistance to therapeutic treatments, all of which could be signs of unresolved trauma. It has been observed that unresolved trauma impacts people's lives in numerous ways, from overall functioning and relationships to work performance. Persons with unresolved trauma tend to be quite sensitive to various perceived threats, which often leads to irrational behaviors, disputes and trust issues with friends and family members.

Traumatic events usually cause individuals to become overwhelmed with excessive amounts of stress. It is known that stress is our body's response to pressure (Mental Health Foundation, 2023). Stress can develop from a wide range of circumstances or life events, including losing one's job, failing an exam, having deadlines, having money problems, or divorcing a spouse. While trauma almost always causes harm, stress does not, even though it disrupts a person's normal functioning under certain conditions. Maté (2022) points out that

every traumatic event is stressful, but not every stressful event is traumatic. As he says, “trauma is not what happens to you; it is what happens inside you” (Maté, 2022). Stress is a root cause of inflammation, and it weakens chromosomes’ ability to function normally and activates genes that can cause cancer. Maté cites research indicating that women with PTSD had double the risk for ovarian cancer, yet “the average oncologist doesn’t have a clue” about the link between trauma and rates of cancers (Maté 2022, p. 20). As indicated in this study, the link between stress and trauma should be further examined to present more conclusive results about potential risk factors and problems that individuals need to take into consideration.

Untreated ACEs can have lasting effects on health and wellness as well as opportunities for education and employment (Centers for Disease Control and Prevention, 2023). It is imperative to create new models of youth mental healthcare, or to enhance those that already exist, that can incorporate early intervention and prevention techniques. There have been advancements in the treatment of psychotic illnesses, but the common mental disorders described above remain largely unexplored (Colizzi et al., 2020).

Figure 1. Impacts of Untreated Trauma (Echo Trauma Training, 2017, p.1)



The research is clear. Complex untreated trauma such as childhood abuse, neglect, or abandonment, can affect children in many ways and can have lasting effects into adulthood (Tanasugarn, 2023). The situation in the world today is that people do not have a fundamental sense of security in that they feel they have no control over their future (Hopner, 2020). Inflation, wars, global warming, and other threatening conditions all add to the stress and anxiety of pre-existing states of uncertainty from past trauma and people are seeking treatment.

Current Treatment Approaches

Despite current treatments approaches, mental health disorders have dramatically increased in recent years. For example, since the COVID-19 pandemic, depression and anxiety alone are 25% higher globally (World Health Organization, 2022). To remedy this alarming trend, it is crucial that research and practice take a hard look at current treatment approaches. I believe what will be found is that *treatment protocols have focused on symptoms rather than*

root causes and facilitating behavior change, my second theme.

The Results of Misdiagnosis

As discussed in the previous section, individual differences exist in the impacts of trauma on individuals and the collective, and thus it is challenging to diagnose patients and measure the nature and extent of their psychological trauma (Rosen et al., 2020). Even with available therapies and the high prevalence rate, PTSD is nevertheless underdiagnosed and undertreated, particularly in cases of severe mental illness. Mental health clinics record or identify a fraction of PTSD and traumatic situations, and research shows that only between 2% and 5% of patients with a PTSD diagnosis indicated that diagnosis in their medical records (Chessen, 2011). Thus, it is unfortunate and a serious program that clinicians are not adequately addressing trauma during the treatment of severe mental illness (Psychiatric Services, 2011).

An understanding of the varied manifestations of trauma, and how that experience alters views about the future, is required in making a correct diagnosis and providing appropriate treatment (SAMHSA, 2014). Definitions of trauma and stress were developed by the new classification of post-traumatic stress disorder (PTSD) by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III), which was released in 1980. The DSM-III categorization of the external stressor for PTSD states the following: PTSD is “A psychologically distressing event outside the range of usual human experience" that is accompanied by "intense fear, terror, and helplessness" and causes "significant distress in most people" (DSAM-III, pp. 236-248). Based on the provided definition, it can be concluded that PTSD is not classified as an anxiety disorder in the current DSM-IV, but rather as a trauma or stressor-related disorder. Such clarification is important for patients because knowing certain indicators and triggers for the emergence of PTSD may help make well-

informed decisions regarding future treatment. As shown above, diagnosing and treating trauma and PTSD is complex and detecting symptoms of PTSD in clinical practice can be difficult (Rosen, 2020).

A prevailing problem related to having a more accurate assessment of individuals' mental health condition is that there is no absolute diagnostic test for mental illness, unlike those for diabetes or cancer. A further complication in receiving an accurate diagnosis is that there are overlapping symptoms among several mental health conditions or patient reluctance to disclose relevant information such as suicidal feelings (Aboraya et al., 2006). The result can be an incorrect diagnosis that can have several detrimental effects, such as more adverse outcomes, a slower rate of recovery and over or undertreatment. Additionally, for the patient, being diagnosed with a mental illness can be a devastating experience. Diagnoses and labels associated with mental health problems can lead to bias or discrimination due to their designation as "mentally ill" (Susman, 2018), and this can further deteriorate a person's mental health condition. This decline may even force them to fully withdraw from social life and refuse to undergo a specific treatment plan. There may also be resistance to treatment from patients observing others who continue to struggle with mental health issues even though they have been in treatment, or some are afraid they will be forced to take medication or be hospitalized, believing there is a stigma attached to a diagnosis (Nietzel, 2017). These factors contribute to mental health issues going untreated.

It should be of great concern that anxiety, stress, depression, and suicide are continuing to rise globally, and a contributing factor is the emphasis on diagnosing symptoms for treatment without adequate attention to the root cause, which might otherwise help prevent trauma from becoming PTSD (Miao et al., 2018). Therefore, it is crucial to not just observe symptoms, but

consciously explore the specific traumatic experience encountered, as well as coping mechanisms that can be used to respond to traumatic experiences. A greater understanding of the connection between childhood trauma, mental health disorders, and resilience could lead to preventative treatment measures that create confidence to deal with difficult situations at an earlier age. However, the first step is getting an accurate diagnosis.

More on Why Current Treatments Are Ineffective

The most widely used transformation techniques for treating trauma are centered on treating the symptoms by building safety to stabilize the client, cognitively working through the memories of the experiences, identifying associated disturbances in cognition and social relationships, focusing on recognizing positive experiences, and helping the client integrate changes in their responses to life events (Copley, 2024). Several theories have spawned this approach. For example, trauma is a crisis of meaning that occurs when individuals experience an overwhelming event that cannot be fully understood, or be integrated into their existing cognitive and emotional frameworks; therefore, the trauma memory is not accessible (Caruth, 1996). This theory assumes that healing trauma at a subconscious level is possible by recalling the trauma events and then using behavioral therapy to change self-destructive habits. On the other hand, van der Kolk (1996) based his treatment strategy on the idea of reorientation of the brain away from traumatic experiences. Based on his assumptions, it has been noted that some treatment protocols have proven to have a misguided perspective leading to fragmented and ineffective results for patients which have failed to treat trauma successfully (Scaer, 2001). On still another hand, Herman (2015) sees psychological trauma as an affiliation with the helpless: traumatic experiences are unique not because they seldom happen, but because they inhibit the ability to adjust to life events. In comparison to ordinary misfortunes, traumatic events typically entail

intimate personal encounters with violence and death, as well as threats to one's life or bodily integrity. They arouse feelings of calamity by presenting humans with extremes of terror and helplessness. This perspective is the basis for treatment approaches that use pharmaceuticals and talk therapy that in many cases creates a dependency on the doctor or therapist for survival. Trauma is subjective and can be a single event or a sequence of events (Wright, 2024). As such, the treatment method often focuses on treating the symptoms rather than using an approach to achieve sustainable recovery.

Currently, talking therapies and medicine are the standard medical treatments used for treating patients with PTSD, while treatments such as cognitive-processing therapy, have not been well researched with people who have severe mental illness. Both theories have influenced therapeutic treatment, however the biological theory is inherently associated with the rise in the development and prescription of antidepressant drugs. Consequently, traditional treatment approaches frequently depend on medication which is often ineffective in the long term and is a highly undesirable option for many patients (Deacon, 2013).

Psychotherapies for trauma is the first treatment approach as indicated by clinical guidelines (Hamblen et al., 2019). Talk and exposure therapies, in which a patient is encouraged to relive and reflect upon their PTSD experience, are the primary modalities. However, for people who have gone through trauma or other extreme forms of stress, talk therapy is less effective as talk therapy relies on thinking and relating the events of the trauma, which is a function of the left brain, and trauma targets the nervous system. (Soat 2024). This therapy has been promoted as a cure-all for a wide range of problems and often the measurement of treatment is focused on the number of appointments rather than the quality of the results.

A study of cognitive processing and prolonged exposure therapy treatments shows that two-thirds of military personnel or veterans still fit the diagnostic criteria for PTSD, according to an analysis of 36 randomized controlled trials (RCTs) (Steenkamp et al., 2015). These results show some therapies have not been effective and the result is untreated trauma, or improperly treated trauma, and the increased risk of revictimization.

Another treatment for PTSD is pharmacology in the form of antidepressant drugs, such as Serotonin reuptake inhibitors (SSRIs). According to the latest U.S. federal estimates, antidepressants are taken by one in eight adults. However, these treatments focus on symptoms rather than the root cause of the traumatic experience. Worsening depression and suicide are included in the list of potential side effects. It has been recently observed that American mental health is rapidly declining, despite more people turning to pharmaceuticals (Jama Health Forum, 2023). In this context, it is essential to mention that the most used treatment for depression also happens to be one of the least successful. Some pharmacological treatments do reduce symptoms of PTSD however, symptoms return when treatment is stopped (Alexander, 2012). Thus, experts in the fields of psychology and neuroscience are constantly searching for new methods and interventions that could provide optimized treatment options to patients diagnosed with PTSD.

As a result of the ongoing exploration of trauma's disruptive nature, some researchers have sought to advance a model described as "trauma-informed care (Guest, 2021)." The term "trauma-informed care" is a model for providing human services that is grounded in an awareness of the ways in which trauma impacts people's lives, needs, and use of services. Using trauma-informed approaches may enhance staff and provider wellbeing as well as patient participation, treatment compliance, and health outcomes (Grossman et al., 2021). Even though the term 'trauma-informed care' illustrates relevant implications to practice, it emerges with

certain limitations. For instance, it has been discussed in the literature that this method of trauma-informed care is inefficient in representing the totality of people's traumatic experiences (Grossman et al., 2021). The focus has been predominantly on the harm and injury that the person with trauma has endured, rather than on expanding its use to more relevant and constructive methods that will improve the quality of life for those receiving treatment.

Assessing the various theories and practices provides insight into what has influenced the treatment protocols being used in practice today. It must be noted, however, that we live in a different world than when some of these hypotheses were developed. Many believe it is necessary to update these studies and create more effective approaches to treatment because many survivors today live in a state of detachment or dissociation and function only from a cognitive level (ScienceDirect, 2004).

Further, trauma survivors have not been significantly involved in the creation and implementation of treatments, even though they have unique insight into their major concerns and treatment preferences (Cloitre, 2015). I believe the lack of research that recognizes the impact of trauma survivors' voices has hindered the development of this field of practice. If included, survivor's voices, and an individualized approach could reveal relevant insight into the specificity of personal traumatic experiences. In other words, *fundamentally, new approaches are needed to improve practice*—theme three.

New Treatment Approaches Are Needed

The three main goals of trauma therapy are to improve symptoms, teach coping skills, and restore well-being (Black et al., 2012). Changing the thinking patterns that are interfering with a person's life is the goal and cognitive behavioral therapy (CBT) is the general term for most PTSD therapies. Many paths exist to reach these destinations.

As shown above, untreated trauma can have prolonged or lifelong effects and the importance of understanding how untreated trauma affects human experience cannot be overstated. Additionally, it is all too evident that the available treatments are not uniformly effective. In this context, it is necessary to develop new interventions that enable individuals to work through issues before they become psychological, emotional, physiological, and medical problems. However, seeking appropriate treatment options can become frustrating due to the multiple meanings attached to stress and trauma. One notable option gaining more attention in the treatment of these problems is energy psychology (Marie & Kubala, 2021).

Energy Psychology

Energy Psychology is a term that covers a wide range of treatments that are slowing becoming mainstream. Although energy psychology is still in its infancy, evidence of its efficacy continues to grow (AECP, 2024). These processes utilize the body's energy system to heal from traumatic events and include Trauma-Focused Cognitive-Behavior Therapy (TF-CBT), Eye Movement Desensitization Reprocessing (EMDR), Transcranial Magnetic Stimulation (TMS) and Energy Freedom Technique (EFT). I found there is strong evidence in the existing literature supporting TF-CBT's efficacy and safety as an intervention for both acute and chronic PTSD in diverse population groups which indicates the efficacy of cognitive and exposure therapies (Kar, 2011). However, some studies show that resolving PTSD using CBT only has a success rate of 50% (Nilamadhab, 2011). Thus, it is important to further examine the potential of energy psychology as a treatment approach following major disasters, particularly its preventative potential.

