

Change Is Possible: EFT (Emotional Freedom Techniques) with Life-Sentence and Veteran Prisoners at San Quentin State Prison

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Abstract

Counseling with prisoners presents unique challenges and opportunities. For the past seven years, a project called “Change Is Possible” has offered EFT (Emotional Freedom Techniques) counseling to life sentence and war veteran inmates through the education department of San Quentin State Prison in California. Prisoners receive a series of five sessions from an EFT practitioner, with a three session supplement one month later. Emotionally-triggering events, and the degree of intensity associated with them, are self-identified before and after EFT. Underlying core beliefs and values are also identified. In this report, the

EFT protocol and considerations specific to this population are discussed. Prisoner statements are included, to reveal self-reported changes in their impulse control, intensity of reaction to triggers, somatic symptomatology, sense of personal responsibility, and positive engagement in the prison community. Future research is outlined, including working within the requirements specific to a prison population in a manner that permits the collection of empirical data.

Keywords: prisoners, veterans, PTSD, memories, affect, trauma, EFT (Emotional Freedom Techniques).

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Prisoners sentenced to lifetime incarceration present unique challenges. They often lose contact with family and friends, are subject to sexual brutality, must learn to navigate an underground economy, are subject to racial divisions, and lose hope (Hassine, Bernard, & McCleary, 1996; Rideau & Wikberg, 1992). They also have to cope with vastly overcrowded conditions; San Quentin State Prison currently functions at 171% of stated capacity (California Department of Corrections and Rehabilitation, 2009). Epidemiological studies routinely show prisoners to have higher rates of depression, anxiety, and personality disorders (Jordan, Schlenger, Fairbank, & Caddell, 1996; Harding & Zimmermann, 1989). The World Health Organization (2000) estimates the suicide rate in prison populations to be three times that of the general population.

These challenges are intensified by the prevalence of posttraumatic stress disorder (PTSD) among prisoners, identified as high as 21% in some studies (Goff, Rose, Rose, & Purves, 2007), compared with 8% in the general public (National Center for PTSD, 2008). One San Quentin inmate and veteran of the Vietnam War describes “waking up screaming in agony as I relived the moment when I lost my left leg. PTSD makes you paranoid as hell,” he continues, “with questions like ‘Why are these people so close to me?’ and ‘Where is the nearest cover?’ always on your mind.” In an environment fraught with stressors, the presence of PTSD increases the challenges faced by this already vulnerable population.

Examining treatment efficacy for PTSD has become a justified priority, with mixed success. Cognitive-Behavioral Therapy (CBT) and Eye Movement Desensitization Reprocessing (EMDR) have been shown to be effective in meta-analyses (Seidler & Wagner, 2006; Bradley, Greene, Russ, Dutra, & Western, 2005; van Etten & Taylor, 1998; Benedek, Friedman, Zatzick, & Ursano, 2009) while the Institute of Medicine’s (2007) vast review of available treatments identified only Exposure Therapy as efficacious. For some studies

that do show improvement, PTSD improves only when not associated with co-morbid symptoms, which rules out the majority of cases (Monson et al., 2006).

Emotional Freedom Techniques (EFT) builds upon these foundations by mentally exposing the user to the memory of a traumatic event, while cognitively reframing core beliefs with the use of spoken affirmations. Somatic stimulation is added by tapping acupuncture points on the body, shown to send affect-diminishing signals directly to the amygdala (Hui et al., 2000; Dhond, Kettner, & Napadow, 2007).

There is evidence of physiological as well as self-reported changes with EFT. EEG readings show change during EFT intervention, reducing the previous pattern of trauma (Lambrou, Pratt, & Chevalier, 2003; Swingle, Pulos, & Swingle, 2004). A decrease in PTSD symptomatology in veteran populations shows reduction by as much as 50%, stable over three and 12-month follow-up (Church, Geronilla, & Dinter, 2009; Church, 2009).

