**Tapping your way to success: Using Emotional Freedom Techniques (EFT) to reduce anxiety and improve communication skills in social work students.**

**Abstract**

By the nature of their professional training and practice placements, social work students are prone to situations provoking the onset of anxiety. A programme of academic and placement support, termed the ‘Skills Lab’, provides help and support for students to develop their communication skills and prepare for their practice placements and transition into professional social work practice. Skills Lab evaluations indicated a high level of appreciation, linked with a strong sense of apprehension and anxiety, which some students report has negatively affected their performance.

To address student anxiety, a pilot study using Emotional Freedom Techniques (EFT) was developed. EFT is an intervention, that may potentially be effective in reducing academic anxiety and enhancing public speaking. This mixed-methods pilot study measured participants’ (*n* = 45) subjective distress and anxiety before and after using EFT. Subjective distress/anxiety was invoked through a 15-minute assignment lecture. Twelve of the 45 students also participated in one-one interviews to elaborate on their experiences of EFT.

Quantitative findings indicated participants reported significantly less subjective distress and anxiety after using EFT. Qualitative findings indicated 3 themes whereby participants found EFT calming, relaxing and helpful; considered the transferability of EFT in other settings; and proposed some of the mechanisms of EFT’s action.

**Keywords**

EFT, Emotional Freedom Techniques, anxiety, communication skills, social work students, mixed-methods**Introduction**

In England (United Kingdom, UK), the Health and Care Professions Council (HCPC, 2016) are the regulators for social work professionals and set the standards of proficiency for social worker education and training. In 2009, social work education began a period of reform that led to the development of a curriculum framework, based on a Professional Capabilities Framework (PCF) (Department for Education [DfE], 2010; Health & Care Professions Council [HCPC], 2016). The PCF illustrates nine capabilities: professionalism; values and ethics; diversity; rights, justice, and economic well-being; knowledge; critical reflection and analysis; intervention and skills; contexts and organisations; and professional leadership. Underpinning the curriculum framework is the necessity for social work students to demonstrate effective communication skills and engage service users and carers through the building of effective relationships. Increasing emphasis is being made on the contribution that service users and carers have in the selection processes of student social workers (DfE, 2010), and the way they are involved (Allen, Carr, Linde, & Sewell, 2016) in helping social work students at the outset of their training develop confidence in communication.

*The ‘Skills Lab’*

At a UK university, a well-established programme called the ‘Skills Lab’ which is facilitated by a team of trained service users and carers, gives individual tuition, assessment and detailed feedback to social work students regarding their face-to-face and telephone communication and interpersonal skills, in readiness for direct practice (Author et al., 2009; Author et al., 2010). Students visit the ‘community house’; a real house that is used as a teaching environment throughout their Relationship Based Practice in Social Work module where they are required to interview a member of the Service User and Carer Group, who is demonstrating the role of a service user, drawing on a variety of real life practice scenarios that may be encountered by the student social worker as they enter their first supervised placement setting at Level 5 (second year) study. The Skills Lab provides the student with a safe, supportive and realistic environment to help them practice and develop relationship, communication and interpersonal skills. Students are given two formative assessment opportunities prior to their final summative assessment. Following formative and summative assessment, the members of the Service User and Carer Group provide verbal and written feedback to the student concerning their performance in relation to the module outcomes, which requires the student to demonstrate effective interpersonal and communication skills in readiness for practice. Student feedback concerning the Skills Lab programme indicates a high level of appreciation; with students also voicing a strong sense of apprehension and anxiety in working with service users and carers for the first time, which some report has negatively affected their performance (Author et al., 2009; Author et al., 2010).

*Social work student stress*

In the UK, the National Union of Students (NUS, 2013) suggest that stress is the most common symptom of mental distress experienced by students, followed by a lack of energy/motivation, feeling down, and anxiety. Although only 3 per cent of students surveyed reported experiencing stress all the time, 14 per cent of students experience stress more often than once a week, with 25 per cent experiencing stress at least once a term. Statistics for anxiety were similar and suggested that 17 per cent of students experience this more often than once a week. These statistics indicate the pressing need for educators to offer continued support for students to work with feelings of stress and anxiety and achieve a work-life balance. Whilst it is not known which subjects the above students were reading, literature suggests that health and social care students may experience more stress by being more predisposed to encountering emotionally demanding situations by the nature of health and social care training (Anderson & Burgess, 2012).