Using energy-balancing procedures and cognitive exposure approaches, a secure and controlled environment for patients to process painful memories can be established (Engelhard et

al., 2019). Recognizing the diversity of symptoms in people who have had trauma, and the creation of more relevant theories that encourage the customization of interventions in accordance with these findings, will support future improvements in outcomes that meet patients' needs in modern times and promote well-being (Reade, 2022). Rather than relive the horror of trauma, I believe that individuals need to reflect on their own emotional existence to determine if they need help to live a better life, and health practitioners need to properly support individuals to overcome their trauma experiences, come out of survival mode, and improve their quality of life. Happiness and well-being promote improved relationships, social connections and increase our capacity to contribute to others. Energy psychology may provide the means to these ends.

Considering that EFT is not yet mainstream, clinicians are often reluctant to use prolonged exposure (PE) treatment for PTSD especially for those with comorbid issues (Rauch et al, 2023). Even though PE has substantial empirical support for addressing the symptoms of trauma, some clinicians believe it is not appropriate for many PTSD patients (van Minnen et al., 2012). Nevertheless, EFT is being used to remediate emotional disturbances rooted in past trauma and EFT is becoming more mainstream due to the evidence-based research showing significant results in its efficacy (Bach et al., 2019).

Root Cause Analysis

As noted above, the multiple issues created by trauma are often not easily understood, which can lead to ineffective treatment or completely missing the root cause of the problem. I believe it is vital that we become more proactive when addressing the symptoms, but to accomplish it is imperative we uncover the originating circumstances of the trauma. In other words, existing treatments of trauma are often not effective because the nature of symptoms are

not completely understood, the root cause is not adequately and safely pursued, and the element of transformation to improve quality of life is not addressed. To heal from trauma, the full significance and meaning of the incident needs to be addressed (O'Garr & Griskaitis, 2023).

Furthermore, the meaning the client puts on the trauma experience can cause anger issues, aggressive behavior, lack of coping skills, tendency to not take responsibility for actions, and living with the limitation of simply surviving (U.S. Department of Veteran Affairs, 2022). Given these findings, it is important to recognize the root causes of the problems clients experience, as many believe this is the foundation for effective future treatments (Copley, 2024).

Root Cause Analysis (RCA) core principle is the focus on identifying and correcting the root causes behind the problems experienced by patients, rather than only treating symptoms (Eyal, 2022). RCA is a framework for analysis that is utilized to identify systemic reasons for unpleasant events so that the meaning and significance of the event can be determined. Most trauma events have multiple aspects and finding why it happened is part of the recovery process. This approach focuses on understanding the clients' complete history to provide effective energy psychology treatments for the original experience and not just symptoms.

While RCA can be helpful in safely determining both immediate and distant causes of triggers, it is not a reliable method for putting preventative measures in place to stop them from happening again (Martin-Delgado, et al., 2020) and thus lead to well-being. Once the feeling or emotion is identified, the subconscious can respond by releasing the locked-in protection mechanism. I believe RCA needs to be further explored and expanded to include transformation techniques that create more resilience for sustainable recovery and prevent further traumatizing experiences. I further believe that expanding and deepening RCA research will eventually be included in mainstream medical care and may enhance the treatment of trauma so that recovery

is sustainable. But in summary, research is beginning to show that root cause analysis should be the platform from which emerges effective approaches to not only a release from trauma symptoms but also for achieving well-being (Jalasvirta, 2024).

Achieving Resilience and Well-Being

The primary focus in psychology has been on pathology and it has ignored the possibility of enhancing the person's well-being (Kraybill, 2021). Most therapists and social workers have been adequately trained in diverse theories and approaches intended to decrease negative emotions and inappropriate behavior patterns in individuals (Purkey et al., 2018). However, it has been suggested that a reduction of pathology in relation to trauma does not necessarily accomplish well-being (Radstaak et al., 2022). Achieving well-being should be further explored to help individuals who have been exposed to trauma increase their ability to adjust to stressors and increase resilience to maintain their psychological well-being in the face of hardship, which will improve their quality of life (Nugent, 2014).

The answer to why trauma damages our protective factor of resilience was found in recent findings in the field of neuroscience. Among these discoveries is that the brain is primed to ensure survival, but specific parts of the brain become altered after a trauma occurs (Suarez-Jimenez, 2022). The mechanisms that develop to protect us from experiencing further trauma are powerful and inhibit a person’s ability to experience resiliency and find pathways for recovery (Hopper, 2022). Thus, a new approach is needed to prevail over the brain’s protective mechanisms. As such, the concept of resilience has taken on more significance considering current biology and psychological research. For example, people have a higher chance of developing conditions including post-traumatic stress disorder (PTSD) and acute stress disorder (ASD) when the person has less capacity for resilience (Wren et al., 2011). In the 1970s,

researchers started examining children who were developing normally despite having a challenging childhood (Zolkoski & Bullock, 2012). This led them to focus on resilience and theorize that some children were more naturally resistant to stress and were able to maintain psychological well-being in the face of suffering or hardship (Masten, 2001). However, when resilience is examined in children, it becomes evident that if significant trauma has occurred, resilience is no longer protective and that ongoing risks will cause harm because they will be less able to cope with the symptoms they experience (Dhungana et al., 2022). Additionally, research shows that being resilient is more than just overcoming obstacles; it's also about being stronger in the face of difficulty. Your issues won't go away if you are resilient. To be resilient is to be able to handle difficult situations (Mayo Clinic, 2023).

One of the most compelling findings in traumatic stress studies that may help reverse this trend is that it may be possible to build resilience following trauma even when the person has not had treatment. Some people seem to have an ability to process trauma and continue functioning so that these disruptive events do not adversely affect their life. Looking for answers as to why some can cope well after trauma and others cannot raise the following questions. How might trauma-survivors cultivate resilience? What can we learn from people who have demonstrated extreme resilience that will guide our work with survivors?

Contributing answers to these questions, Drs. Iacoviello and Charney (2014) offer comprehensive and multifaceted ideas about resilience and how to cultivate these adaptive traits to enhance well-being following traumatic experiences. They have developed six psychosocial elements thought to support resilience, based on the findings from empirical investigations and interviews with individuals who demonstrated resilience following a severe traumatic event: 1) optimism, 2) adaptability of thought, 3) proactive coping mechanisms, 4) having a social support

system, 5) caring for one's physical health, and 6) accepting one's own beliefs (Nugent et al, 2014).

Unfortunately, existing interventions still do not address all six of these psychosocial factors that promote resilience, and we might also add interpersonal effectiveness (Nugent, 2014). I believe broadening the scope of trauma research to include protocols that clear old beliefs about the trauma experience and creating resilience to potential trauma events will improve the sustainability of quality of life.

To incorporate techniques intended to achieve resilience and well-being, it is necessary to understand that happiness and mental health are closely related. Mental health affects many aspects of life, and it directly affects happiness (Gautam, 2024). Existing research on EFT shows that the degree of improvement in quality of life that was perceived by the participants after treatment was the absence of physical or emotional pain. It was not correlated to the joy of life and the capacity to live up to their potential. Therefore, we need to also understand what the client’s perception is of quality of life. Have they thought beyond living without their trauma triggers?

Emotional Freedom Technique (EFT)

Below I explore the major findings concerning the effectiveness of EFT including that it has been found to be beneficial in treating trauma that underlies mental and physical disorders (Bach, 2019), it is extremely versatile as a supplement to existing therapeutic interventions (Beer, 2023), it boosts focus and performance (Sade, 1999), and has over 100 studies that demonstrate its efficacy (Church, 2018). Despite these findings, EFT has not as yet entered mainstream medical care.

As has been noted above, the third of my themes is that *in treating trauma a holistic approach is needed.* Emotional Freedom Technique (EFT) is a primary modality under the Energy Psychology umbrella and has been labeled a holistic approach (Tudsbury, n.d.). Gary Craig, the originator of Emotional Freedom Techniques (EFT), founded this technique in 1995. Clinical EFT has been approved as an evidence-based treatment in accordance with the standards issued by the Division 12 Task Force on Empirically Validated Therapies of the American Psychological Association (APA) (Church et al., 2022).

The literature has demonstrated that energy psychology techniques can help resolve painful feelings because it combines cognitive and somatic elements (Bach et al., 2019). The EFT protocol incorporates acupressure by tapping on the meridians, as well as aspects of cognitive and exposure therapy (Beer, 2023) as the client recalls situations that bring up negative emotions such as sadness, anger, or positive responses and the wish to increase confidence. This technique makes it possible to reconnect with one's own body, restore coherence to the body's energy, move both to a new stage of healing, and it restores a feeling readiness to undertake challenges with confidence (NeuroLaunch, 2024). Feinstein (2021) suggests that many gaps in treatment could be effectively approached by using EFT because more rapid results can be achieved than with using traditional treatments and because it is holistic.

Energy psychology has many applications. Dr Feinstein, a clinical psychologist who uses EFT in his practice, reports that EFT is "unusually precise, rapid, and direct, for shifting the neurological underpinnings of a range of psychological problems" (Feinstein, 2023, p. 1). Its effectiveness for treating both psychological and physiological forms of trauma including anxiety, depression, phobias, and PTSD has shown positive results (Bach et al., 2019). According to Bach et al. (2019), participants who underwent this therapy were reported to have a

decrease of 40% in their anxiety symptoms, a decrease of 35% in depression, and a decrease of PTSD symptoms of 32%. At the same time, this research reported that subjects' happiness increased by 31% (Bach et al., 2019). Similar results have illustrated that EFT leads to improved mental well-being and in multiple domains of health (Bach, 2019).

Further, EFT is versatile and has been shown to address health issues including anxiety, depression, pain, stress, weight loss, and more (Bach et al., 2019). It has a broad application for all demographics and integrates well with other therapy protocols such as EMDR (Church, 2018). Also shown to be effective is Matrix reimprinting, another energy psychology technique, that combines the study of psychological processes and EFT to reduce stress from negative thoughts and traumatic events (Gordon, 2023).

EFT helps people regain their well-being by preventing the repetition of events and the overstimulation of the nervous system (Capanna-Hodge, 2024). It is also a tool used for performance issues. For example, a previous study discovered that tapping for 15 minutes increased the accuracy of high school basketball players' free throws by more than 20%. Researchers have concluded that EFT tapping can assist people to become more focused and able to concentrate which enhances their performance (Gordon, 2023).

EFT Research

Finally, perhaps the most newsworthy, research on the applications of EFT has focused on its effects on epigenetics. Confirmed changes in biological markers have substantiated improvement in clients' conditions, and there are also indications that EFT positively affects certain parts of the brain, those which are responsible for controlling emotions (Church et al., 2022). A study compared an hour-long EFT session versus a placebo and discovered a different expression in 72 genes. Genes linked to the suppression of cancer tumors, defense against UV

radiation, control of type 2 diabetes insulin resistance, immunity against opportunistic infections, neuronal synaptic connectivity, production of red and white blood cells, improvement of male fertility, metabolic regulation, neural plasticity, reinforcement of cell membranes, and reduction of stress were among those studied (Maharaj, 2016). The study found that EFT was associated with the regulation of 72 genes, including those involved in learning and memory, regeneration of neural white matter, enhanced synaptic connectivity, neuronal survival after DNA damage, tumor suppression, insulin regulation, heightened immunity, inflammation, and antiviral activity Church et al., 2018).

EFT has been studied for over twenty years and this extensive research was compiled by Frontiers in Psychology (2023), a top peer-reviewed journal in the field of psychology and the most cited journal in its field. Their meta-analysis supports EFTs as a validated evidenced based treatment for a range of traumatized groups (Church et al., 2022). As of August 2023, English peer-reviewed publications have published over 88+ randomized control trials, 88 pre-post outcome studies, six meta-analyses, and 10 systematic reviews on EP techniques. These reviews show that anxiety, sadness, phobias, and PTSD are among the conditions for which clinical EFT has been shown to be "efficacious" by the American Psychological Association (APA) (Church et al., 2018). Similar results illustrate that EFT leads to positive health effects and improved mental well-being in multiple levels of health. Confirmed changes in biological markers substantiate improvement in clients' conditions, and there are also indications that EFT positively affects certain parts of the brain, which are responsible for controlling emotions. Tapping protocols have demonstrated exceptionally strong effects in a relatively small number of sessions when used to treat PTSD, according to multiple RCTs (Church et al., 2022) however,

the American Psychological Association's most recent PTSD treatment guidelines do not recommend or even conditionally recommend tapping protocols (Feinstein, 2019).

