



Trauma Solutions
DR. DIANE POOLE HELLER

Hosted by Dr. Diane Poole Heller...

Beyond Coping 7 Myths About Trauma Therapy and How EFT Supports Deeper Healing

LIVE Masterclass with Q&A

Dr. Robert Schwarz

Welcome!





Robert Schwarz, PsyD

- Licensed psychologist, educator, author, and longtime leader in the field of energy psychology
- Across nearly four decades of clinical work, he has focused on trauma treatment, integrative psychotherapy, brief therapy, hypnosis, and Emotional Freedom Techniques
- Formerly served as Executive Director of the Association for Comprehensive Energy Psychology, and is the author of *Tools for Transforming Trauma*

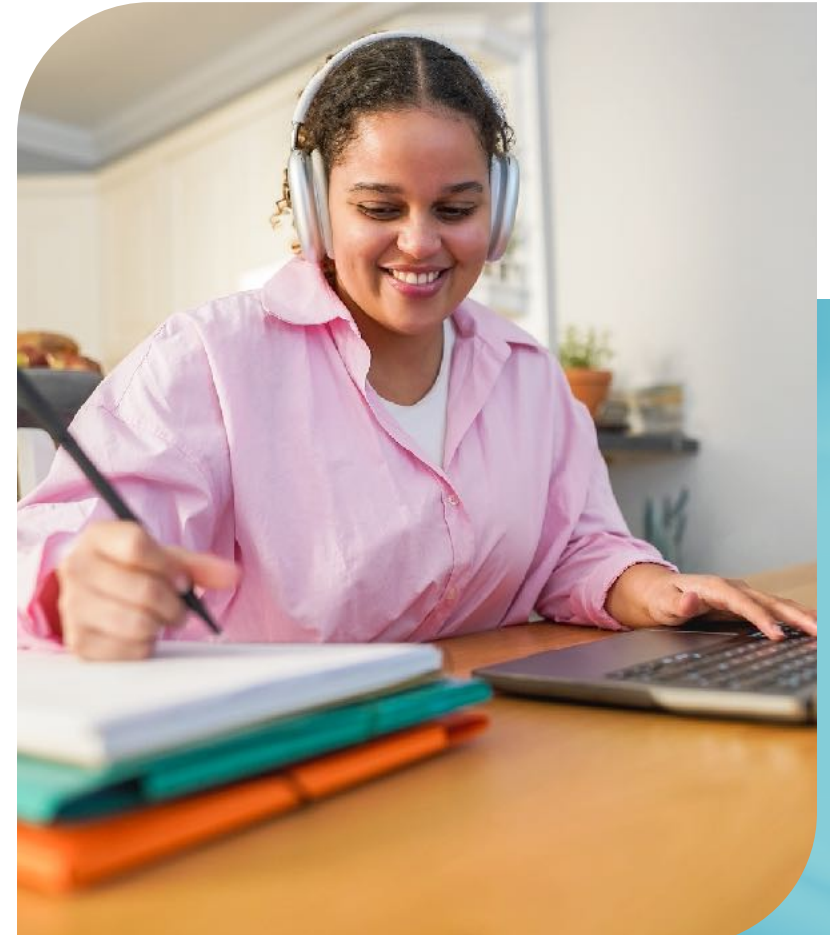


Diane Poole Heller, PhD

- International speaker, author, and teaching expert in attachment theory and trauma resolution
- Author of *The Power of Attachment: How to Create Deep and Lasting Relationships*, and *The Attachment Workbook*
- Signature approach—**DARe**—provides therapists and individuals with skills and exercises that facilitate healing from attachment and trauma wounds
- “We are all born with an amazing capacity to heal”

Today's Agenda

- The 7 myths, their limiting effects on therapists and clients.
- The 7 Corrections to those myths and a new way to looking at trauma treatment that leads to deeper healing
- How EFT is a perfect fit for this new way
- Rethink What Regulation Actually Means
- Understand the Two Therapeutic Roles of EFT
- Explore relationship between EFT, Memories and Beliefs and the process of change
- Move from Trauma Recovery Toward Living Fully
- The Secret of the Universe



The Secret of the Universe is...

**That that is is that
that is not is not is
that it it is**

The Secret of the Universe is...
..punctuation!

**That that is, is. That
that is not, is not. Is
that it? It is!**

Trauma treatment is often organized around familiar assumptions:

- ▶ About symptoms, coping, memory processing, regulation, pace of recovery, and the credibility of different approaches
- ▶ Each assumption contains a partial truth. The problem occurs when a partial truth becomes:
 - ▶ Overstated
 - ▶ The entire map.
- ▶ The maps therapists use determine:
 - ▶ what they notice
 - ▶ what they overlook
 - ▶ what they identify as the problem
 - ▶ which interventions they choose
 - ▶ and what outcomes they believe are possible



An Important Question

Does the past have any
direct effect on you now?

YES or NO

You can't change the past. **You can change how it is stored.**

Change the storage → change the meaning → change the impact.



Fixed. Unchangeable.