Stress in social work students in the UK is not uncommon, with evidence that students find the demands of being successful on their course, along with the regular attendance required, and meeting the requirements of academic essays the top three stressors (Collins, Coffey, & Morris, 2010). Furthermore, anxiety about working directly with service users when out on placement may have an equally undermining impact upon student performance (Chui, 2009), along with the challenges of being emotionally exhausted; feeling ‘worn out’ and ‘drained’ (Collins et al., 2010). Gelman and Baum (2010) report similar findings for American and Israeli social work students’ pre-placement anxiety. Specifically, they found that American social work students reported significantly higher mean anxiety than their Israeli counterparts, despite reporting a sense of greater preparedness, especially for students with more than 13 months prior work experience. Of interest is what appears to moderate these findings. Gelman and Baum (2010) explain further that American students report concerns related to placements, such that they were concerned about not having sufficient knowledge or experience, or being overwhelmed by unfamiliar environments. By contrast, Israeli students expressed concerns over not receiving sufficient supervision or that the work itself may be difficult or not satisfy their expectations. Students in both countries expressed concerns regarding their social work education, particularly in relation to the amount of work required, balancing placement and academic requirements, and receiving sufficient academic support.

Michie (2002) explains that anxiety is a feeling that represents an acute response to stress, which in turn can lead to dysfunctional behaviours such as being withdrawn, and unmotivated. Stress also impacts on an individual’s cognitions, such as the ability to concentrate and solve problems, and might also have a physiological manifestation, such as the person experiencing palpitations, nausea, and headaches (Michie, 2002). One of the issues with stress is that, if there are threats to an individual’s self-esteem/confidence or personal development, this can lead to poor communication and increased conflict in the workplace/organisation (Michie, 2002).

Consequently, there is an urgent need for social work educators to find ways of addressing stressors and reducing anxiety at an early stage (Baird, 2016), in order to help students to communicate and learn effectively; prepare for placements (Gelman & Baum, 2010); as well as to develop the key communication skills necessary to deliver a high quality service in accordance with the Professional Capabilities Framework (DfE, 2010; HCPC, 2016).

*Emotional Freedom Techniques (EFT)*

EFT proposed in 1995 (Craig, 2011) has evolved as an intervention, involving four stages, or a “basic recipe” (Craig, 2008, p. 53). The first stage, or ‘set-up’ involves the repetition of an affirmation, such as, ‘even though I (*have this problem*), I deeply and completely accept myself’. Alongside the affirmation is the rubbing of a “Sore Spot” or “Karate Chop” point (Craig, 2008, p. 57). The second stage is the gentle ‘tapping’ of 13 energy meridian points (acupressure points) on the head, torso and hands, relating this to the voicing of specific statements about the subject of their anxiety. The third stage is the “9 Gamut Procedure” (Craig, 2008, pp. 70-72). Part of this procedure is the location of the Gamut point (on the back of either hand) and then following a nine-action procedure: closing and opening the eyes, rotating the eyes, and humming. The fourth stage is the repetition of the sequence of tapping.

A narrative systematic review (Author et al., 2013) found that of 6 studies using EFT focusing on text anxiety (Benor, Ledger, Toussaint, Hett, & Zaccaro, 2009; Jain & Rubino, 2012; Sezgin & Özcan, 2009) and public speaking anxiety (Author, 2012; Author, 2013a; Jones, Thornton, & Andrews, 2011), EFT may be an effective intervention. In terms of test anxiety specifically, Benor et al. (2009) noted that EFT, compared to cognitive behavioural therapy (CBT) alone, significantly lowered psychological distress, with participants reporting positive qualitative effects and a willingness to use the therapy in other situations. Gaesser and Karan (2016, in press) have also compared EFT to CBT, and found using EFT resulted in significant reductions in adolescent anxiety in schools, especially compared to a wait-list control. Furthermore, Sezgin and Özcan (2009) reported that EFT may be more effective, when compared against progressive muscular relaxation in reducing test anxiety and helping students score significantly higher grades post-intervention. However, the effects of EFT can be more subtle, with Jain and Rubino (2012) suggesting that whilst there was a trend for EFT to be more effective in reducing test anxiety by lowering distraction, compared to no treatment, other techniques such as diaphragmatic breathing appear more effective, by increasing calmness.