Rather than employing tapping as a stand-alone therapy, the majority of practitioners who learn and use energy psychology incorporate it into their current clinical frameworks. The method's effectiveness, claimed quickness, and explanatory models have all been called into question, making it extremely contentious. Efficacy studies have increased over the past ten years, even though claims of quick benefits with a variety of illnesses were widely reported before any supporting evidence was provided. This research adds to the increasing amount of evidence that supports the efficacy of EFT (Feinstein, 2019).

The question is as to whether EFT is more efficacious than other modalities. It is important to recognize several of the current analysis' limitations. It is crucial to understand that the comparisons between CBT and other therapies were limited to pairwise comparisons. Therefore, it is not possible to draw conclusions about the similarities or differences between the alternative therapies (such as interpersonal versus psychodynamic therapy) or between CBT variations (such as exposure therapy versus cognitive restructuring) based on the current findings (Tolin, 2010).

Improving EFT Practice

Clearly, energy psychology and emotional freedom techniques have the potential of offering a significant pathway to well-being for sufferers of trauma. Energy psychology protocols are accessible and effective in treating symptoms, which often can alleviate the trigger response to trauma events (Flint et al., 2005) However, it is the core contention of this thesis that as currently practiced, EFT often fails to provide sufficient holistic support to the clients experiencing recent societal developments and technological changes and that they require

updating. The fourth theme of this thesis is that to improve EFT practice*, originating meanings and beliefs from trauma need to be cleared before transformation can be encoded sustainably*.

EFT literature research is typically conducted by therapists proficient in other psychological modalities and although results are encouraging, the study outcomes are often not replicable in practice. In my practice I often see clients that have used EFT with other health practitioners and have had limited results. Their approach most commonly is to address symptoms only and, although there is a release of the trauma trigger and a reduction in the associated SUD level, the distress returns in many cases (Lebow, 2021).

Simultaneously, people are disregarding their emotional issues because of easy access to distracting and numbing activities such as gaming and social apps, which give them a sense of being connected and available (Koessmeier & Buttner, 2021). New classes of mental disorders are emerging with the excessive use of social media and "Internet Gaming Disorder" has been suggested as a new psychiatric diagnosis to be included in the next American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, although others have suggested including such addiction under the broader category of "internet addiction." Online bullying has become a prevalent problem, which has resulted in serious mental health outcomes including persistent suicidal thoughts especially for children (Balt, 2023; Moitra et al, 2023). Given this context, treatments need to incorporate innovative methods to improve individuals' quality-of-life parameters in cost effective ways as access to medical care has decreased significantly since the Covid-19 crisis (OECD, 2021).

Thus, the argument for exploring cost-effective, holistic therapies, has grown stronger because of recent events. For example, loneliness, isolation, and detachment became a global experience with the Covid-19 pandemic (Hwang et al, 2020). In addition, health care is no longer

at the standard it was thirty years ago, with many countries exhibiting a severe reduction in services while simultaneously facing larger burdens of ill health and psychological distress (Milton et al, 2017). This crisis is particularly acute for mental health services that struggle with patient waiting lists which means they cannot hope to provide holistic care to patients. Given the current global environment, psychological treatment options need to be updated to address the root causes of the current levels of not only trauma but also unhappiness, fear, anxiety, and loss of hope (Moitra et al, 2023).

It is important to understand the issues that have evolved in healthcare to create a new paradigm supporting mental health. Family physicians previously could give primary comprehensive care from "cradle to grave" and had more time to see a patient and explore the lifestyle of their patients to determine contributing factors to their presenting conditions of depression or other mental health concerns (Canadian Mental Health Association, 2024). However, with aging populations living longer and the increase in a wide range of complicated and chronic medical issues, doctors now have only several minutes to see a patient (Ospina, 2018) and often the first line of approach is to provide medication to treat symptoms (Gautam, 2017). Likewise, the themes of classical trauma therapy also focus mainly on coping tools, which may be difficult to consistently implement if there is underlying untreated trauma. As a result, people often struggle making lifestyle changes that will contribute to living with a sense of meaning and purpose (Cummins, 2022). This has had a major impact on the economic sustainability of world economics. The World Economic Forum (2010) estimates that in 2010 the cost of poor mental health to the global economy was $2.5 trillion, and by 2030 that figure is expected to rise to $6 trillion annually. Increasing health disorders simply cannot continue if we want to improve or sustain any quality of life. As discussed above, there has been substantial

evidence-based research as to the efficacy of EFT; however, I believe there remains a need to explore its application and address existing limitations of current research to improve the effectiveness of EFT treatment protocols.

Limitations of EFT

In my review, several limitations of the EFT technique have been noted. Among them are that most studies have small samples which limit statistical evidence, the results of psychological measures rely on self-reporting, and there is often not a control group for comparison of the results. I also found that EFT is considered by some to be less effective in treating severe mental health disorders, particularly panic disorder (McLeod, 2024), and there are recommendations to avoid using this treatment with couples experiencing domestic violence or intimate partner violence and with people experiencing psychosis or suicidality (Crane & Patterson, 2023).

While some studies have yielded encouraging results, others have not been conclusive (Evid, J, 2019). One study investigated the current obstacles to EFT being the standard treatment option for common mental health issues in the UK's National Health Service (NHS). It also looked at the perspectives of qualified practitioners. To investigate current practice of EFT practitioners, 12 people participated in semi-structured interviews. The results of this investigation showed that more research evidence needs to be widely disseminated to raise public and medical professional awareness of EFT as a possible supplemental intervention and EFT therapist training has to be enhanced and standardized (Mitchel et al., 2020).

Another obstacle to improving EFT practice is that practitioner training has been shown to lack standardization and structure needed to ensure the process uncovers the subconscious root cause level of trauma (Church et al., 2018). Consequently, many different techniques have been introduced to enhance results and, as a result, the original protocol has evolved into a myriad of

different applications. Since the basic EFT protocol can be learned easily and many practitioners are not certified or competent, it is used without first doing a preliminary examination of potential mental disorders thus resulting in unfortunate outcomes (Church et al., 2018). Without proper training and experience, practitioners may only encourage a superficial type of coping strategy applied by the cognitive left brain, and many clients continue responding to triggers from the unresolved trauma they have at a subconscious level. Further, health and lifestyle coaches are trained in the mechanics of EFT and often follow the same protocol regardless of the client's symptoms. Thus, the importance of more specialized training in EFT (Church et al., 2018) has been recognized to improve the effectiveness and limitations of EFT.

I believe there are several reasons for EFT's current limitations: (1) all aspects of the trauma event are addressed, (2) only the symptoms are tapped on, (3) clients' beliefs about the event are not being explored, (4) future fears about the future that cause protection mechanisms to engage are not being uncovered, and (5) getting to the root cause of what is contributing to the traumas triggers is not being determined. Since scientific methods are always evolving, research and practice proceed in tandem (Murphy, 2023).

In summary, to date practice of EFT has remained on a cognitive level rather than connecting to the underpinnings of the subconscious response mechanisms. However, when EFT is applied effectively, and the originating trauma event collapses, which in many cases goes back to childhood, there is usually a significant somatic response of release in the person's energy field, which goes beyond the eliminated symptoms (Greenberg, 2010). Thus, the client is able to integrate new information into the psyche without having protection mechanisms shut down natural instincts to move forward. This understanding is necessary before EFT treatment can overcome its limitations and improve.

Limitations of Current EFT Research

What motivated my research is the difficulty my clients currently have in sustaining emotional freedom even with treatment. As noted above, I believe this failure is because root causes are usually not explored deeply enough, and the treatment has focused on symptoms rather than the original event. As an example, current research does not explore why people are still experiencing traumatic events many years after the event(s) and causing significant increases in their depression, isolation, fear of the future, and suicide.

I found other weaknesses in literature. Studies are not current and do not address the current areas of psychological distress seen in recent years. We still do not have reliable research into the current psychological distress that has evolved with social media and socioeconomic shifts. There is still not enough research to understand why the brain is functioning the way it is in this new environment and how that is correlated to past events. In my opinion, what is missing in trauma research is what has happened to people in the past, what protection mechanisms they established to prevent them from moving forward, and the beliefs they have developed for their potential for their future.

I haven't found literature that covers these specifics in enough detail. We need to take a holistic approach and ask questions about clients' lifestyle, the meanings behind their lifestyle, and the beliefs they have that established those meanings. I have found those are the issues in dealing with trauma, and not the trauma event itself. People are not achieving their goals because treatment should be more than taking away pain or triggers, it should be what they are attracting into their life and how joyful they are. If you cannot think beyond how you feel, your life will stay the same.

Other limitations of the research are that most studies have used small groups which limit statistical evidence, results for psychological measures rely on self-reporting, and there has often not been control groups for comparison of the results. Also, trauma research has not extended to clients with panic disorders, couples experiencing domestic violence or intimate partner violence, and people experiencing psychosis or suicidality because speculations have been published that EFT will not be effective with these problems (Crane & Patterson, 2023). These hypotheses should be tested.

While some studies have yielded encouraging results, others have not been conclusive (Evid, J, 2019), and some have explored the limitations of current studies on the efficacy of EFT. One project sought to investigate obstacles to EFT being the standard treatment option for common mental health issues in the UK's National Health Service (NHS) (1999), and it also looked at the perspectives of qualified practitioners. To investigate the perspectives of EFT practitioners, 12 people participated in semi-structured interviews. Then, a thematic analysis was applied to the transcripts. The results of this investigation show that more research evidence needs to be widely disseminated to raise public and medical professional awareness of EFT as a possible supplemental intervention and EFT therapist training must be enhanced and standardized (Mitchel et al., 2020).

Scientists have discovered that the brain has plasticity, and thoughts can rewire the brain to effect change in behavior (Schwartz & Begley, 2002). This finding brings up the compelling question of "how," which opens the door to further investigation about the potential of using the mind to recover from trauma and improve the quality of life in the long run. My research showed the benefits of introducing subjective units of transformation with an *intention* statement to the EFT protocol should be studied and is outlined below.

The Role of Intention

The last of my themes is that *the usefulness of intention needs to be acknowledged and integrated into new treatment approaches.* My practice has used intention statements for several years with good results. It takes treatment from the cognitive realm to the heart so clients can experience life from the core of who they are and feel safe in the experience. This section explores the research of using intentions and how they can exponentially enhance trauma treatment outcomes and motivate clients to take steps to sustainably improve quality of life (Pacherie & Haggard, 2010). Although EFT studies have not considered the effect of setting an intention as part of the recovery process, a few studies have looked at using intentions to improve quality of life and well-being (Cohen, 2024).

An intention is not a vague goal. Rather, an intention statement is a serious essay articulating the writer's desire to bring a determined outcome into their current experience (Humble, 2024). A written intention ignites a deep inner sense of purpose within and assists in formulating the guiding statement that will facilitate making decisions that result in sustainable change. At the same time, it is important to understand the specificity of intention statements; they should represent an individual's aim or goal of what they want to achieve. . In other words, intentions statements are the purpose behind a person's decision and the "why" behind the choices and decisions. It is essential to recognize how intentions can be integrated into a goal-setting process in which individuals plan their specific choices that can impact their overall well-being (Connor & Norman, 2022).

Most readers will be aware that setting goals is an important part of psychological trauma recovery. Although goal and intention setting are not the same, they do complement and work in harmony with each other (Theus, 2023). Goals refer to the stated aims of treatment, often relating

to an end state that the client would like to reach, whether that be resolving trauma, not engaging in unhealthy behaviors, or feeling more at ease with themselves. Goals are accomplishments you want to achieve within a desired time frame, they work with your mind and physical environment, and they guide your actions (Perry, 2023).

By contrast, a statement of intention works with your emotions, is a purpose that aligns with your goals, and you command your energy to experience that the goal has already happened. Intention setting is why you take the daily steps to achieve the goal. It necessitates trust and focus in order to align your mind, body, and spirit with your daily goals that support your lifestyle (Crespo, 2022). For example, while a client might have a goal to reduce social anxiety and feel more at ease in social situations, setting the intention of becoming more mindful helps us live better in the present moment and become less caught up with what's happening around us. By way of explanation, goals are things you want to achieve in the future, and you'll likely care more about the destination than the journey. On the other hand, intentions are set in the present and allow you to enjoy the journey and feel more fulfilled along the way. In this sense, an intention is a focused goal; it is a practical exercise that sets out the steps required to reach the goal.