Myth 1: People Can Only Learn to Cope with Trauma

- ▶ **VA National Center for PTSD:** First-line treatments produce successful outcomes in **50% of cases**
- ▶ 2025 JAMA meta-analysis (excluding EMDR),
 - ▶ Only about **29%–37%**, of military/veteran lost the PTSD diagnosis
 - ▶ (Success rate goes up to 44%–50% excluding dropouts)
- ▶ For Civilians - CBT, CPT, or prolonged exposure **45%–51%** lost the PTSD diagnosis
 - ▶ (Success rate goes up to 65-70% excluding dropouts)

Milligan, T., Smolenski, D., Lara-Ruiz, J., & Kelber, M. S. (2025). Loss of PTSD diagnosis in response to evidence-based treatments: A systematic review and meta-analysis. *JAMA Psychiatry*, 82(7), 718–727.

Myth 1: People Can Only Learn to Cope with Trauma

Wrong Turns Caused By This Myth

Clinicians may:

- Emphasize lifelong management over transformation
- Teach clients to avoid creating expectations of meaningful change
- Treat the nervous system as permanently fragile
- Set an unnecessarily low ceiling for treatment
- Avoid interventions that create new emotional experiences
- INCREASED BURNOUT

Myth 1: People Can Only Learn to Cope with Trauma

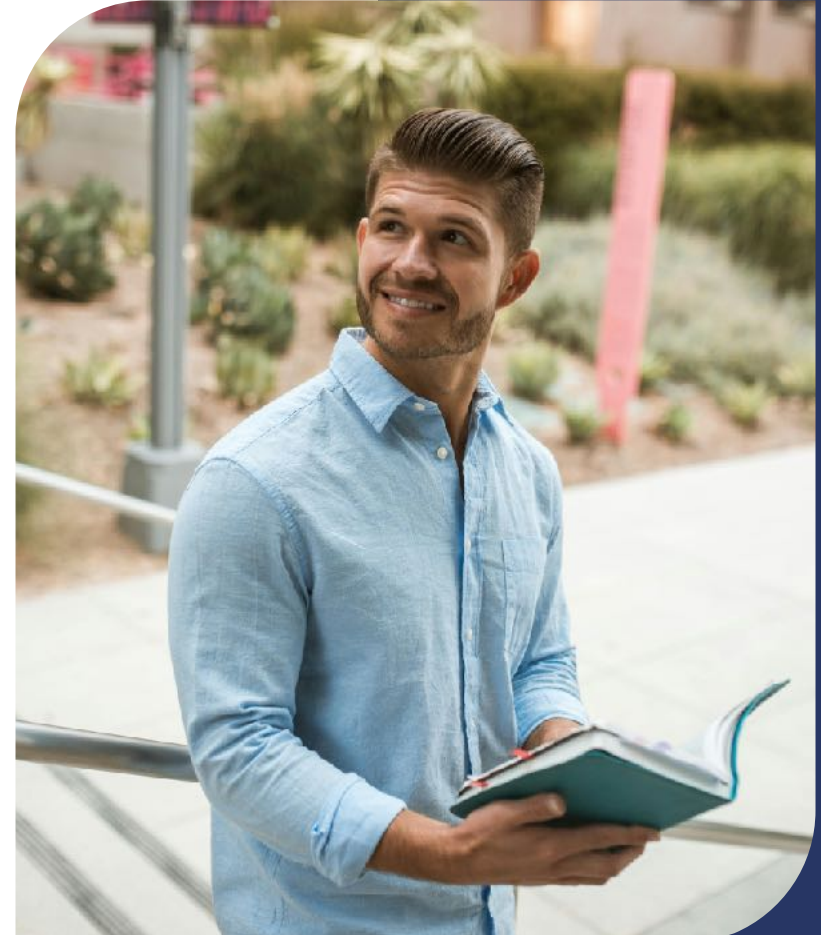
Costs to Clients

They may:

- Internalize that trauma will always control them.
- See themselves as permanently vulnerable or damaged.
- Rely on avoidance as the safest long-term strategy.
- Become dependent on coping techniques.
- Do not expect or strive for post traumatic growth.

Myth 1 Correction

- ▶ Coping is important, especially during overwhelm, but it is a temporary function rather than the endpoint of therapy.
- ▶ People can develop greater resilience, emotional flexibility, new beliefs and predictions, stronger boundaries, self-efficacy, agency, and post-traumatic growth.
- ▶ There are therapies that have much higher success rates:
 - ▶ In veterans with PTSD, EFT has 86% success rate (no longer met criteria for PTSD) in half the time of Prolonged exposure
 - ▶ 4X more effective



Myth 2: The Goal of Trauma Treatment Is Symptom Reduction

Wrong Turns Caused By This Myth

Clinicians may:

- Organize treatment primarily around reducing distress
- Use regulation tools without connecting them to larger therapeutic goals
- Treat positive life goals as secondary to symptom management, if they think about it at all
- Don't treat how traumatic events are stored in the mind-body system (incl. meaning making, and agency)
- Don't consider post traumatic growth as an option – Do not notice or amplify small shoots of growth

Myth 2: The Goal of Trauma Treatment Is Symptom Reduction

Costs to Clients

They may:

- Conclude that successful treatment only means becoming less symptomatic
- Become better at managing distress without becoming freer
- Remain disconnected from purpose, intimacy, confidence, pleasure, or contribution

Myth 2 Correction

- ▶ Reducing dysregulation matters, because it is the pre-requisite for deeper work, but it's not the ultimate destination.
- ▶ The deeper goal is to help clients claim or reclaim the life trauma has interrupted - including regulation, engagement, choice, connection, confidence, meaning, purpose, joy, agency and directionality.
- ▶ You don't need to spend months and months on reducing symptoms. It can happen rapidly, even as you are working on traumatic memories.