Non-military populations also show a reduction in psychological symptoms (Rowe, 2005; Church & Brooks, in press). A randomized control trial with adolescent survivors of abuse demonstrates reduction of PTSD symptomatology at $p < .001$ with n of only 16, displaying an almost unprecedented effect size. (Church, Piña, Reategui, & Brooks, 2009).

Therapists using EFT note its ability to rapidly reduce the emotional triggering that occurs when a traumatic memory is recalled (Flint, Lammers & Mitnick, 2005; Schulz, 2009; Mollon, 2007). Once an emotional trigger is active in a client's experience, each application of the EFT routine requires one to two minutes. This is a valuable quality in a prison environment where time and space are often limited. The EFT manual has been available as a free download since the mid-1990s, resulting in uniformity and fidelity of treatment (Craig, 2008). The EFT protocol does not require revealing confidential information or detailed histories, giving the inmate a sense of safety, and full control over information disclosed. These characteristics of EFT make it a suitable subject for study in a prison population.

The Change Is Possible Program

The Change Is Possible program began at San Quentin State Prison in 2002. The life coach

who began it (the first author of this paper) had volunteered at a prisoners discussion group. The inmates were discussing the circumstances of their incarceration. One participant said that he had mentally connected the chain of events that led to his conviction, but stated that this process had not allowed him to feel a sense of healing or resolution.

"I understood that one thing led to another," he explained, "but it didn't matter. It didn't connect to anything about how I felt or thought. Knowing it didn't change anything." The coach is an Emotional Freedom Techniques (EFT) practitioner with an EFT-ADV (EFT-Advanced) credential, and offered to use EFT with the inmate.

The man reported immediate relief and was so excited at the change, he began to recruit other inmates: "It was shocking. That day, and then the subsequent sessions, gave me a sense of peace and equanimity that I have never experienced before. There really could be a freedom for me here, even though I am incarcerated. I started telling everyone." He eventually became the scheduler for the Change Is Possible project.

Letters from the prisoners to the prison staff, and observed improvements in prisoner violence, have encouraged the prison's education department to continue the Change Is Possible program since its inception. About 100 prisoners have now been coached in EFT through the project, and there is a waiting list of approximately two months.

Treatment Protocol

The EFT practitioner visits the prison one day a week, and offers one-hour private EFT sessions to three prisoners, in a private room. Each prisoner gets five sessions, which is observed to produce an improvement in self-assessed scores for emotional trauma. EFT uses a Likert-type scale called SUD or Subjective Units of Distress (Wolpe, 1973).

On this scale, 10 represents maximum distress, and 0 represents no distress. The prisoner and the practitioner identify issues with a high degree of emotional intensity, at or close to a 10. The practitioner listens, and rarely interrupts other than to request a SUD score from the prisoner. The inmate may tell the same story, and require two to four applications of EFT, before the SUD score begins to reduce. The SUD score is the client-rated measure of progress.

After one session, the practitioner requires prisoners to either drop out of the program, or commit to continuing for the remaining four sessions. Only one prisoner thus far elected to drop out after the first session.

The initial few sessions of EFT reduce the intensity of affect. The utility of EFT in “taking the edge off” stressful or fearful stimuli has been observed in several published reports (Mollon, 2007; Schulz, 2009). One inmate described this experience as being able to “feel the emotional intensity drop to a manageable level. Then, I’d be able to make a sound decision, or take action to resolve the revealed problem.”

This ability to pause, without being ruled by violent thoughts and feelings, is repeatedly expressed with surprise and gratitude by the inmates: “I see now that there has never been any benefit in life by losing control of my emotions. I made some irreversible mistakes that changed my life. It’s not money for me. Now, success for me is being in touch with my emotions and acting as thoughtfully as possible. How can anyone express gratitude for being helped to discover such a wonderful gift?”

Once the intensity has been reduced, the EFT practitioner asks them to make a list of beliefs that contributed to their situation. The prisoner is asked to recall beliefs instilled by parents or caregivers, on the streets, at school, in gangs, and in prison. The practitioner has the person rate each one by how true it is for the client on a similar SUD scale. Then they perform EFT on each belief, with the goal of reducing the SUD level.