In my dissertation research, an intention statement took the form of a short essay articulating the writer's desire to bring a determined outcome into their current experience, why they want to achieve it, and how they will do so. A written intention ignites a deep inner sense of purpose within and assists in formulating the guiding statement that will facilitate making decisions that result in sustainable change (Mosunic, 2023). At the same time, it is important to understand the specificity of intention statements, which represent the purpose behind a person's decision and the "why" behind the choices and decisions. It is essential to recognize how

intentions can be integrated into a goal-setting process in which individuals plan their specific choices that can impact their overall well-being (Spiller, 2021).

I believe an intention statement can increase accountability, help clients better understand themselves, and reinforce belief in their potential. Intentions help prevent disempowering feelings by helping draw connections between daily actions and overall purpose in life. If we are conscious of our intentions and take time to set them correctly, we can increase our chances of achieving our greatest goals. According to most theories of intention, intentions are seen as closely connected mental states (citation). The following are examples of these theories.

> Intention is a powerful, life-changing force that can radically transform your life and those around you. The remarkable ability of thoughts and intentions to alter our world can be attributed to a real, physical "something," as demonstrated by the emerging field of quantum physics. Every thought we hold is a tangible energy that can transform our lives (McTaggart, podcast, 2021).

> We get signals from within and without our body and it is the function of the nervous system to translate that information into signals that are sent to the cells in the body. The environment is controlling the behavior of our cells, but the mind does an interpretation of those signals based on our life experience (Lipton, personal communication, 2017).

The Intention Experiment (McTaggart, 2007) used research from world-wide leading-edge experts to examine the science of intention. McTaggart used research conducted at Princeton, MIT, Stanford, and other universities to show how intentions can radically affect all areas of our lives. The conclusions of his research are clearly laid out, implying the key role of intentions is the sense that it can transform human lives. Taking this concept further, setting

intentions also creates a positive mindset that adequately prepares people to respond to social pressure that may emerge in their surroundings.

In McTaggart's book, Stanford University professor emeritus Dr. William Tiller presents a relevant argument about the implications of physical reality and intentions and maintains that for the last four hundred years, the unofficial assumption of science has been that human intent cannot influence what we call 'physical reality'. This experimental research over the past ten years shows that, for today's world and under appropriate conditions, our previous assumptions about intention are untrue (McTaggart, 2008). Nevertheless, this is another area where continued research is needed in clinical settings with human subjects to evaluate the impact of intention statements. It is also important to examine the role of powerful intention in health care, as it is now believed it may have substantial healing potential even though it is not fully understood or substantially researched in the literature.

Setting Intention for Improved Health

When we experience trauma, we are subconsciously being driven by patterns that are serving the fight or flight responses rather than our creative genius (Holtz, 2024). Our beliefs determine how the messages are decoded and whether something is good or bad. Clients need to be conscious of this system and not react to knee jerk decisions. Therefore, supporting individuals to make choices that reinforce positive habit change, their values and beliefs need to be examined in more detail as they give purpose and meaning to goal setting (Riopel, 2019). Therefore, a first step to setting intentions is observing what is being created by default. In other words, it is important to understand the individuals' critical reasoning behind making certain decisions or engaging in actions. When there is a clear focus on the target of influence, intention,

and imagery of the desired outcomes, more direct and unmediated effects are produced (Blankert & Hamstra, 2016).

The intention that results in sustainable change is derived from a goal that is visualized and somatically experienced from the perspective that it has already been accomplished (Visen, 2023). In this context, since intention emerges as a powerful force, it requires substantial commitment. It is important for clients to persistently commit to certain actionable intentions. Studies (citations) show that intentions are important as they guide everyday activities and decisions toward a more fulfilled life. Yet, in the scientific community, intentions remain a theoretical construct because they are difficult to test empirically. More research is essential to determine the connection between intention and manifestation before it can be considered a mainstream approach that can influence our world as an integral part of a healing modality.

Intention in Psychotherapy

As discussed above, a goal is a desired state an individual wishes to obtain by taking steps on how it will be achieved. However, according to research by the University of Scranton, only eight percent of people achieve their New Year's goals (Forbes, 2013). Since the left brain determines this process, it requires strong willpower to stay motivated (Sutton, 2016). When people set goals, they are excited about the change they want to experience; however, they keep checking the external world for validation that the change has happened. After a few weeks, they tend to get frustrated and give up, finding reasons they cannot reach their goal.

By contrast, an intention statement is how one will do something based on the feelings achieving it will create and that outcome is experienced in the present moment (Bar-Dayan, 2024). Therefore, intention increases the power and daily momentum to achieve the goal. The statement initiates change in the form of "I will" (behavior) at (time) in (location) (Stemmle,

2023). Intention statements are directed to having achieved the goal, particularly the "when and where portions," rather than the steps to get there, which is outlined in the goal setting. Intention statements create the feeling of having achieved the goal which will improve quality of life,

In psychotherapy intentions are often considered synonymous with goals and the focus is on changing the patient's thoughts, emotions and behaviors and uses the technique called paradoxical intention. The aim of paradoxical intention is to confront fear and anxiety head-on, yet many treatments concentrate on getting rid of these feelings Sutton, 2022). Until the underlying reasons the person has not already achieved their goal is uncovered, that part of themselves can sabotage their greater potential to protect them from further disappointment in their life (Simmen-Janevska, 2012). Therefore, the more essential question is not how to achieve the goal but why they have yet to achieve the goal. In addition, exploring how the client feels about their goal often reveals an underlying lack of worth or the belief that it is impossible. Studies using intention in psychology focus on achieving a goal by taking steps toward achieving it, however, my research shows that a supporting intention statement is often not included to further improve the client's quality of life.

Intention and Subjective Units of Transformation

To the brain, there is no difference between the past and present (citation). An adverse event results in the disordered storage of all accompanying bodily sensations, thoughts, and other responses when the situation happens. This understanding is founded on studies of the brain that illustrate stressful and traumatic events that elicit a physiologic reaction (Miller-Karas, 2023). On the other hand, when the brain functions at its best, neuronal networks are linked together and information can move freely across different parts of the body.

It has been shown that mental energy, especially belief, has the power to change certain states of consciousness, and therefore outcomes, which has been demonstrated in the placebo effect used in medical research (Houlis, 2021). Therefore, if we want to create a change in our life we have to feel and experience ourselves differently, and intentions allow active participation in one's life the way we choose it to be lived or experienced (Houlis, 2021).

Setting intentions is like adding information to the existing subconscious dictionary so it understands what the conscious mind is talking about. A practiced intention statement is like going into the database and changing the program; this aphorism explains the basis of energy psychology. If clients' behaviors are not conforming to their wishes and desires, then we need to go into the program and "install" new behaviors that they want to manifest so that the brain will have a resource of what is wanted.

Subjective Units of Transformation is a method incorporated in the Quantum Neurobiology Technique (QNB) established by Lifestyle Prescriptions University (Lifestyle Prescriptions University, 2024). SUT combines the precision of root cause analysis and neuroplasticity to reset the neural network via the limbic system. Using eye movement desensitization and reprocessing (EMDR), unwanted habits can be decoded, and wanted habits encoded. Integration of a new positive habit and the belief that it can be accomplished is measured on the SUT scale of 0 to +10, and the higher the number, the stronger the belief. I have observed sustainable results using the QNB method in my practice for the past two years. Yet, they have also consistently shown me that unless the underlying root cause of trauma issues has been resolved, encoding new habits creates short-term results in achieving specific goals. The subconscious reasons for why the new habit is not already in place must be uncovered and decoded for a new habit to anchor into the psyche and be sustained. Therefore, I use EFT in

conjunction with EMDR for effective root cause analysis of past trauma and have found this process essential for achieving long-term positive habit changes.

Furthermore, clients' beliefs and values must support new habits. Incorporating an intention statement that creates a somatic experience produces coherence in the brain, heart, and body (organ tissue), indicating alignment with beliefs and values. SUT then becomes a powerful tool to create positive habit change and improve quality of lifelong term. My practice has shown that as clients increase their level of belief on the SUT scale, it often causes a resurgence on the SUD scale which unfortunately prevents achieving the goal. Therefore, I correlate the level they indicate on the SUT scale with the level indicated on the SUD scale to monitor whether the SUD is maintained at -2 or lower and how that affects the SUT scale level.

As discussed, intentions are clear and specific because they focus on the experience of achieving the goal rather than the specific goal itself. They keep the focus on the present instead of a future outcome. Intentions are focused on a somatic experience that feels positive and exciting and keeps the power in the hands of the person rather than the external world (Ramiraz-Duran, 2020). Thus, clients must take the knowledge of what feels good to them, make it into an intention statement, and the emotion and feeling of that is the consciousness that activates the confidence and action steps to manifest the experience. Incorporating intention statements using subjective units of transformation brings the goal to life, and the person is motivated to continue because they like the good feeling they are experiencing. Living with conscious intention is one of the greatest gifts we can give ourselves because it motivates action rather than using action to motivate us.

Research Questions

Given this understanding about the meaning and usefulness of intention and the status of current research on using EFT with intention, I developed three questions to guide my dissertation research.

1. Is there a relationship between the decrease in the level of distress (SUD) and the level of transformation achieved (SUT)?
2. At what level on the SUT scale (0 to +10) is the transformation response habit sustained for 3 months or more?
3. Does adding an intention statement increase the sustainability of positive habits that impact the improvement in patients' quality of life?

Strengths and Weaknesses of Studies

Trauma

When it comes to researching the medical, biological, and experimental approaches to trauma, the American Psychiatric Association (APA) and the World Health Organization (WHO) have traditionally been the most prominent pioneers and researchers. Over the past few decades, there has been an increase in our knowledge of the psychological effects of traumatic events as well as in the accuracy of the diagnosis and treatment of diseases linked to trauma. However, the result is a system that treats symptoms rather than a focus on sustainable recovery. The majority of trauma studies are not current, and we need to reevaluate the efficacy of psychological therapies. Additionally, historical trauma studies have focused on a single event. However, this has created a gap in how to treat the current population that has a history of multiple trauma events. The prevalence of trauma globally has significantly increased the effects of psychological distress and further exploration of trauma-based interventions is urgently needed to improve treatment strategies.

EFT

EFT is an evidence-based practice and the meta-analysis studies show that EFT was greater than the treatment effect usually observed in psychopharmacology and psychotherapy. It is found to have a significant treatment impact in a broad range of demographics and is efficacious in treatment over other energy psychology protocols. The technique is easy to integrate with other modalities and the client can practice it on their own between sessions. However, study sample sizes are typically small and there is often no control group. The quality of the research and its effectiveness is not supported by empirical evidence. I have found in my practice that since the results of energy psychology treatment is subjective, the SUD and SUT scale ratings need to be reviewed concurrently to determine to what extent the SUD rating affects the SUT rating and vice versa.

Intention

Most of the motivation and self-regulation theories agree that the primary act of willingness that encourages goal attainment is setting a behavioral or outcome goal such as an intention statement. Studies show that just committing to achieving a goal does not always prepare people to deal with self-regulatory issues required to achieve goals and as such, goal intentions are not always properly converted into behavior. On the other hand, creating an implementation intention outlines the how, where, and when of goal-striving, and including the experience that the goal has already been achieved, I found that it positively affected the attention-behavior gap. The research on intention does not consider the influence untreated trauma has on achieving goal outcomes even though there is evidence of that when we had the best of intentions but ended up with the opposite. Future studies should also look at other important aspects of intention strength, like how flexible intentions are and how they affect how

information related to intentions is processed.

CHAPTER 3

RESEARCH METHODS

My dissertation research used mixed methods with a static control design because I wanted to evaluate the effect of implementing an intention statement to achieve goals. As explained in the previous chapter, when implementing intention statements, it would be expected that the relief of psychological distress will be both more substantial and more enduring. As such, the study design allows a direct comparison between 2 groups, where one receives standard EFT protocols and sets a goal, and the other receives EFT, sets a goal and writes an intention statement. The intervention for both groups was undertaken over a period of 13 weeks, with weekly sessions. Data on SUD and SUT levels was calculated before the study, at 3 months (after the 13 weekly sessions), and at 6 months.

As such, the design is fairly conventional and follows the strictures of a Randomized Control Trial as far as possible. Such a research design is now well-established as among the superior designs to compare clinical outcomes and determine the size and nature of effects. This is because these designs are relatively "clean" in terms of making comparisons, but also because they can limit, though never truly eliminate, a range of confirmation and measurement biases (Krauss, 2018). However, I describe the trial as "static control" because randomization was not possible in many parts of the study. As explained in more detail below, the participants were recruited from my client list and are therefore self-selecting into the treatment prior to the study. Given the nature of this self-selection, it would be difficult to say with any certainty that the same results would emerge if a similar sized group were selected at random from the general population.