Myth 3:

Trauma Treatment is only for PTSD or C-PTSD

- ▶ Trauma is only about really bad things (war, rape, crime, etc).
- ▶ The failure to recognize that most psychological problems are caused by or made substantially worse by:
 - ▶ small “t” traumas or
 - ▶ neglect (large amounts of “micro t” traumas)
 - ▶ as well as large T traumas

Myth 3: Trauma Treatment is only for PTSD or C-PTSD

Wrong Turns Caused By This Myth

Clinicians may:

- Artificially separate trauma treatment from other kinds of treatment
- Treatment never addresses traumatic architecture of most disorders
- Failure to identify & deconstruct “what creates” the inner rules of the system that create symptoms.
- Failure to deconstruct “the blocks” to change
- Tendency to think there is a difference between treating Big T and Little t traumas

Myth 4: Regulation Means “Calming Down”

Wrong Turns Caused By This Myth

Clinicians may:

- Rely too heavily on relaxation methods
- Not think about building other resourceful states
- Not sufficiently attend to dosing & spacing
- Not attend sufficiently to their own presence as regulating
- Reinforce avoidance of difficult material
- Allow pockets of unprocessed material to persist

Myth 4: Regulation Means “Calming Down”

Costs to Clients

They may:

- Not learn to understand more complicated emotions
- Learn that anger and other emotions have little usefulness
- Not get to process their traumatic memories due to iatrogenic mis-steps
- Sense that the therapist becomes uncomfortable with certain feelings

Myth 4 Correction

- Regulation is not just the absence of intense emotion (eg. fear, lack of safety)
- It is the capacity to remain connected to sufficiently resourceful states while engaging experience
- It is measured by the formula:

$$E^T / R^{AP} = ?$$

- Can be facilitated via structural changes before or during memory processing



New Clinical Behaviors and Avenues

- Manage regulation throughout trauma processing (dosing and spacing - Tell the story Technique)
- More closely track shifts in meaning, imagery, body experience, and action tendencies
- Help clients remain present with emotion rather than eliminate it
- **Identify, Build or Support** needed resourceful states or the connections to needed resourceful states



Myth 5: Trauma Therapy Is Primarily About Processing Traumatic Memories

Wrong Turns Caused By This Myth

Clinicians may:

- Move toward traumatic material too quickly or too deeply.
- Insufficiently link goals and direction to trauma-based impediments
- Insufficiently detect early signs of when the client is overwhelmed, detached, compliant, or shut down.
- Encourage excessive abreaction
- Fail to sufficiently dose and space treatment.
- Treat regulation as mere preparation rather than part of ongoing processing
- Insufficiently attend to phase 3 considerations

Myth 5: Trauma Therapy Is Primarily About Processing Traumatic Memories

Costs to Clients

They may:

- Become flooded or dissociated
- Retell the trauma without updating it leading to re-traumatization
- Experience therapy as something to endure
- Become afraid of treatment
- Feel they have failed when retelling does not help
- Lose confidence in their capacity to engage difficult experience

Myth 5 Correction

Effective treatment of trauma is really about a re-organization of a client's mind-body system. It allows clients to:

1. Reduce the probability of traumatized states of consciousness being present
2. Expand connections to resources and regulation
3. Engage avoided material in a resourceful manner leading to new "information & energy"
4. Allowing old meanings to update
5. Applying all of the above toward increased agency, choice and joy in how they live their lives



Myth 6: Trauma Recovery Is Necessarily Slow and Painful

Wrong Turns Caused By This Myth

Clinicians may:

- Expect treatment to move slowly even when the client is ready
- Assume suffering is evidence of meaningful work
- Continue interventions that repeatedly overwhelm the client
- Miss leverage points where rapid change has occurred
- Miss moments of strength and post-traumatic growth
- Distrust improvements that happen quickly
- Burn out from unnecessarily difficult treatment processes

Myth 6: Trauma Recovery Is Necessarily Slow and Painful

Costs to Clients

They may:

- Expect therapy to be painful and exhausting
- Delay seeking treatment
- Accept & tolerate therapy that is “less than ideal”
- Believe rapid progress cannot be real
- Feel suspicious of relief and do not build on it
- Lose hope

Myth 6 Correction

While healing trauma may take time, meaningful change can occur rapidly when the proper conditions for healing are cultivated:

1. Consciousness is understood as “constructed”
2. Goals are clear and collaborative
3. Client is sufficiently “regulated”
4. Client & therapist awareness are properly focused and titrated
5. New experience occurs,
6. New learning is consolidated and amplified

Rapid does not mean magical, simplistic, or rushed. It means the interventions are focused on important leverage points.