Public speaking anxiety is an important component of academic anxiety, especially given academic anxiety comprises disruptive thoughts and physical responses and behaviours generated through concerns of poor performance on academic tasks (Ottens, 1991). Anecdotally, students commonly report a feeling of ‘butterflies’ – a fluttering and nauseous sensation in the stomach – prior to speaking before their peers and lecturers. However, the phenomenon is not only limited to students, with Jones et al. (2011) testing the effect of EFT for both staff and students experiencing public speaking anxiety. Findings indicated significant reductions in anxiety within the first 15 minutes of treatment with EFT and further significant reductions in anxiety after 30 and 45 minutes. Furthermore, Author et al. (2012) highlight the significant effect of EFT in reducing students’ subjective distress and anxiety induced from receiving an assignment brief, with students suggesting EFT has a “calming effect” (p. 4) on pre-presentation anxiety. Similar findings were reported by the same authors (Author et al., 2013a), with students using EFT achieving significantly higher academic performance, compared to students who struggled to incorporate a regular practice of EFT. However, a caveat of this finding is that students’ prior academic performance in presentations was not assessed pre-intervention. Therefore, EFT cannot be concluded to have definitely enhanced their performance, as it might have been the case that students’ using EFT were less anxious or more able to enhance their performance through other means (Author et al., 2013a).

It cannot go unmentioned that EFT has attracted controversy, with McCaslin (2009) stating that the only effective factor in such therapies is the imaginable exposure, positive self-talk, and controlled breathing. Even less critical scholars, such as Feinstein (2008) have suggested that EFT may have unresolved questions on the underlying mechanisms of action. However, Feinstein (2008) goes on to suggest that this intervention, “holds promise as a rapid and potent treatment for a range of psychological conditions” (p. 199). Despite this, Pignotti and Thyer (2009) critique Feinstein’s (2008) review by highlighting methodological limitations in the review searches (specifically a lack of transparency), and a possible conflict of interest.

Despite limitations, EFT appears beneficial for academic anxiety in its various forms and crucially is a relatively easily-taught intervention, which can be self-administered by students; even students not studying or inclined towards complementary therapies (Author, 2013b). Whilst there are arguments that some stress can be helpful in motivating students to succeed (Moffat, McConnachie, Ross, & Morrison, 2004), highly stressed students can feel helpless and experience a negative effect on their physical and mental health and social life (Dahan & Bedos, 2010). This seems highly pertinent given the significant demands on social work students’ time and having to focus on both academic and practice/professional development during their training.

*Aim*

This pilot study aimed to evaluate the impact of group EFT on performance anxiety with a cohort of social work students’ communication in the Skills Lab. It was hypothesised that social work students would report less subjective distress and anxiety post-EFT intervention, compared with these outcomes pre-EFT intervention.

**Methodology**

*Design*

A pre-post pilot study was carried out using a convenience sample of first-year undergraduate students undertaking a Social Work Degree.

*Outcome measures*

Two outcome measures were used: the Subjective Units of Distress Scale (SUDS; Wolpe, 1958) and the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983). The SUDS is a subjective single scale where the respondent gives a score to their level of emotion on a scale of 0-10, where zero indicates the participant is totally relaxed and ten is the highest anxiety/distress they have ever felt. HADS comprises a 7-item anxiety and 7-item depression scale ranked on 4 points (0-3), where participants consider how they have been feeling during the past week. The total score and anxiety subscale were used to assess anxiety, as it is brief and simple to use. Higher scores on these scales indicate higher levels of distress, HADS scores for anxiety of 0-7 are considered normal, 8-10 indicates cause for concern, while 11-12 represent probable clinical cases requiring assessment. The scales were chosen, as they are quick and simple to complete. The HADS-depression subscale was not individually tested, as it was not relevant to this study.

*Procedure*

The students were informed about the study by their lecturer during induction week, which took place 2 weeks before they had the choice of consenting to participate. Once written informed consent was obtained, participants received a 15-minute lecture introducing EFT, the theory behind it and the tapping points by a fully qualified and highly experienced Level 3 Advanced EFT practitioner (one of the authors). During the lecture, participants familiarised themselves with the tapping points and were guided through an example round of EFT. Participants were then given a 15-minute assignment lecture outlining the requirements for their assessed Skills Lab presentation. Immediately following this, they were asked to rate their anxiety levels using the SUDS and HADS.

Participants were then guided though three rounds of EFT according to the protocol (Craig, 2011); focussing on their anxiety around their assessed Skills Lab presentation. Approximately 30 minutes following completing the SUDS and HADS, and after three rounds of EFT, participants completed the SUDS and HADS a second and final time. This concluded the procedure and participants were debriefed, thanked for their time, and asked whether they would like to participate in an informal interview regarding their experiences using EFT four weeks later, which would follow their Skills Lab summative assessment. They were informed that they could continue to use EFT themselves any time. Participants were sent a reminder email one week prior to their Skills Lab assessment, with an attachment outlining the tapping points and reminding them about using EFT if they desired.