Beyond recruitment, the design does randomize group selection, though cannot blind the study, as participants and researchers know who is receiving each treatment. This is a well-

known methodological issue when studying behavioral interventions, where blinding is often a practical impossibility (Juul et al. 2021). Nevertheless, despite these drawbacks and limitations, the study does offer a practical model for studying interventions in situ and includes a patient population that will be broadly similar to other practice environments.

The Intervention

As discussed above Feinstein (2023), EFT is a holistic treatment for trauma with rapid results and is effective for treating both psychological and physiological forms of trauma (Bach, 2019). However, the treatment focuses on releasing trauma triggers and does not incorporate a further step to achieve other objectives of well-being in the process The purpose of my intervention was to test whether adding an intention statement improved the sustainability of encoded positive habit changes using EFT with subjective units of transformation (SUT). I implemented the intervention in 3 steps over 13 sessions spread over 26 weeks.

Step 1. I interviewed 63 potential participants from my client base. In these interviews, I introduced them to my research project, its aim, outcomes, and purpose. Forty clients met my inclusion criteria – clients who were dealing with traumatic issues that measured -8 to -10 on a SUD scale (see below), and I had not worked with them for six months or more. To them I sent a consent form (Appendix C), we went over it together, and I explained the project timetable. All 40 signed the form. From this pool I randomly assigned 20 to an intervention group and 20 to a control group.

When all clients in both groups had sustained at SUD level at -2 for two weeks, they set a goal they wanted to achieve. I asked the Intervention Group to create a goal stating the positive quality of life they wanted to achieve and measure their level of commitment on the SUT scale. I

also asked them to formulate an intention statement focusing on the experience they would have once the goal was achieved, and this was encoded using the QNB process.

Similarly, I asked the Control Group to create a goal stating the positive quality of life they wanted to achieve and measure their level of commitment on the SUT scale. However, I did not ask them to formulate an intention statement to encode their desired positive outcome

Step 2. Next, I interviewed each participant to clarify the issue they wanted to address. I employed Root Cause Analysis in oral interviews to identify the underlying trauma events. This helped to focus on the underlying factors responsible for the trauma triggers. RCA is a methodical approach that goes beyond treating symptoms to understand why the trauma incident occurred with the intention of preventing it from happening again.

Step 3. I then measured the quantitative level of distress using the SUD (1- to -10) scale (appendix A2). The SUD results reflected participants' perceived intensity of distress and suggested if improvements could be sustainable. I also questioned them as to how they knew they were at the SUD scale number they reported to ensure they were not biased to wanting to feel better.

Step 4. According to standard EFT protocols, before new habits can be introduced, clients must release their triggers to past traumas down to a minimum of -2 Subjective Units of Distress (SUD) and at this point I used EFT to reduce their trauma triggers. EFT is a technique that stimulates acupressure points on the face and torso by tapping. The client focuses on situations that represent psychological or biological issues which reduce the associated trauma triggers. I then had participants create a phrase that described the original trauma, including various aspects of the event, that they were to use while tapping through the meridian points as outlined in the EFT protocol. After each round of tapping, I re-measured the SUD and repeated the steps, if

necessary, until the client was at -2 or less on the SUD scale. The same protocol was used at each session and all clients in both groups continued having trauma-trigger experiences cleared throughout the study period as needed.

Step 5. I monitored this process to ensure they were not in distress and would be capable of implementing new habits. Once my participants processed and released the mental and emotional effects of the traumatic experience, and the number on the SUD scale was reduced to -2 or less, they felt calmer and more peaceful and were to pay attention to their feelings without being distracted by trauma triggers.

Step 6. I introduced the Quantum-Neuro-biology protocol and the SUT scale, and measured the strength of their belief that they could achieve the goal in two months. QNB uses EMDR to decode unwanted habits by resetting the neural network via the emotional center in the brain. QNB also encodes new habits using the same process. Both groups experienced the same process of intervention—clearing trauma triggers and creating a lifestyle goal. However, in Step 6 I added an intention statement to the intervention group to test its efficacy level in enhancing the achievement of the goal. The control group also set a goal but did not add an intention statement.

At the beginning of each of the following twelve sessions, I interviewed each client to determine whether the trauma trigger responses that were previously cleared had increased from -2 on the SUD scale. If they had, I would use EFT to reduce these responses. Positive changes in their quality-of-life experiences were recorded and measured on the SUT scale. These improvements could have included lifestyle, ability to make decisions, level of happiness, and any other qualitative experiences they shared. Then the EFT and QNB protocols were used with the Intervention Groups at each session: clearing of the trauma responses, encoding positive

habit changes to achieve a goal, and using intention statements to improve specific outcomes with the Intervention Group, not with the Control Group.

Participants

The clients I work with are professionals and business owners who have been successful in their careers and relationships yet are all struggling with triggers induced by significant past trauma. This prevented them from achieving further future success in some endeavors and since they were familiar with setting goals, and had past achievements, I believed they were good candidates for testing the usefulness of introducing intention statements.

The inclusion criteria I used were clients who were (1) able to commit to the six-month study period, (2) willing to set a goal, and (3) enthusiastic about the possibility of improving their quality of life. Excluded were clients (1) taking any medication that affected their emotions or mood, (2) dealing with complex trauma from exposure to multiple traumatic events, (3) emotionally unstable, (4) who I had worked with in the past six months, (5) they had to have a SUT scale level of belief in achieving their goal at +5 or higher to participate in the study . The demographics of my two groups are shown in Table 1.

Table 2.
Demographics of Study Groups (N=40)

	Intervention Group (n=20)	Control Group (n=20)
Age	25-56	25-56
Race	18 White 2 Mixed Race	18 White 2 Mixed Race
Gender	18 female, 2 male	17 female, 3 male
Income	$75 - $150	$75 - $150
Marital Status	18 Married 2 Second Marriage	18 Married 2 Second Marriage
Children	12	12

My two groups were remarkably similar. There were more women which is to be expected as women are more prone to PTSD than men (US Department of Veteran Affairs,

2023). This disparity may also reflect higher rates of trauma events among women, such as being exposed to events like sexual assault. Their symptoms are shown in Table 2.

Table 3
Emotional and Physical Symptoms of Study Groups (N=40)

	Intervention Group (n=20)	Control Group (n=20)
Stressed and Overwhelmed	17	17
Severe Anxiety	12	10
Physical Pain	5	3
PTSD	4	2

As shown in this table, each of the two groups were relatively even in the number of participants experiencing the same trauma issues. Having participants that had similar trauma profiles was essential to ensure internal validity and establish whether it was the interventions that produced the results rather than a variance in the trauma symptoms being treated. Nevertheless, it is important to recognize that trauma is subjective and similar trauma profiles do not necessarily mean that trauma is experienced in the same ways. Typically, participants in both groups experienced overwhelming and severe anxiety, though this did not manifest as PTSD in most cases. Therefore, stress of their careers needs to be considered as contributing to these emotional states, and not just implications of trauma experiences.

All participants remained involved in the research for the duration of the study period. It is admittedly highly unusual for studies to run for an extended duration with no problems with attrition and intervention fatigue. However, as noted previously, participants in this study were self-selected and therefore highly motivated to engage with the treatment. They also would have had existing positive beliefs about EFT and were personally invested in the treatment. As such, lack of dropouts can likely be explained through clients receiving personal benefit from the experience. I observed they became more aware of their triggers which helped them manage their reactions to ongoing circumstances. Both groups were also able to stay more mindful about

the quality of their life, however, the Intervention Group began to see noticeable improvement in their well-being and the quality of their life.

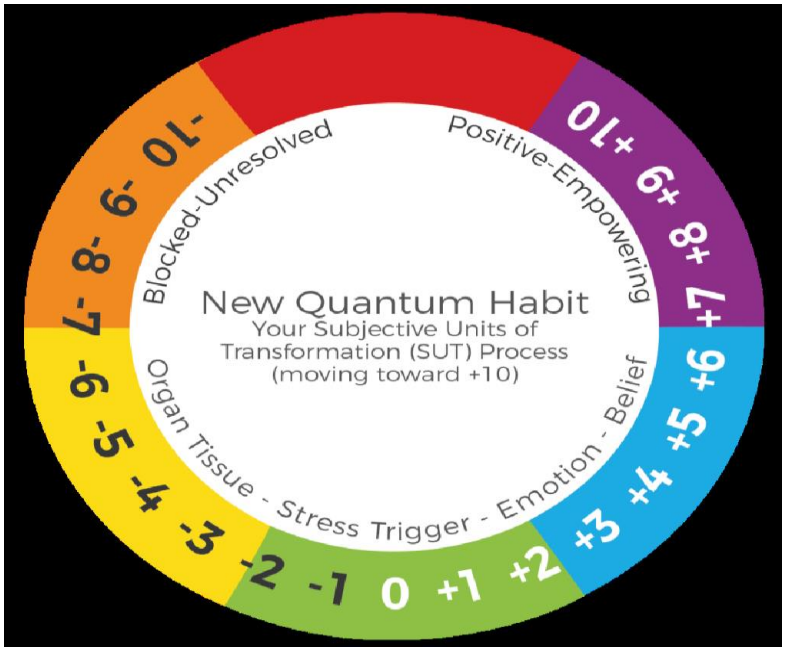
Instrumentation

For each round of Data Collection using the three parameters (SUD, SUT, Intention).I used three tools to complete my data collection.

The first was the SUD scale (Appendix A, A-1, A-2) and the second was the SUT scale (Appendix B, B-1, B-2). The following graphic illustrates the usefulness of the SUT scale.

Figure 2
New Quantum Habit (Lifestyle Prescriptions University, 2002)

Subjective Units of Distress (SUD) 0 to -10 **Subjective Units of Transformation (SUT) 0 to +10**



This instrument has been used for many years in various health practices because it has applications for many symptoms and can be used with many populations (Courtney et al., 2016). It is free, very user-friendly and adaptable to many populations. A study that looked at the nature of the relationship between SUDS and two measures of general emotional distress found that patients' SUDS significantly related to both the anxiety scale ($r = 0.351$, $p < .05$) and the neurotic

index ($r = 0.366$, $p < .01$) of the MMPI-2. Emotional SUDS had a significant reduction ($t = 4.686$, $p < .001$) after three months of treatment. "The data supports SUDS as global measures of both physical and emotional discomfort" (Tanner, 2012), Measuring the progress of goal setting requires documenting milestones and deadlines, which I did for each of the 40 participants. When the participants achieved a SUD scale level of -2 or less, I introduced the goal exercise, which included the qualitative level of improvement in their lifestyle, measured in their ability to make decisions, their level of happiness, and any other qualitative experiences they noted.

Data Analysis

Analysis of the data for this study drew from the hypothesis that adding an intention statement to EFT protocols would be associated with lower SUD scores and higher SUT scores. In turn, the independent variable in the study relates to which group the participants were in, while the dependent variables were SUD and SUT scores. I frame the discussion in terms of "association" because the nature of the study and limits to the sample mean that we are unable to draw causal links between the independent and dependent variables. It was hoped that the intervention group would have statistically significant differences on the outcome variables, but this does not mean the intervention "caused" these differences. Taking the analysis further would require a larger sample and tighter control of the experimental setting than was the case here.

However, the data does permit a simple comparison between the scores of the two groups. Analysis used paired t tests for each sample. These tests allow for a comparison of the same group over time, showing whether there is a meaningful (statistically significant) difference in mean scores across different time periods. For each group, I compare SUD and SUT scores across 3 time periods: From time 1 to time 2 and from time 2 to time 3 . These tests also provide an assessment of the robustness or strength of the difference, expressed as confidence levels and the associated p value. For the purposes of the analysis, the results use the threshold of $p=0.05$ or

less to claim statistical significance, and subsequently, support for the hypothesis.

The analysis also provides correlations between the SUD and SUT scores at each of the three time points. Since both SUD and SUT scores are measured on ten-point interval scales, they satisfy the conditions of Pearson's correlation coefficients. The hypothesis here is that SUD and SUT would be negatively correlated. This is to say that SUD would go down as SUT goes up. In other words, as clients can realize their transformative potential, they would be less distressed and impacted by the experience and memory of trauma. As with the t tests, the correlation analysis uses a threshold of $p=0.05$ to state statistical significance.