The coach moves onto the next issue if the SUD level reaches a level of 4 or less after three applications of EFT. Not every prisoner is able to get to a SUD score of 0 on every issue. As one man put it, “It’s simple, yet difficult. Using the technique requires that you be profoundly honest with yourself and perform an inventory of your life.” At the subsequent session, the practitioner has the client again self-rate for previously scored issues, and pick up where the previous session left off.

Because traumas are often interrelated, reducing the SUD level for one emotional memory may reduce the SUD level of others. One inmate found that “tapping for small matters has helped me with things that have a higher emotional charge or didn’t seem related at first.” The EFT practitioner found that five sessions were enough time to reduce the SUD scores of the most serious emotional triggers, but that clients rarely integrated EFT into their ex-

perience adequately during that time frame. They are therefore permitted to receive three additional sessions one month later.

The second three sessions also allow the practitioner and client to assess what’s working and what’s not, testing issues that were previously reduced to 0, as measured by the client’s SUD scores, to determine if the emotional trigger is still inactive. The practitioner notes that clients tend to ascribe their progress to the practitioner after five sessions, while after the additional three weeks, they reinforce their ability to calm themselves, and recognize that they can self-apply EFT: “I like this method of facing anything I may be up against,” explained an initial skeptic, “this really works and I will be tapping for the rest of my life.”

Because the somatic portion of EFT requires tapping on the skin with the fingertips, EFT is rarely performed in public. However, EFT has penetrated the culture of the prison to the extent that prisoners are occasionally seen publicly tapping on themselves in the prison yard. “Mental EFT” is also taught once a client is proficient in the method; this involves mental rehearsal of EFT rather than physical tapping.

Working with Prisoners

Confidentiality is an issue for prisoners, who are often unwilling to reveal their vulnerabilities, since doing so might endanger them with other inmates. To establish trust quickly, the EFT Practitioner emphasizes to prisoners that he is a volunteer, not affiliated with the correctional facility, that his notes about their SUD levels will not be shown to anyone else.

“Safety and prison are not words that are usually juxtaposed,” said one inmate in a letter of gratitude, “with (the practitioner), they may be.” The practitioner also finds that a respectful tone of voice, respectful behavior, and a non-judgmental attitude to the events being described by the prisoner, are all-important in establishing rapport. He believes that prisoners are rarely listened to with sympathetic attention. One wrote: “His calm demeanor and method of communication brought to me a feeling of trust and willingness to share my life’s most personal experiences with him. Not to mention my darkest secrets.”

Prisoners are often in a conditioned response loop. The practitioner generalizes the experience

of the inmates as “perceiving the world through the lens of their traumas.” By examining core beliefs, the inmates acquire the ability to reflect on their past in a way that will allow different choices in the future: “I have a greater insight into myself, my former rationalizing, and what contributed and led to my life of crime,” said a veteran and inmate, “I am able to give a better explanation as to my thinking, self-talk and the actions that followed.”

The practitioner believes that the prisoners often have a certain worldview, which results in them repeating the same dysfunctional behaviors. EFT is observed to open up a new set of options. After a few sessions they notice, based on their SUD scores, that they are no longer emotionally triggered by the same stimuli. This allows them to realize that they have choices in their behaviors: “I don’t resort to my old belief system,” says one, “and I no longer feed on the chaos of prison life. EFT allows the old behavior patterns to crumble.”

Their EFT experience allows the prisoners to reflect on other aspects of their lives. “Who would I be without this behavior?” is a self-reflective question the practitioner might encourage them to ask, stimulating reflection on possible new self-concepts. Other questions used with this population are, “What is a strong man?” and “What’s behind anger?” One man explained that the practitioner “brings to the table many new ideas and makes us think through some of our preconceived notions. I’ve come to realize that my old communication style was very judgmental and full of fault finding. EFT empowers you to change your insight and core beliefs.”