Trauma & Therapy:

The Reorganization of *Consciousness*

TRAUMA STATE

DYSREGULATE

Physiological & Emotional Instability

SURVIVE

Perceived Danger

REACT

Fight, Flight, Freeze, Fawn

Narrow • Protective • Rigid

**Fragmented & Constricted
Identity & Agency**

*Losing/Judging the self.
Surviving one's life.*

**THERAPEUTIC EXPERIENCE:
Novelty + Resources**

STATE SHIFT



Safety & Connection



Processing & Insight



New Action & Possibility

RESOURCEFUL STATE

REGULATE

Physiological & Emotional Stability

RELATE

Presence with Self and Others

RESPOND

Flexible, Meaningful Action

Open • Engaged • Flexible

Integrated Identity & Agency

*Owning the self.
Authoring one's life.*

Myth 7:

EFT is a pseudoscience without research

In fact, EFT is one of the most researched psychotherapies

- ▶ 400+ research studies, meta-analyses systematic reviews and review articles have been published in professional, peer-reviewed journals
- ▶ 200+ Studies in refereed journals with 99% success rate
- ▶ 13 meta-analyses show effectiveness for depression, anxiety and PTSD
- ▶ 8 studies comparing CBT and tapping show that tapping is either equivalent to or more effective than CBT
 - ▶ Tapping methods achieve similar results in significantly less time

Myth 7:

EFT is a pseudoscience without research

- ▶ Because EFT relies on an “energy” metaphor as a mechanism and meridians that have never been detected
 - ▶ Out of date by 10-15 years
 - ▶ Science has detected evidence of meridians
 - ▶ Many frames & mechanisms other than “Chi” or energy
- ▶ Div 12: It’s not a psychological treatment because it is not **founded** in psychological theory
 - ▶ Neither is EMDR, mindfulness, or any somatic approach

Anatomy of an EFT Session

EFT combines five things:

1. Exposure to stressful memories of the past or current difficult emotions or sensations
2. Mindful and compassionate awareness
3. Self-activation of the body by tapping on acupressure points
4. Specific ways of structuring the session to focus awareness, and titrate the treatment dose
5. A great deal of therapeutic presence



EFT is Designed to Be...

Experiential

Somatic

Deconstructive

The client goes through an experience that:

- ▶ Changes how their body feels
- ▶ Changes how the memory is encoded
- ▶ Changes how they think about what happened
- ▶ Changes the narrative they tell about themselves

The Zen of EFT

- ▶ The tapping on meridian points is the most unique thing about EFT
- ▶ The tapping on meridian points is the least interesting part of EFT



The Zen of EFT

- ▶ EFT can be surprisingly rapid & thorough in changing the problem
- ▶ The last thing we want to do in EFT is to focus on eliminating the problem



Two Modes of EFT

1. Self-Regulation

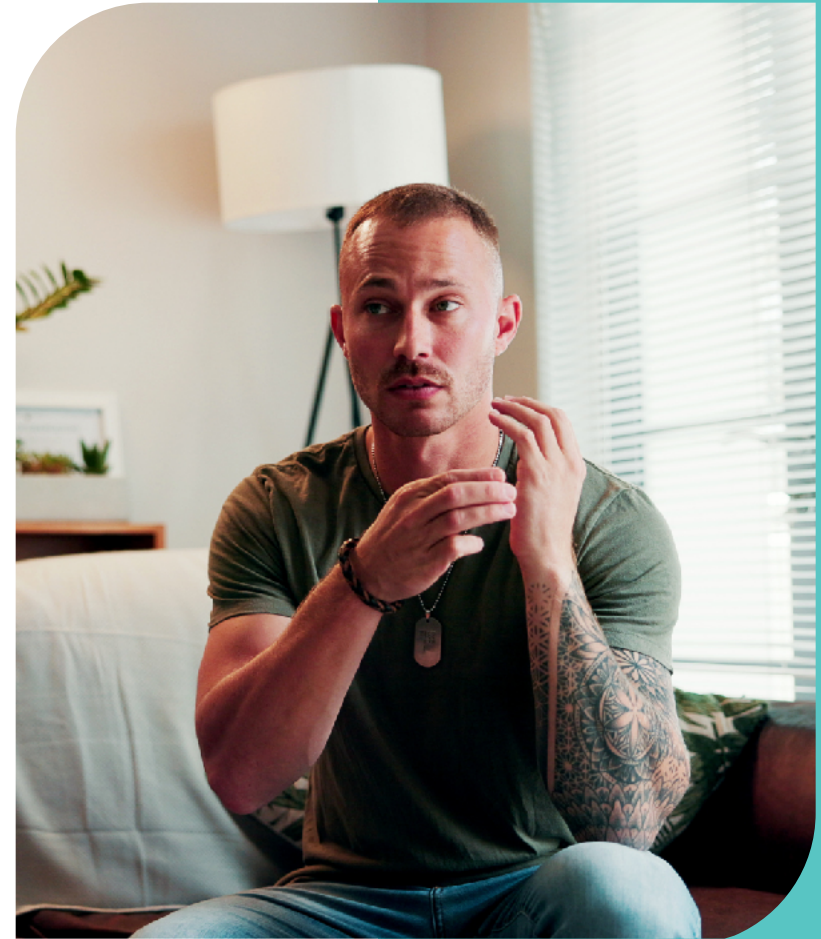
- ▶ Phase 1 of trauma treatment
- ▶ Symptom reduction
- ▶ Affect regulation
- ▶ Focused on reducing symptoms, aversive experience
 - ▶ feelings
 - ▶ thoughts
 - ▶ sensations
- ▶ Self-help, script-based, “Youtube”