Limitations

There are several limitations to my study. It had a small sample size compared to the population that experiences trauma-related stress and illness, and thus, the findings cannot be generalized beyond the sample. There are also a range of biases that threaten the internal validity of the study. The first, and perhaps most important, of these is that a degree of selection bias was unavoidable. The participants were all on my client list and had therefore self-selected to receive EFT, are open-minded about these treatments, and have pre-existing beliefs about their effectiveness. For the same reasons, the demographic profile of the study participants reflects the demographic profile of my client base and are not necessarily representative of populations who experience trauma nationwide. My clients overwhelmingly belong to professional and business sectors of society, have broadly liberal ontological viewpoints, and are positively engaged in seeking psychological wellness. Therefore, it would be difficult to suggest any degree of generalizability of results except to groups with this profile. Much of the study is also open to charges of recall bias, as data collection protocols require self-reporting that relies on memory and recollection of past events. Finally, the study was carried out over a relatively short period,

leaving open questions regarding how far, if at all, these results persist over time.\

The SUD scale is a self-assessment tool and is used to determine whether there is additional work needed in areas of distress and there is the potential risk of the client wanting to respond to positively support the research outcomes and not being completely honest. Therefore, at each session I encouraged the client to give ratings without assessing whether they thought it was good or bad. The SUT scale is also subjective and the quality-of-life assessment typically includes the influence of other people in their environment which may bias their rating.

Researcher as Instrument Statement

I have been a Health and Life Coach for twenty-one years and worked with thousands of people using qualitative and quantitative data from Root Cause Analysis to support them in healing both physical and psychological issues. I strive to remain objective by not allowing my values or experience to impact my analysis of the data collected. When working with people, I do not judge their responses as right or wrong.

Ethical Considerations

As with any research involving human subjects, a range of ethical protocols were followed throughout the study. The first, and most obvious, of these was to ensure that participation was entirely voluntary and that participants were able to practice informed consent. As highlighted by Castro et al. (2020), informed consent is not an isolated incident that involves a set of forms regarding a study, it is an ongoing responsibility on the part of the researcher to ensure that participation is fully informed throughout the research process. In other words, to fulfill the “informed” part of informed consent, participants need to be in full knowledge of the study parameters at each point in the research, so ongoing participation is demonstrably voluntary, and they do not feel coerced. For the same reasons, informed consent is best

characterized as an ongoing communication between researchers and participants throughout the study (Luchian and Floria, 2021).

To satisfy the above parameters, initial recruitment for the study was undertaken through personal email. I reached out to each potential participant to explain the research project, provide the participant information sheet, and introduce the study. If they decided to participate, I met with them in person to discuss the project further and answer any questions they had and ensure they did not feel pressured in any way to take part. Participants signed an Informed Consent Agreement (Appendix C) with the understanding they could withdraw their participation at any time, and I checked throughout the study period that they were still comfortable continuing. If a client reacted negatively to the intervention, which none did, I had a backup intervention in place to relieve stress and I had five additional clients willing to participate.

A second concern relates to data security and anonymity, which is particularly important in this case, owing to the sensitive nature of trauma. Many participants did share sensitive stories, complicated emotions, and showed considerable distress at times. While this is not unusual in trauma treatment, these instances do heighten concern about data security and anonymity. However, while instructive, these instances are not reported on in an individual sense and will not form part of this dissertation or any subsequent publication of the research. In terms of data presentation, all results and findings are reported in the aggregate with no individual responses. Each subject was assigned an identifying number at the beginning of the study. I keep these records in accordance with the HIPAA Privacy Rule. If any individual results are presented in future work, these will use pseudonyms, and any identifying information (names, addresses, personal details) will be omitted.

Data is held on a password protected laptop and was only made available to the primary

researcher, the employed statistician, and the LPU supervisory team. In line with HIPAA protocols, data will be retained for 5 years and subsequently destroyed. If a client wants to see the results of the study, they can review the thesis and the tabulated results that have no personal information.

CHAPTER 4

RESULTS

Returning to the themes outlined in the literature review used to frame the design of this study, the third of these asserted that originating meanings and beliefs resulting from trauma experience must be cleared before transformation can be sustainably encoded, and the fourth stated that the usefulness of intention needs to be acknowledged and integrated into new treatment approaches. The results of this study will either affirm or reject these contentions.

As stated above, resolving, releasing, or healing past traumas helps clients live without the constant fear of re-experiencing a similar trauma. Many modalities help people dealing with trauma recovery so that they can live without ongoing triggers that compromise their quality of life. These treatments focus on reducing or eliminating emotional reactions to trauma; the results are that the client can feel safer, stop self-destructive behavior, feel less overwhelmed, and have more control over emotional reactions. Yet, they may not have developed the confidence and sense of safety to make decisions and set goals that will allow them to live a more sustainable and fulfilling life.

Using the seven key terms described in Chapter 2, I could find no literature showing that even though past trauma triggers are resolved, that new response habits of feeling empowered and confident are part of the treatment protocol. This research measures the sustainability of reducing trauma triggers and the improvements in the quality of life by transitioning trauma clients from negative response habits into positive transformative habits using an intention to enhance the sustainability of the transformative habits.

To repeat, 40 participants were divided into two groups, with 20 participants in each group. Both groups had their original trauma triggers reduced to a Subjective Units of Distress

(SUD) level from a maximum of -10 to a minimum of -2 to 0. Processing trauma is connecting with feelings, ideas, and judgments you have about the world and yourself that are connected to trauma. It's giving yourself permission to grieve what you've lost, incorporate a painful event into your life narrative, and move on in a way that makes sense (Krouse, 2022). I used a mix of cognitive processing therapy, eye movement desensitization and reprocessing therapy (EMDR), emotional freedom techniques (EFT) and quantum-neurobiology (QNB) depending on each client's comfort level with the treatment protocol. One client had an abreaction response which was resolved in the session. Three clients had indications of PTSD and two exhibited obsessive compulsive disorder symptoms. These issues were resolved in the sessions. Indicators that the trauma response has been released are the client is responding with an understanding of the event rather than emotionally reacting to the memory of it, there is no longer any self-blame, self-care becomes more important and not thinking about the event.

All participants created a specific, realistic goal to be achieved by a specific date of no longer than two months from the beginning of the study period. The belief in achieving this goal was measured on the Subjective Units of Transformation scale (SUT) from 0 to +10. An intention statement was added in the intervention group to determine if the transformative habits would be sustained for a more extended period, resulting in long-term improvement in their quality of life.

Findings

Each participant in both groups had their SUD scale distress reduced to -2 or less and maintained it for one month or more to participate in the study. They had to have a SUT scale level of belief in achieving their goal at +5 or higher to participate in the study. The SUD and SUT scale levels were collected at Time 1 (the start of the intervention), Time 2 (3 months

afterward), and Time 3 (6 months afterward).

Tables 2 through 7 present paired t-test results for the intervention group showing the change in Subjective Units of Distress (SUD) and Subjective Units of Transformation (SUT) across the three data collection dates. I hypothesized that the SUD would decrease over the course of treatment and the SUT would increase. These results were compared to the three results from the Control Group presented below.

Table 2 shows that the SUD substantially and significantly decreased from Time 1 to Time 2 (9.1 vs .45 p<.001). The SUD taken at the beginning of the intervention was reduced to -2 or lower on the scale and was maintained for three months.

Table 4
Paired t-test of Mean SUD Scores for Intervention Group- time 1 vs 2

	SUD 1	*SUD 2*
Mean	9.10	0.45
Variance	1.25	0.47
Observations	20	20
t Stat	27.89	
p (2 tailed)	<.001	

Table 4 shows a substantial increase in the SUT from Time 1 to Time 2 (5.60 vs 8.45, p=<.001). Parallel to the results in the decrease in the SUD level being maintained, the SUT level continued to increase.

Table 5
Paired t-test of Mean SUT Scores for Intervention Group– Time 1 vs 2

	SUT 1	*SUT 2*
Mean	5.60	8.45
Variance	0.46	0.89
Observations	20	20
t Stat	12.26	
p (2 tailed)	<.001	

Table 5 shows a significant but smaller decrease in the SUD from Time 2 to Time 3 (.45 vs .10, p<.03). The SUD level of -2 or less continued to be maintained from the three-month to the six months of the study.

Table 6
Paired t-test of Mean SUD Scores for Intervention Group - Time 2 vs 3

	SUD 2	*SUD 3*
Mean	0.45	0.10
Variance	0.47	0.09
Observations	20	20
t Stat	-27.33	
p (2 tailed)	<.03	

Table 6 shows the SUT continues to increase from Time 2 to Time 3 (8.45 vs 9.75, p<.001). There is a strong correlation between the ability of the participants to maintain their SUD distress at low levels which allows them to increase and maintain their SUT transformation at high levels.

Table 7
Paired t-test of Mean SUT Scores for Intervention Group - Time 2 vs 3

	SUT 2	*SUT 3*
Mean	8.45	9.75
Variance	0.89	0.20
Observations	20	20
t Stat	5.51	
p (2 tailed)	<.001	

Table 7 presents the Pearson Product-moment correlations for SUD by SUT at each data collection point as well as the correlation for change in SUT by change in SUD from data collection point 2 to 3. The correlations' significance levels are more affected by sample size than the paired t tests. But there is a negative correlation (as expected) between Distress and Transformation that holds across the three data collection points, as well as the change from data collection points 1 and 3. It is significant, however, only for time 2 (r=-.65, p<.002) and the

change between times 1 and 3 (r=.40,p<.002).

Table 8
Correlations between SUD and SUT scores Time 1, 2 and 3 and change from 1 to 3 for the Intervention Group

	r	p
SUD 1 by SUT1	-0.15	0.44
SUD 2 by SUT 2	-0.65	<0.002
SUD3 by SUT 3	-0.19	0.44
SUD 1 -3 vs SUT 1 -3	-0.40	<.002

Tables 9 through 13 present paired t test results for the Control Group. The difference between the Intervention Group and the Control Group is that the Intervention Group included an intention statement with their goal setting before starting treatment and the Control Group did not. Table 6 shows that the change in Subjective Units of Distress (SUD) for the Control Group was smaller than that for the Intervention Group. In Subjective Units of Distress SUD (9.05 vs 2.5, p<.001) but still substantial and significant. The SUD taken at the beginning of the intervention was reduced to -2 or lower on the scale but was not maintained for three months. The SUD levels for the Control Group fluctuated by increasing and then decreasing with further treatment throughout the study period.

Table 9
Paired t-test of Mean SUD Scores for the Control Group - Time 1 vs 2

	SUD 1	*SUD 2*
Mean	9.05	2.50
Variance	1.63	2.05
Observations	20	20
t Stat	17.55	
p (2 tailed)	<.001	

Table 9 shows a slight, but non-significant, increase in SUT from time 1 to time 2 for the Control Group (5.35 vs 5.80, p=.28). Parallel to the results in the SUD level not being maintained at a lower level the SUT level also did not continue to increase substantially.

Table 10
Paired t-test of Mean SUT Scores for the Control Group - Time 1 vs 2

	SUT 1	*SUT 2*
Mean	5.35	5.80
Variance	0.34	2.59
Observations	20	20
t Stat	-0.08	
p (2 tailed)	0.28	

Table 10 shows a slight, but non-significant, decrease in SUT from time 2 to time 3 (5.80 vs 5.55, p=.33. There is a strong correlation between the ability of the participants not being able to maintain their distress at low levels and the decrease in their capacity to increase their transformation at high enough levels to achieve their goals.

Table 11
Paired t-test of Mean SUT Scores for the Control Group - Time 2 vs 3.

	SUT 2	*SUT 3*
Mean	5.80	5.55
Variance	2.59	1.00
Observations	20	20
t Stat	1.00	
p (2 tailed)	0.33	

Table 11 shows that parallel to the findings for the Intervention Group, the Control Group showed negative correlations between SUD and SUT scores across the three data collection points, though the correlation at time 1 was not significant. The correlation between change in SUD and SUT from Times 1 to 3) was positive but non-significant.

Table 12
Correlations between SUD and SUT scores at Time 1, 2 and 3 and change from 1 to 3 for the Control Group.

	r	p
SUD 1 by SUT1	-0.38	0.10
SUD 2 by SUT 2	-0.64	<0.002
SUD 3 by SUT 3	-0.56	0.01
SUD 1 -3 vs SUT 1 -3	0.08	0.74

Table 12 shows that there was a small, but non-significant decrease in SUD from times 2 to 3 (2.50 vs 2.34, p= .50). The SUD level of -2 or less was not maintained from the three months to the six-month period of the study.