Prisoners may eventually shift their cognitions to conclude that the most angry prisoners are often masking their own terror, and that anger is the result of fear rather than strength. One inmate shared that “when we delved into the causes of alcohol and controlled substance abuse, we discovered again and again that low self-worth is often at their root.”

The gap between the initial five sessions, and the subsequent three sessions also allows prisoners to return to their environment without the support of coaching, to discover experientially whether their emotional triggers are still active. The SUD scale gives them a tool to check their own emotional intensity as they self-rate their reactions to events that happen inside the prison. Rather than being driven by unconscious urges, the SUD scale, coupled with EFT, brings the degree of triggering

to the level of conscious observation, from which different choices can be made.

When prisoners see their SUD levels going down after EFT, they realize that they have a tool with which to cope with prison conditions. One prisoner explains, “I recently experienced one of the most difficult trials in my life. I felt confident I’d get a release date at the Board of Prison Terms Parole Consideration Hearing. When I heard that there would be adverse witnesses present, I felt the same traumatic sensation one would get upon suddenly hearing of someone’s death. Soon after, I began to tap for about five minutes and was back in ‘fine tune’ and able to appear for my hearing. I wasn’t fazed because I had prepared myself beforehand. Thanks to (the practitioner) I am blessed with a tool that will allow me to better cope and manage any difficulty in my life.” No longer driven by their emotional triggers, they are then believed to make conscious and more deliberate decisions in stressful situations in the prison.

Research and Clinical Directions

The observation of the EFT practitioner, the reports of inmates, and the assessments of the educational department staff all suggest that EFT is a useful tool for a prison population. It is observed to reduce inmate violence, alter dysfunctional cognitive schemes that lead to repetitive conditioned behavior, improve resiliency, introduce coping skills, and reduce affect. It is easily taught to prisoners for use in emotional-self management in stressful situations. It requires relatively minimal time and respects the prisoner’s desire for confidentiality. All of the testimonials and letters written by prisoners request that the Change Is Possible program continue and expand. Most state that it changed their lives. The program currently has a waiting list, and is growing, as prisoners talk enthusiastically about the program to other prisoners.

It is possible that the skills learned during the Change Is Possible program may go beyond the prison environment. The EFT practitioner believes that EFT could be beneficial in transitional houses. He notes that some inmates have been incarcerated so long that they do not know how to use an ATM or a cell phone. Reintegrating into families and adjusting to social pressures outside prison are stressors faced after release. Having a tool to cope with fresh emotional triggers could help prisoners readjust.

Experimental Plan

Moving beyond subjective self-reporting requires data collection that includes empirically sound measures of change over time. These would need to be collected with sensitivity towards the specific issues of safety and confidentiality found in a prison population. For example, the EFT practitioner reports a “form fatigue” by prisoners, who quickly disengage from activities that ask for information that might be entered into their permanent records, which are viewed by parole boards, or requires more than a short period of time. Given these observations an experimental plan with the following elements is recommended:

- Randomized controlled trials that include a wait-list, or an attention control group.
- Data collection that follows the Code of Federal Regulations regarding confidentiality, including secure off-site data storage and non-inclusion of data in prison files.
- Inclusion of observer-rated measures such as the Clinician-Administered PTSD Scale (CAPS).
- Inclusion of brief subjective assessments such as the Symptom Assessment-45 (SA-45) and PTSD Checklist (PCL), as well as tracking before and after SUD scores for particular traumatic experiences.
- A minimally invasive assessment time of 10 to 20 minutes.
- A minimum of five sessions with a preferred dose of eight sessions.
- A team of investigators experienced with incarcerated and veteran populations, sensitive to their vocabulary, needs and particular requirements.

Only randomized controlled trials will establish EFT as an evidence-based practice for this population. Validated outcome measures assessed over time will demonstrate if these reported improvements are the result of sympathetic attention and other nonspecific effects, or whether EFT shows the same ability to improve psychological problems that it has demonstrated in published research with non-incarcerated populations.

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