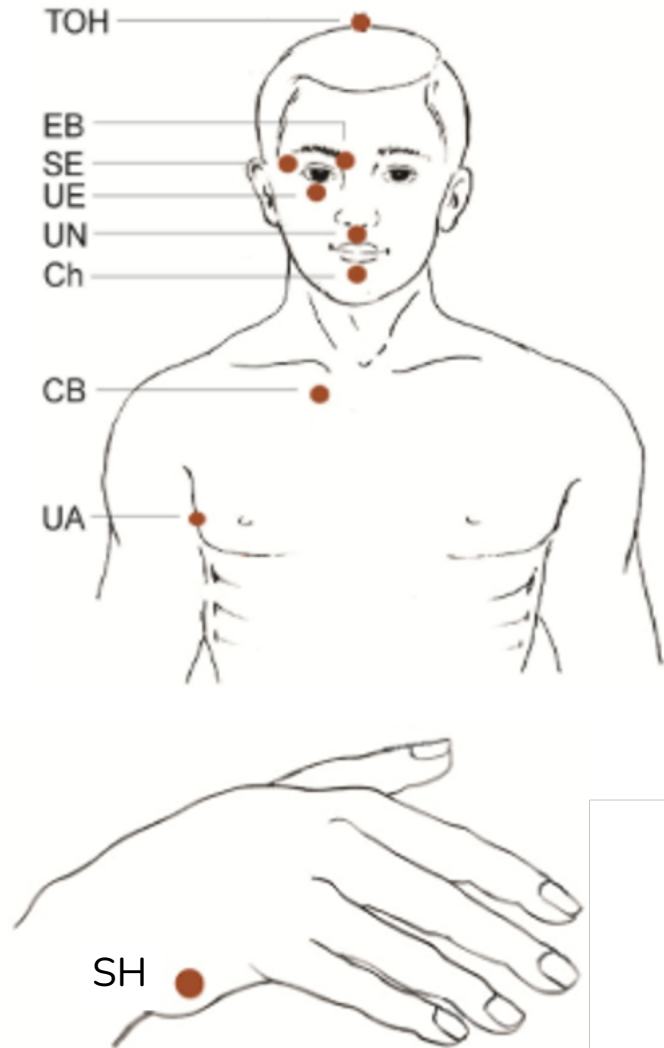
Two Modes of EFT

2. Reparative — Root Cause

- ▶ Phase 2 of trauma treatment
- ▶ Specific memories, events in the past
- ▶ Deep structure of schemas, beliefs, patterns
 - ▶ The Big Question: How does your mind-body system know to do “the pattern or problem”?
- ▶ Specific to each person
- ▶ Usually done with a trained practitioner



Very Basic EFT



- ▶ Step 1: Focus on the problem and rate 0-10 SUDS
- ▶ Step 2: The set up statement

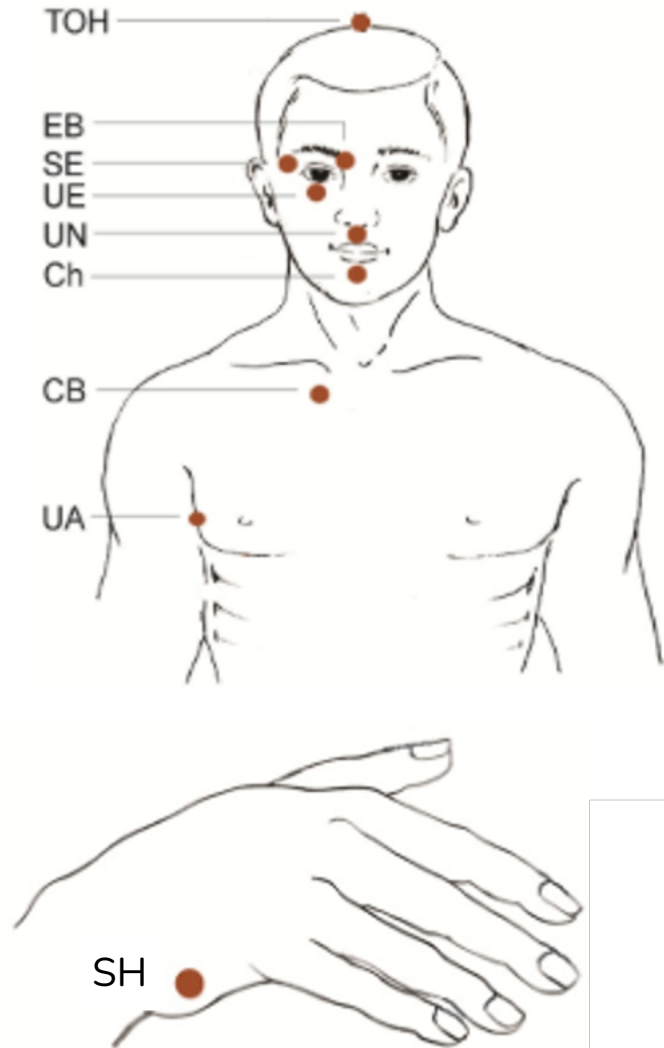
Tap SH & repeat x3:

“Even though I _____, I deeply and completely accept myself.”