Immediately after completing their Skills Lab assessment, those students who had agreed to participate in a brief one-one interview explained whether they had used EFT prior to their presentation. If they had used EFT, they were asked how effective they felt it had been, and whether they had used other ways to reduce their anxiety. Participants were finally asked whether they would use EFT in future. These interviews were audio-recorded and transcribed verbatim to facilitate the data analysis.

*Ethics*

University ethical approval was obtained from the Faculty of Health Sciences. Students were informed their participation was entirely voluntary and that they could withdraw their participation at any point without their studies being affected.

*Data analysis*

The quantitative data were analysed using the statistical software package SPSS (version 21). SUDS, total HADS and the HADS anxiety subscale were analysed using paired *t*-tests to test whether they had been any significant reduction in distress/anxiety post-EFT. Where *p*-values were < 0.05, the differences were considered statistically significant. Cohen’s *d* effect sizes were calculated to measure the magnitude of change between the mean scores pre-post EFT, and were interpreted according to Cohen (1988) as either small (*d* = 0.2), medium (*d* = 0.5), or large (*d* = 0.8).

The qualitative data was analysed using thematic framework analysis to identify emergent patterns and themes (Ritchie and Spencer, 1994). This involved a five-stage process (Table 1).

Table 1

*‘Framework’ approach to qualitative analysis*

[INSERT TABLE 1]

Essentially, two authors independently read interview transcripts and devised an index of key concepts and themes, drawing on *a priori* issues linked to the study objectives as well as issues raised by the students. The two authors agreed on a final framework, and subsequently data from the transcripts were applied systematically to the framework followed by mapping and interpretation.

**Results**

*Quantitative findings*

A total of 62 students were invited to participate and 45 (73%) agreed. The majority were females (*n* = 40; 89%). Participants’ age ranged from 18-64 years (*M*age = 29.27 years; *SD* = 11.42). There was no significant mean age difference between males and females (*p* = 0.40), although there was a wider age range in females (18-64 years) compared to males (23-47 years). The majority of students were white or white British (*n* = 32; 71%), with the remaining students being of African or Caribbean origin (*n* = 15, 29%).

Descriptive statistics were obtained for participants’ SUDS and HADS scores before and after receiving EFT (Table 2).

Table 2

*Descriptive statistics of SUDS and HADS pre-post-EFT*

[INSERT TABLE 2]

The descriptive statistics indicated that participants’ showed high mean scores for anxiety before EFT (11.67), which were within the range as requiring clinical assessment (Zigmond & Snaith, 1983). Following EFT, there were marked reductions in participants’ subjective distress and anxiety scores, compared with their subjective distress and anxiety scores before participating in EFT. Of particular mention is that participants’ mid score of subjective distress and anxiety almost halved post-intervention, reflecting the lower range of scores overall.

To determine whether these differences between descriptive statistics were statistically significant, parametric assumptions were tested and met for three paired-samples *t*-tests. Results indicated that EFT significantly reduced performance anxiety, as measured with SUDS [*t*(40) = 7.87, *p* < 0.001, *d* = 1.05]; HADS (anxiety) [*t*(44) = 6.05, *p* < 0.001, *d* = 1.02]; and HADS (total) [*t*(44) = 6.72, *p* < 0.001, *d* = 0.85]. In addition to mean scores being significantly lower post-EFT, the magnitude of difference between mean scores was large, given all effect sizes (Cohen’s *d*) were large to very large (≥ 0.8 large; Cohen, 1988).

*Qualitative findings*

Twelve students participated for one-one interviews to elaborate on their experience of using EFT to address performance anxiety and improve communication skills. Aside from the richer insight, supporting the quantitative data, these students all gave positive feedback about their experience of using EFT. Authors were mindful of the importance of presenting both positive and negative narrative, but participants had nothing negative to remark regarding EFT. Participants’ narrative supported previous research (Author et al., 2012), with three overarching themes:

1. EFT calming, relaxing and helpful.
2. Transferability of EFT and its potential for future use.
3. Proposed mechanisms of EFT.

Quotes are presented to illustrate the themes. Codes have been used to maintain confidentiality.