Table 13
Paired t-test of Mean SUD Scores for Group 2 - Time 1 vs 2

	SUD 2	*SUD 3*
Mean	2.50	2.34
Variance	2.05	0.87
Observations	20	20
t Stat	0.68	
p (2 tailed)	0.50	

Summary

Tables 8 and Table 13 show the change in SUD and SUT scales from the start of the intervention (time 1) to three months (time 2) and again at six months (time 3). For the Intervention Group, time 1 vs time 2, SUD dropped dramatically from time 1 to time 2. For time 2 vs time 3, SUD dropped again, but not as dramatically as from time 1 to time 2. For time 1 vs time 2, SUT rose dramatically from time 1 to time 2. For time 2 vs time 3, SUT rose from time 2 to time 3, but not as dramatically as from time 1 to time 2.

The Control Group, time 1 vs time 2, SUD dropped dramatically from time 1 to time 2. For time 2 vs time 3, SUD dropped from time 2 to time 3, but not significantly (p=.5). For time 1 vs time 2, SUT rose from time 1 to time 2, but not significantly (p=.28). For time 2 vs time 3, SUT dropped from time 2 to time 3, but not significantly (p=.32).

Conclusions

The results of the study successfully answered the research questions.

1. Is there a correlation between the decrease in the level of distress (SUD)

and the level of transformation achieved (SUT)?

The Intervention Group SUD levels dropped dramatically from the beginning of the intervention, which was maintained for up to three months and stayed low for up to six months. Their SUT scale level increased significantly from the beginning of the intervention. It continued to increase up to the six-month study period, with 75% maintaining a +10 SUT level and 25% maintaining a +9 SUT level at the six-month study period. All participants achieved their goal within the two-month time frame. This correlation shows that maintaining the decrease in the SUD level enhanced their ability to achieve a sustainable increase in the SUT level for the six months of the study and beyond.

The Control Group SUD levels dropped dramatically from the beginning of the intervention and could not be maintained for up to three months. The SUD levels fluctuated throughout the six-month study period. Their SUT scale level did not increase significantly from the beginning of the intervention, and only 40% achieved a SUT scale level of +6 to +8 at the six-month study period. Only 15% achieved their goal within the two-month time frame. This finding shows that being unable to sustain the SUD level at -2 or less negatively impacts their ability to continue increasing their SUT level for the six months of the study and beyond.

2. The level on the SUT scale (0 to +10) that the transformation response habit sustained for 3 months or more.

The Intervention Group participants were all able to achieve a level of +8 to +10 on the SUT scale within the first 30 days of the study. They maintained that level throughout the six-month study period. The Control Group had 5% of participants able to sustain their SUT level at +7 to +10 by the end of the three-month study period, and 85% only achieved a SUT level of +4 to +6 at the end of the six-month study period.

3. **Adding an intention statement increased the sustainability of positive habits that impact improvement in quality of life.**

The Intervention Group used their intention statement to focus on visualizing and imagining the experience of achieving their goal. They were also more mindful of the positive habit changes they were setting using the intention statement as their objective. The results show that they became more effective at believing they would achieve their goal and, therefore, were more able to stay positively focused. All participants experienced an improvement in their energy, better communication in relationships, better sleep, better food choices, and increased well-being in everyday life.

The Control Group participants focused on their goal using their cognitive mind to stay focused and did not incorporate achieving the experience with an intention statement. Sixty-two percent believed that life events prevented them from achieving their goals. Their results showed no improvement in energy, sleep patterns remained unchanged, and a limited increase in well-being was experienced.

The purpose of this research was to test the effect of adding intention to support a goal. A deeper application of root cause analysis was used to enhance the trauma treatment outcomes and sustainability of results using EFT protocols Even though existing literature has found that it is effective as an evidence-based practice for both psychological and biological issues, the data is limited in the studies. As my results clearly indicate, maintaining the SUD level at -2 or less has a significant impact in creating a more peaceful, calm nervous system response. This creates more potential for the client to focus on a goal as their energy is not directed to dealing with trauma triggers. In addition, adding an intention statement to the goal decidedly enhanced the achievement of the goal and greatly improved their quality of life. Continued research will build

upon existing knowledge and explore new aspects of trauma treatment while expanding the individual's potential to make better decisions to improve well-being.

Explanations For Findings

The results of this intention research may have been affected by having only participants that were already successful in life and therefore may have been motivated to achieve goals. Both the Intervention and Control Groups believed they were experiencing positive results from releasing trauma triggers and feeling more positive and consequently nobody dropped out. As such, I believe that appropriately treating the trauma had a significant effect on the participants capacity to focus on their goals. The current literature shows that less than 10 percent of people who set goals fail to achieve them due to a lack of reminders, taking required action, and not having an accountability partner. In this context, the intention statement was a reminder to stay centered on their objectives, it inspired taking the necessary action and collecting the data every two weeks acted as an accountability partner.

The type of data collected was subjective and although I emphasized to the clients that the results were neutral, in other words not good or bad, there may have been a "placebo" effect in that they would not want to be perceived as failing. Another consideration is that this research is multifaceted, and the results are interconnected. However, both the Intervention and Control Groups had the same trauma trigger treatments and set goals. Therefore, the value perceived in adding an intention statement was observed in the improved quality of life in the Intervention Group.

CHAPTER 5

CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

The purpose of this study was to measure the sustainability in the improvements in the quality of life, by transitioning trauma clients from negative response habits into positive transformative habits and using an intention to enhance the sustainability of the transformative habits. My research shows that releasing trauma triggers from the past is essential before transformation habits can be sustained. A focus was on expanding the delivery of EFT practices to include the subjective units of transformation with an intention statement to improve the sustainability of trauma recovery outcomes and enhance the quality of life.

Four arguments were central to this theses: (1) untreated trauma causes mental health disorders and chronic disease, (2) treatment protocols focus on symptoms and not what changed in the person from the original event, (3) root cause analysis does not delve deep enough to uncover originating meaning and beliefs from trauma events that need to be cleared before transformation can be encoded sustainably, and (4) intention needs to be experienced and practiced to achieve being able to tap into the potential of improving quality of life.

The results of this study has a number of direct implications, ranging from how the serious health impacts of untreated trauma negatively influences peoples' capacity to function, updating training for health practitioners to target the original event rather than treating symptoms, expanding root cause analysis to address how the trauma event changed the person's body, mind and behavior so that new beliefs can be encoded, and enhance their subjective measure of their wellbeing that results in improving quality of life. However, the chapter concludes by reflecting on the limitations of the study and indications for future research.

The theory of trauma developed across this dissertation challenges the pervasive belief that human psychology is fragile and damaged forever by life's misfortunes. Rather, the theory

of intention suggests that we can be incredibly resilient and great survivors. The fetishization of clinically evaluating and treating psychological ill health as if it were biological in nature has produced a tendency to treat symptoms over root causes. This has extended even as concerns about wellness and wellbeing saturate health discourse. We are still getting sicker, society is suffering higher rates of suicide, including childhood suicide, chronic disease, mental illness, self-harm, and addiction, as these epidemics continue to escalate with no reversing of this health crisis in sight. According to the Health Policy Institute (2024), 70% of American adults are on some kind of medication and the second most common prescription is for antidepressants.

Treatment of Trauma

Although the burden of trauma appears inescapably high, this dissertation has sought to demonstrate that there are cost-effective and meaningful ways that trauma can be addressed. The essence of trauma is disconnection to the self and in all cases of trauma treatment it is crucial for individuals to feel they are adequately supported at every stage of their treatment (Bach, et al., 2019). Additionally, my observation in clinical practice was that even though we have access to health facilities, a wealth of information, and know all about nutrition and healthy lifestyles, most individuals still struggle to make sustainable change that improves quality of life, as unconscious beliefs about ourselves retain a degree of control over our decisions.

Numerous health systems have attempted to address these concepts by introducing alternative support like meditation that has a focus on the self, (Hutschemaekers et al, 2007). However, there is major push back by economic and controlling agencies that choose to maintain existing protocols (Mitchell, 2009). Due to this dedication to the status quo, current health care systems are not open to innovation, and it does not appear we will move beyond the treatment of psychological ill health with pharmaceuticals anytime soon.

The evidence is clear that alternatives to traditional therapy are effective and continue to grow in clinical practice. As highlighted throughout the dissertation, energy psychology, in particular clinical EFT, is a well-established technique and its ongoing contribution continues to evolve to treat a myriad of interrelated issues and conditions.

Energy Psychology in Trauma Treatment

As previously discussed, trauma keeps us living in a state of limited potential although the reality is we do have the ability to dramatically transform our life. Accordingly, EFT is located within a paradigm that views the client's habitual thinking as giving rise to their physical or psychological issues and as such, it fits with modern thinking. While EFT is more of a holistic approach to wellness that can deal with the social, mental, emotional, physical, and spiritual aspects of health all at once, its biggest value is its ease of use. Although it is used effectively for a variety of conditions, the focus on treatment commonly addresses symptoms and not the originating trauma experience which is the core of the trauma triggers.

The literature review shows that EFT is an effective treatment for a variety of disorders in varied populations, and they demonstrate that it can be used as a major evidenced-based treatment for PTSD, other psychological and biological dysregulation, as well as a self-help tool that is considered safe with minimal side effects (Ortner, 2024). Unfortunately, providing EFT in isolation from treatment trauma triggers and psychological discomfort does not necessarily address many of these unconscious beliefs that keep people held hostage to the fear of encountering more trauma. This is to say that some of the underlying belief systems and negative psychological patterns remain unchallenged even after treatment.

Updating and Enhancing Protocols

What is real and tangible needs to be updated. The inconsistency I identified in working

with clients is that even when trauma triggers are resolved, and goals have been established, the client continues to deal with the negative habit responses formed following the trauma event. As such, it is imperative that all the emotions and feelings related to the original trauma moment are identified through root cause analysis. To validate this concept further this phenomenon was observed with the participants in the Control Group, who were continually re-experiencing the increased SUD triggers and their inability to achieve or sustain an improvement in their quality of life.

We need to enhance root cause analysis and protocols to ensure that recovery from trauma is sustainable. Properly applied RCA identifies the primary cause of the problem and analyses the reasons behind discrepancies between the intended state (vision) of a health or social issue and the present state (current situation) (Compass, 2024). However, treatment is typically focused on managing symptoms and the underlying protection mechanisms continue to limit the potential of the person to feel safe enough to create change. An argument threaded through this dissertation is that in order to fully realize the benefits of EFT, protocols need to be updated to add an intention statement.

Encoding Transformation Habits

I found in standard treatment approaches, that the place to start is often ignored or not recognized, which is the unconscious limiting beliefs and the patterns that emerge as our life experience which cause people to feel being stuck, miserable or in pain. It is not the event or experience itself that causes the response, it is the way the body and mind react because traumatic stress affects the brain, and the result from experiencing trauma can make someone feel shocked, saddened, anxious, or otherwise overwhelmed. (Resnick, 2023). Evaluating the change in the clients' habits, the level of commitment to continue establishing the new patterns,

and the results in their quality of life needs to be reviewed and adjusted at each session to observe any continued limiting beliefs that may be blocking progress.

Updating the SUT protocols by incorporating intention statements so that they are a powerful reframing of mindset and focus on what truly matters to the client. This will empower the client to make positive choices, and this is reflected in the improvement of their quality of life. This expanded protocol will also give the practitioner a broader ability to measure the results in different aspects and give more clarity in the feedback to the client.

Benefits of Intention Statements

An intention is the experience we want to derive from the actions we take. It is the mind set and energy that allows us to align our actions with our desired outcomes. It helps us stay focused and mindful of the steps we need to take to achieve our goals. My research showed that an intention statement increased the sustainability of positive habit changes which demonstrates that it is how we think and how we feel that begins to alter our lives. My observation of the Intervention Group participants is that the individual's self-confidence increased, which empowered them to feel they had more control over their destiny, which increased happiness, and the result was an improved quality of life.

When included in an EFT session, an intention statement helps to increase motivation and stay more focused in being mindful in living, by making decisions that support actions to achieve the desired outcome. The benefits of adding an intention statement to EFT protocols are clearly shown in the results section of the dissertation.

Results of Including an Intention Statement

My results clearly indicate that resolving trauma triggers alone does not improve the quality of life for potential joy, freedom, and well-being. My research shows adding an intention statement to simulate the experience of having already accomplished the goal significantly

increases the achievement of the goal in a shorter period while increasing the sustainability of the change. It indicates that focusing on how patients want to experience life is more important than the cognitive focus of achieving the goal itself. How we think and feel begins to alter our lives.