This one intervention does 5 powerful things:

1. Sharpens the focus on the target
2. Builds a mindful stance
3. Reduces avoidance
4. Increases self-acceptance
5. Supported by body activation (small intestine meridian)

Very Basic EFT



▶ **Step 1: Focus on the problem and rate 0-10 SUDS**

▶ **Step 2: The set up statement**

Tap SH & repeat x3:

“Even though I _____, I deeply and completely accept myself.”

▶ **Step 3: Tap points 7-10 times each**

▶ ToH > EB > SE > UE > UN > Ch > CB > UA

▶ **Step 4: Return to Step 1**

▶ Re-assess. If SUDs not 0:

▶ Two Non-Zero Options:

▶ a) Same experience Lower/Higher SUD

▶ b) Shift in experience

▶ Follow the data – get more specific

EFT Tapping

The Target(s) — Self-Regulation

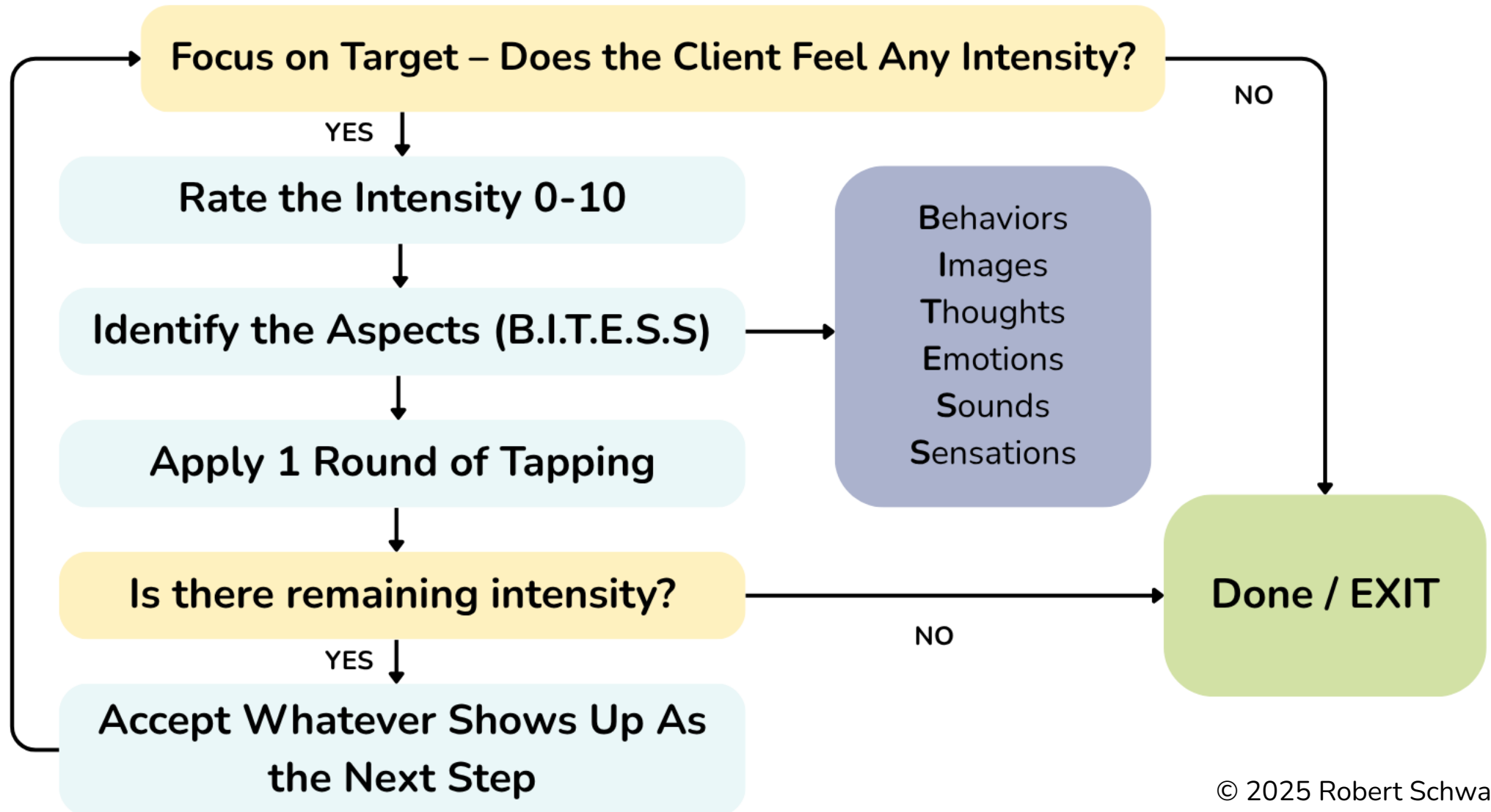
- ▶ Anxiety
- ▶ Stress
- ▶ Painful emotions
- ▶ Uncomfortable or painful sensations
- ▶ Negative self-talk
- ▶ Unwanted symptoms
- ▶ Blocks or resistance
- ▶ “Anything” that is distressing, constricted

Rate the target on a SUDs scale from 0-10 on how much it bothers you.