*EFT calming, relaxing and helpful*

In line with previous research (Author et al., 2012) all 12 participants (who participated in interviews) reported finding EFT calming, relaxing and helpful, as evidenced in the following:

*[EFT] was very helpful, and I’m glad I got introduced to it as it actually works. It calmed me down a lot because I was quite anxious and nervous this morning thinking about this … and did it … and then I did it again in the room whilst we were waiting as well so it did calm me down*. (S2).

*It helped me calm down and be less nervous, which reduced my anxiety*. (S12),

*… because there were times when I couldn’t know what to say. I just em, took charge of myself and done my technique, tapping my left small finger*. (S3).

*When I get anxious I get a pain in my chest, so I started the tapping and the pain moved down and it cleared, so it really did work*. (S10).

There appeared an element of surprise with *S2* as EFT “actually worked” for them, especially in reducing anxiety and nervousness. Similar findings were evident for *S12* and *S10* respectively, who explained that EFT reduced anxiety by instilling calmness and shifting the perception of pain associated with anxiety. For *S3*, the power of EFT was in its ability to take control of the situation (public speaking).

*EFT as a transferable skill*

Many of the students reported that they had already transferred EFT to help them with other aspects of their life, or would use it in other situations in future:

*… I tend to get nervous … exams and when assignments are due back … hospital appointments … when I’m stuck in a traffic jam and I feel wound up I’ll definitely use [EFT] then … being anxious on the motorway as a passenger, just to calm me down … probably before an interview, or maybe a presentation … I think it’s really good*. (S9).

*… before exams. I’ll definitely use [EFT] … other major things just in general really … quite an anxious person and worry a lot about stuff … I worry about getting a car parking space, so today I used it before I came because I was worried about getting a space and … and I knew I would be alright*. (S1).

*For anything that I have to be assessed on, exams and anything that is being video recorded like today … [EFT] does relax you, a lot. Anytime that I feel slightly panicked or nervous I will be using the technique*. (S5).

The perceived effectiveness of EFT in this application appeared to have inspired participants to utilise the technique in other situations where anxiety might feature. For *S9*, the technique was helpful in bringing about a degree of calmness which then helped them gain some control over anxiety, which could be caused through not only academic assignments, but “hospital appointments and traffic jams”. This was reflected with *S1*, suggesting that “any major events” could trigger anxiety and that EFT would be a helpful technique to control anxiety. For *S5*, EFT appeared to bring about a degree of relaxation, which could then help to keep anxiety under control. Relaxation and calmness in this instance might be considered synonymous.

*Proposed mechanisms of EFT*

Participants questioned the mechanism of how EFT works and two suggested that EFT was a distraction technique:

*[EFT] does just take your mind off worrying a little bit. It’s just concentrating on the tapping and trying to relax, which is more than what I would normally do so yes it’s helped me in that way*. (S9).

*[EFT] helps because it distracts you … from feeling anxious about something which is simple at times but you feel like, ‘oh I can’t do this’ and then when you start using it you calm down and say, ‘I’m going to give it a go’*. (S3).

Interestingly, *S9* considered that EFT functioned as a method of distraction (“taking your mind off worrying”) and through being able to “concentrate” on aspects of the technique, which brought about relaxation. The notion of EFT as a distraction technique was also considered by *S3*, who explained that its application not only “distracts you [but helps one] calm down”. This in turn brings about feelings of confidence.

**Discussion**

As hypothesised, there were reductions in participants’ subjective distress/anxiety generated through receiving a 15-minute assignment lecture, and subsequently using EFT to address subjective distress/anxiety. Furthermore, these findings were statistically significant with large effect sizes, and the post-EFT reduction in participants’ mean HADS anxiety from 11.67 to 7.04 means that anxiety dropped from a clinical level (> 11) to that of a non-clinical level. Findings from this pilot study support previous studies utilising EFT in academic settings (Benor et al., 2009; Author et al., 2012, 2013a; Gaesser & Karan, 2016, in press; Jain & Rubino, 2012; Jones et al., 2011; Sezgin & Özcan, 2009), and we understand this might be one of the first studies to pilot the use of EFT for social work students in reducing performance anxiety and being able to communicate effectively.