Studies show that our mental state and happiness are connected (Harvard Medical School, 2012). I saw the participants in the Intervention Group confidence increase, and they felt that they had more control over their destiny, which increased their level of happiness., and as a result they began to thrive with an improved quality of life. These clients were more relaxed, less critical, more optimistic about their future, and smiled more. The most gratifying part for me was that they became more excited about their life. As such, my study showed that we will get improved results with clients if we add an intention statement to the EFT protocol.

Recommendations for Practice and Policy

The World Health Organization constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.

As stated, the intention statement supports achieving the goal by practicing the emotional outcomes of the goal being achieved. No existing literature tested the hypothesis that this aspect of practicing the experience of improved quality of life outcomes is incorporated into the energy psychology protocols. Adding these recommendations to energy psychology protocols for use in the wider academic community, research departments and clinical practice will help inspire a new health paradigm that includes prevention, health coaching, and lifestyle medicine.

Health coaches should be trained to track the health outcomes of their clients to monitor the sustainability of their quality-of-life improvements, incorporate intention statements when setting a goal, be sure that goal values and intention statements align, and focus on the

experience the patient wants in life and not the physical outcome of the goal. It is also imperative that the practitioner has resolved their own trauma issues.

Training

Health coaches are an increasingly valuable resource to help patients make better decisions about their health with lifestyle changes. However, many know relatively little about how to experience better wellness outcomes through root cause analysis and making sustainable lifestyle changes for improving quality of life. Without the proper training and experience in the broader range of EP layers, which includes metaphysical, emotional, and spiritual, many trauma wounds go unaddressed.

Accumulated research indicates that creating a goal alone does not adequately prepare people for dealing with their lack of motivation to implement and maintain changes, or in initiating action steps, which explains why there is a significant gap between setting goals and their goal attainment (Gollwitzer & Sheeran, 2006). Therefore, we need to explore more deeply where the client felt these emotions in their past and clear them to allow them to move forward. Asking questions such as what do you want to change or eliminate in your life, what do you want to create in your life? This highlights the blocks or limitations or fears that are keeping people from living their lives to the fullest potential. There also needs to be instruction on evaluating the change in clients' habits so that they can see if they are achieving their objectives.

Conclusions

My experience is that trauma treatment has been approached with a generic perspective that follows the labels of diagnosis, and this discounts the total experience of the client's other life events that impact the meaning of a trauma event. The complete picture needs to be addressed to bring people back to homeostasis after trauma.

A major missing component of living to our potential is inviting in the self of well-being,

self-compassion and joy. However, technology is advancing, and more studies are emerging; in his book *The Myth of Normal* (2022, p.3), Gabor Maté discusses the idea that illness in our society is genuinely a typical byproduct of a toxic social structure that prioritizes short-term financial gain over the long-term health of people. This illustrates the breadth of the implications of changing a paradigm of health care that treats symptoms with no focus on re-establishing well-being.

A new paradigm will expose the huge gap that exists between evidence-based medicine, medical intervention, and alternative medicine, on how to treat the effects of trauma and possibilities for sustainable recovery and improved quality of life. This is an essential conversation we are not having in traditional health care and holistic healthcare which does not delve deep enough to get to the root cause of illness. Further studies could assess improvements in each of these areas as their main goal.

It is evident in my clinical practice that the increased demands in today's world, the expansion of technology, the dramatic increase in the amount of information we must assimilate, and uncertainty in the future, to name a few, have significantly increased the level of stress in the last twenty years. To date, research has not looked at whether clients are able to create an enhanced quality of life beyond no longer having to live with trauma triggers. They remain in a neutral emotional state and often do not experience fulfillment and joy in life. These warrants reassessing the efficacy of current treatment protocols.

The contribution of my study is to support research on energy psychology healing, especially EFT methods, that can be expanded by incorporating a deeper level of root cause analysis and incorporating intention statements, to enhance human performance and access human potential. EFT is getting more mainstream and is now listed in the U.S. National Center

for Complementary and Integrative Health (NCCIH). EFT /Acupoint Tapping is now listed under the tab "Other Psychological and Physical Approaches." The more acceptance we are getting in energy psychology treatments, the more important it is to continue refining the protocols to ensure sustainable recovery. Further expanding the existing protocol would establish which disorders clinical EFT could be used as a supplemental behavioral option or as a first-line treatment (Hajat & Stein, 2018). Ongoing research is required to explore the possibilities of sustained improved health outcomes and the potential for sustained quality of life.

My goal with this study is to get sustainable results. Get right to the root cause, eliminate the trauma response, and create a gap in awareness to integrate something new, by challenging existing beliefs. The psyche will then accept the new ideas or concepts and will not be fighting against the survival mechanisms to prevent exposure to further trauma. This highlights that habit change is a critical component to improving lifestyle and implementing intention statements that are practiced mentally and somatically in the treatment protocol has the power to dramatically transform a life experience. New response habits of feeling empowered and confident can then be sustained long-term. Existing treatment guidelines should serve as a catalyst for additional research rather than as a conclusion to the conversation (Brown & Courtoise, 2019). This is the core of my research

This study was limited to a small group of forty participants; however, the results are significant in that there is clear evidence that adding intention to the practice of energy psychology protocols, particularly EFT, can create a much higher and more sustainable impact on quality of life. Further research that replicates this study with different demographics and trauma populations could substantiate these results and thereby significantly improve health outcomes for humanity.

My work is about accessing human potential. We need to turn the page of the existing literature and write the next chapter of purposeful trauma care and sustainable recovery if humanity is going to come out of the downward spiral of getting sicker and begin to thrive by learning to live consciously and with joy.

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Appendix A

SUD and SUT Interview
Intervention Group: Goals Set with An Intention Question

Name: _____
Date: _____ Start of Intervention

SUD 1: What are you experiencing or what is happening in your life that you want to change, shift, or eliminate?

SUD Measurement – 0 to 10 _____
Date SUD Measurement has been reduced to -2 or less: _____

SUT 1: What is a specific, realistic, and time-bound goal you want to achieve?

SUT Measurement + 0 to 10 _____
Intention: Describe how your life will change once you achieve this goal? How do you expect to feel after you reach this goal? What is essential for you to live to your highest potential?

Date: _____
SUT Measurement + 0 to 10 _____ 3 Months After Intervention
Date: _____
SUT Measurement + 0 to 10 _____ 6 Months After Intervention

Appendix A-1

Data Collection Sheet
Intervention Group: Data Collection for SUD and SUT With Intention

Name: _____

SUD/SUT 1 Results
Date: _____ **Start of Intervention**
SUD 1 _____
SUT 1 _____

SUD/SUT 2
Date: _____ Week 2 of Month 1
SUD 2 _____
SUT 2 _____

Date: _____ End of Month 1 & Start of Month 2
SUD 2 _____
SUT 2 _____

Date: _____ Week 2 of Month 2
SUD 2 _____
SUT 2 _____

Date: _____ End of Month 2 & Start of Month 3
SUD 2 _____
SUT 2 _____

Date: _____ Week 2 of Month 3
SUD 2 _____
SUT 2 _____

SUD/SUT 2 Results
Date: _____ **End of Month 3 & Start of Month 4**
SUD 2 _____
SUT 2 _____

SUD/SUT 3
Date: _____ Week 2 of Month 4
SUD 3 _____
SUT 3 _____

Date: _____ End of Month 4 & Start of Month 5
SUD 3 _____
SUT 3 _____

Date: _____ Week 2 of Month 5
SUD 3 _____
SUT 3 _____

Date: _____ End of Month 5 & Start of Month 6

SUD 3 _____
SUT 3 _____

Date: _____ Week 2 of Month 6
SUD 3 _____
SUT 3 _____

SUD/SUT 3 Results
Date: _____ **End of Intervention at 6 Months**
SUD 3 _____
SUT 3 _____

Appendix A-2

Subjective Units of Distress (SUD) Scale 0 to -10

10 = Feels unbearably bad, beside yourself, out of control as in a nervous breakdown, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine anyone could possibly understand your agitation.

9 = Feeling desperate. What most people call a 10 is 9. Feeling extremely freaked out to the point that it almost feels unbearable, and you are getting scared of what you might do. Feeling very, very bad, losing control of your emotions.

8 = Freaking out. The beginning of alienation.

7 = Starting to freak out, on the edge of some bad feelings. You can maintain control with difficulty.

6 = Feeling bad to the point that you begin to think something ought to be done about the way you feel.

5 = Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort.

4 = Somewhat upset to the point that you cannot easily ignore an unpleasant thought. You can handle it OK but don't feel good.

3 = Mildly upset. Worried, bothered to the point that you notice it.

2 = A little bit upset, but not noticeable unless you took care to pay attention to your feelings and then realize, "yes" there is something bothering me.

1 = No acute distress and feeling basically good. If you took special effort, you might feel something unpleasant but not much.

0 = Peace, serenity, total relief. No more anxiety of any kind about any issue.

Appendix B

SUD and SUT Interview
Control Group: Research Questions for Goals Set Without An Intention

Name: _____
Date: _____ Start of Intervention

SUD 1: What are you experiencing or what is happening in your life that you want to change, shift, or eliminate?

SUD Measurement – 0 to 10 _____
Date SUD Measurement has been reduced to -2 or less: _____

SUT 1: What is a specific, realistic, and time-bound goal you want to achieve?

SUT Measurement + 0 to 10 _____

Date: _____

SUT Measurement + 0 to 10 _____ 3 Months After Intervention

Date: _____

SUT Measurement + 0 to 10 _____ 6 Months After Intervention

Appendix B-2

Data Collection Sheet
Control Group: Data Collection SUD and SUT With No Intention

Name: _____

SUD/SUT 1 Results
Date: _____ **Start of Intervention**
SUD 1 _____
SUT 1 _____

SUD/SUT 2
Date: _____ Week 2 of Month 1
SUD 2 _____
SUT 2 _____

Date: _____ End of Month 1 & Start of Month 2
SUD 2 _____
SUT 2 _____

Date: _____ Week 2 of Month 2
SUD 2 _____
SUT 2 _____

Date: _____ End of Month 2 & Start of Month 3
SUD 2 _____
SUT 2 _____

Date: _____ Week 2 of Month 3
SUD 2 _____
SUT 2 _____

SUD/SUT 2 Results
Date: _____ **End of Month 3 & Start of Month 4**
SUD 2 _____
SUT 2 _____

SUD/SUT 3
Date: _____ Week 2 of Month 4
SUD 3 _____
SUT 3 _____

Date: _____ End of Month 4 & Start of Month 5
SUD 3 _____
SUT 3 _____

Date: _____ Week 2 of Month 5
SUD 3 _____
SUT 3 _____

Date: _____ End of Month 5 & Start of Month 6
SUD 3 _____
SUT 3 _____

Date: _____ Week 2 of Month 6
SUD 3 _____
SUT 3 _____

SUD/SUT 3 Results
Date: _____ **End of Intervention After 6 Months**
SUD 3 _____
SUT 3 _____

Appendix B-3

Subjective Units of Transformation (SUT) Scale 0 to +10

10 = Empowered and confident that the quality of life can be sustained.
9 = Excited about personal achievements in implementing positive habits.
8 = Optimistic for future improvement in quality of life.
7 = Enthusiastic to create a goal and implement positive habit changes.
6 = Believe that positive habit changes will improve quality of life.
5 = More focus on self-care and feeling more positive that improved quality of life is possible.
4 = See the potential that positive habit changes will improve life experiences.
3 = Open to determining which positive habit changes will be implemented.
2 = Feeling hopeful that it is possible to improve the quality of life.
1 = Willing to consider making a commitment to implement positive habits.
0 = Emotionally neutral and unsure how to move forward to make positive changes.

Appendix C

Participant Consent to Participate in a Research Project

I _____ voluntarily agree to participate in this research study entitled "*Testing the Effectiveness of Emotional Freedom Techniques (EFT) to Sustain Healthy Response Habits to Prior Traumatic Events*." I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without negative consequences of any kind.

I understand that:

- I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted. I have had the purpose and nature of the study explained to me and I have had the opportunity to ask questions about the study.
- Participation involves attending scheduled sessions that I have requested. My progress will be recorded using the Subjective Units of Distress (SUD) to release my trauma responses. My progress will also be recorded using the Subjective Units of Transformation (SUT) to measure how positive I feel about new positive habit changes, the effect the new habits changes have on my quality of life, and whether these changes are sustainable.
- All information I provide for this study will be treated confidentially.
- In any report on the results of this research my identity will remain anonymous. This will be assured by using a code for my name and disguising any details of my interview which may reveal my identity or the identity of the people I speak about.
- Extracts from my interview may be quoted in the researcher's dissertation (without annotation).