SUDs stands for Subjective Units of Distress
(0= not at all 10= as much as possible)

0 1 2 3 4 5 6 7 8 9 10
Regulation ----- Dysregulation

Basic EFT Recipe Flow Chart

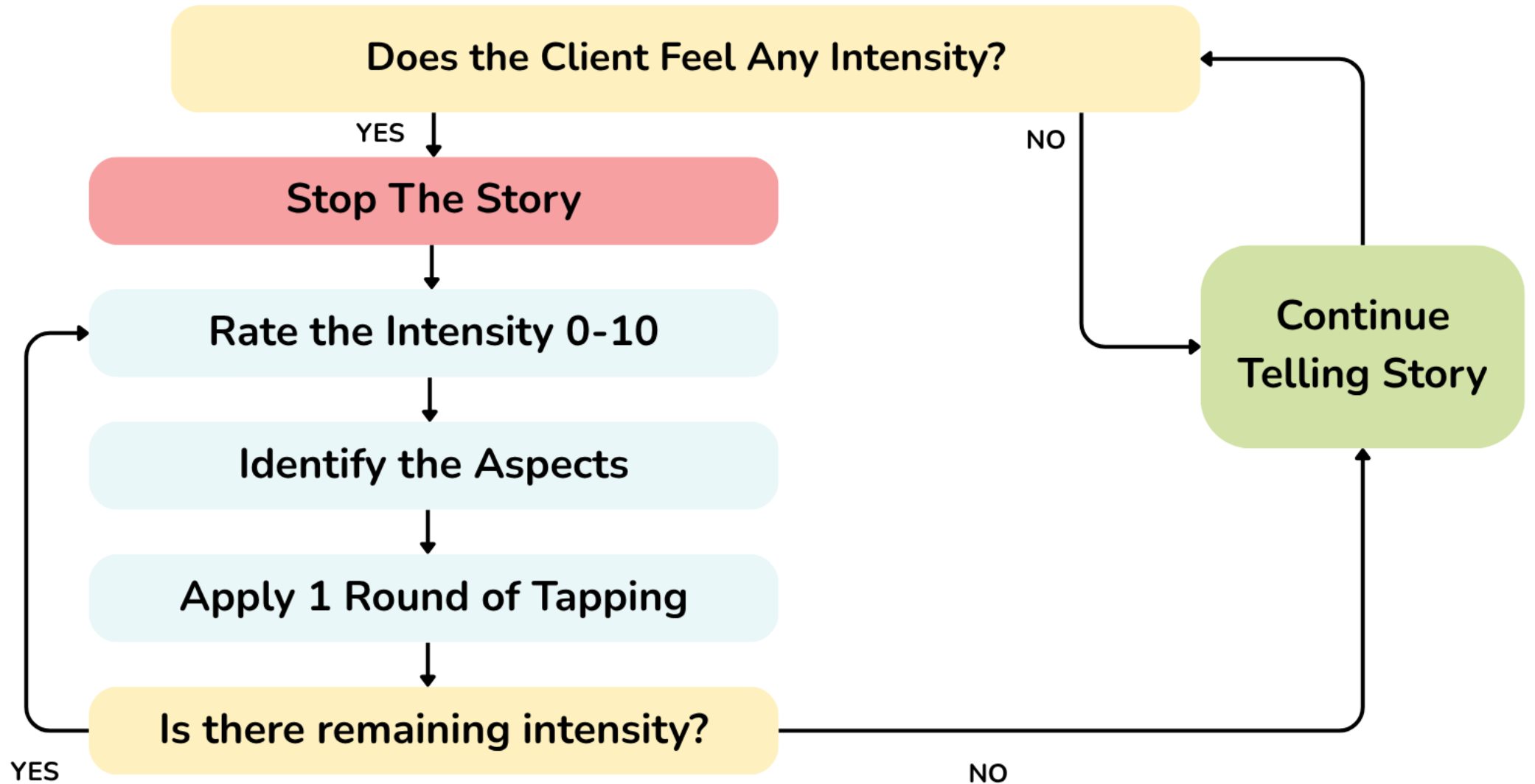


EFT and Resources for Regulation

1. Identify/design – an organic solution/resourceful state to the presenting problem
2. Identify the needed, missing, misunderstood, disowned resource(s) for the client to step into the organic solution/resourceful state
3. Invite the client to access the resources (psycho-education, metaphor)
4. Do EFT rounds on anything that stands in the way of the client doing #3
 - **Self regulation mode:** anything in the here and now
 - **Reparative-Root Cause mode:** Prior events/trauma

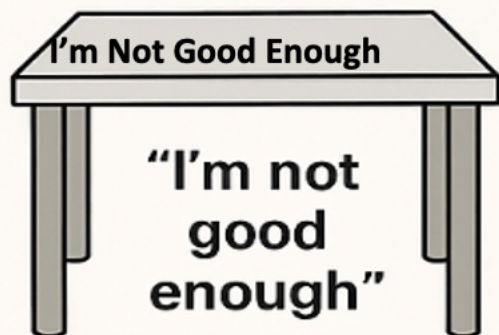


Basic “Tell the Story” Flow Chart



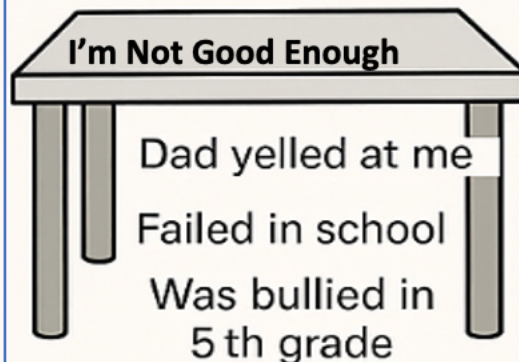
Deconstructing Limited Consciousness with EFT

Identify the Tabletop (Limiting Belief/Schema)



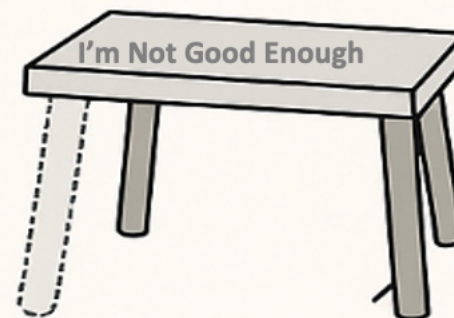
The limiting belief is the "tabletop" — a conscious or semi-conscious story the client tells themselves. It feels solid and true.

Identify the Table Legs (Traumatic or Formative Events)



The table stands because it's supported by emotionally charged memories — the "legs." These events created and reinforce the belief.

Gently Dissolve the Emotional Charge (Memory Processing)



Using EFT, we safely reduce the emotional intensity of each memory. As the energy charge dissolves, the leg weakens.

Repeat Until the Belief Collapses



After processing enough events, the belief can no longer stand. It loses its emotional grip — and often disappears entirely.

EFT for Building Agency, PTC, and Joy



1. Identify Goals, Directions & “Positives”
 - a. Name it to Claim it!
 - b. Name to engrain in the brain!
 - c. Catch people doing something right (jump to 4)
2. After increasing access to resources and regulation
Invite the client step into the desired goal.
3. Do EFT rounds on anything that stands in the way of the client doing #2
4. Do EFT rounds on positive experience

All-New Training is NOW OPEN!

The Trauma Therapist's Guide to EFT

A Mind-Body Approach to Regulation, Trauma Processing, and Integration



Dr. Robert Schwarz

- Five LIVE classes exploring EFT across every phase of trauma treatment
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- Help clients create resilience, agency, and post-traumatic growth

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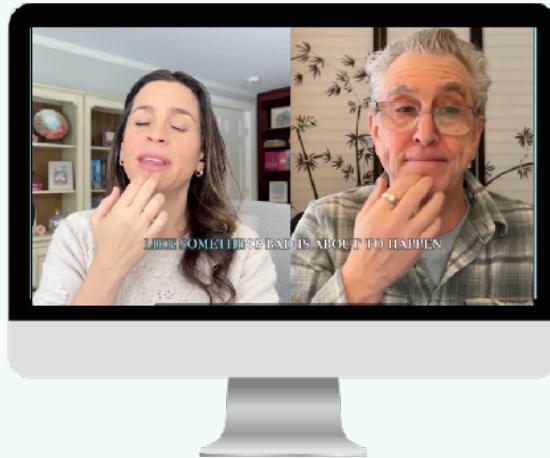
What You'll Get With **The Trauma Therapist's Guide to EFT**

- + Five Live, Interactive Training Sessions with Dr. Robert Schwarz** exploring EFT as an evidence-based mind-body approach to trauma treatment
 - ✓ Live teaching + Q&A
 - ✓ Clinical Demonstrations
 - ✓ Experiential Exercises
 - ✓ 10 Hours of Learning
- + A Practical Framework for Integrating EFT into Trauma Treatment**
 - ✓ Build regulation and resourceful states
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 - ✓ Class transcripts
 - ✓ Learn at your own pace



PLUS, you'll also get this special course BONUS!

+ Using EFT for Societal Stress & Overwhelm w/ Dr. Robert Schwarz



A 1-hour video presentation sharing how to use EFT to help clients stay grounded and resourceful when news, uncertainty, information overload, and societal stress keep the nervous system on high alert.

- ✓ Understand hypervigilance and the pull toward doom scrolling
- ✓ Help clients identify and strengthen resourceful states
- ✓ Use EFT with overwhelm, uncertainty, and external stress
- ✓ Support engagement with difficult realities without becoming consumed by them
- ✓ Help clients move from reactivity toward greater choice and agency

This is the **ONLY** time this course will be offered **LIVE**.
Be sure to save your spot today...



Session 1: Tuesday, September 15

Rethinking Trauma Healing: Regulation, Engagement, Integration, and EFT

Session 2: Friday, September 18

EFT for Regulation in Phase 1 of Trauma Treatment

Session 3: Tuesday, September 22

Telling the Story: Processing Trauma and Changing Beliefs

Session 4: Friday, September 25

From Trauma Recovery to Living Fully: EFT for Integration, Agency, and Post-Traumatic Growth

Session 5: Tuesday, September 29

The New Frontier: Using EFT to Address Attachment Wounds and Relational Patterns

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All 5 LIVE sessions meet online for two hours from 11 am - 1 pm MT

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The Trauma Therapist's Guide to EFT

A Mind-Body Approach to
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ENROLL NOW

A portrait of Dr. Robert Schwarz, a middle-aged man with grey hair, smiling. He is wearing a grey blazer over a light blue shirt. The background is a blurred green foliage.

Dr. Robert Schwarz

www.TraumaHealingExperts.com

Q&A - Up Next!

Enroll now at:

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