As introduced, social work students may experience a significant level of stress, which may be related to communication with service users and carers. For social work education to be successful, there is a requirement not only of educators to convey expertise and provide support for students, but for students themselves to have the high calibre required to undergo the challenges of social work training. The Professional Capabilities Framework (PCF) (DfE, 2010; HCPC, 2016) in England was proposed as a method of assessing the extent to which social work students “meet the complex mix of intellectual and personal qualities identified as essential” (DfE, 2010, p. 8). As mentioned, effective communication skills are a must even prior to commencing first placement, so that social work students demonstrate the ability to engage with service users, work as a member of an organisation, and have a willingness to learn from feedback and supervision (British Association of Social Workers [BASW], n.d.). Effective communication skills are also explicit within the *intervention and skills* professional capability, whereby social work students are expected to enable effective relationships with those they work with (BASW, n.d.).

Organisational or individual stress management approaches are also implicated in attenuating stress, reducing anxiety and improving well-being (Michie, 2002). Individual approaches concern the utility of the individual becoming aware of signs of stress, with this awareness effectively “interrupting behaviour patterns when the stress reaction is just beginning” (Michie, 2002, p. 70). Furthermore, using methods that promote coping and relaxation helps to buffer against stress. Organisational approaches concern skills such as staff developing verbal and non-verbal communication empathy skills, which can reduce staff resignations and sick leave (Smoot & Gonzales, 1995, cited in Michie, 2002).

Since 1995, Emotional Freedom Techniques (EFT) have emerged as viable methods of enabling an individual to become aware of anxiety (to name one of many disorders) and work with those cognitions using affirmation alongside acupressure stimulation to bring about well-being. Findings from our study indicate that EFT may not only be effective in significantly reducing subjective distress/anxiety, but also that participants found the application of EFT “calming”, “relaxing”, and “helpful”. Whether participants found EFT calming or relaxing due to EFT’s proposed mechanism of “regulating electrical signals or energy fields with mental involvement” (Feinstein, 2008, p. 200), or whether EFT simply works by “distraction” as one participant puts it, is still subject to debate. Gary Craig’s website ([www.emofree.com](http://www.emofree.com) [Craig, n.d.]) emphatically states that EFT’s results are not due to either placebo or distraction, but rather that the practitioner “tunes into the problem” by repeating their affirmation. This appears to be at odds with what one participant suggested as a proposed mechanism of EFT, that it “takes your mind off worrying … just concentrating on the tapping and trying to relax”. One has to question whether it is indeed the ‘tapping’ itself, the cognitive affirmations, or a combination of both that are creating the perceived effects of EFT. These uncertainties regarding the mechanism(s) of EFT continue to fuel the on-going debate regarding the efficacy of the EFT as an intervention for a range of psychological disorders.

Much controversy still surrounds EFT, with Waite and Holder (2003) suggesting that EFT is no more effective in decreasing fear in a non-clinical population (undergraduates with self-reported specific phobias) than a placebo group; a group modelling EFT on a doll; and no-treatment control group. Waite and Holder (2003) propose that desensitising and distracting oneself from the problem mediate EFT’s perceived effectiveness. Baker and Carrington (2005, online) comment critically of Waite and Holder (2003) by highlighting that participants modelling EFT on a doll would have potentially, unwittingly, stimulated acupoints, despite not using EFT on themselves. Similarly, Feinstein (2014) provides a rejoinder to Bakker's (2013) view that EFT has, “an unsupported and implausible theoretical basis” (p. 1). Although Bakker (2013) highlights that, “dismantling studies to date have been disconfirmatory” (p. 91), further research, is required to explore/investigate (or dismantle) the ways in which EFT works compared with other interventions (Herbert & Gaudiano, 2005; Karatzias et al., 2011; McCaslin, 2009; Wells, Polglase, Andrews, Carrington, & Baker, 2003). Furthermore, research is required that explores the mechanisms of EFT and has been highlighted by previous systematic reviews (Author et al., 2011; Author et al., 2013; Gilomen & Lee, 2015), although Clond (2016) offers suggestions that EFT works by down-regulating the activity of the limbic system, which in turn would prevent the release of stress hormones such as cortisol and catecholamines. Indeed, Church, Yount, and Brooks (2012) in a randomised controlled trial tested EFT against supportive interviewing and a no-treatment group and found that salivary cortisol significantly reduced in participants undergoing EFT.

Recent systematic reviews and meta-analyses report mixed opinion of the effectiveness of EFT for the treatment of psychological distress. Clond (2016) reports that EFT is significantly effective, with large effect sizes, in reducing anxiety compared with control conditions, and that because of its ease of use, this is highly appealing as a viable intervention against other interventions requiring greater resources (such as cognitive behavioural therapy). Gilomen and Lee (2015) also agree that EFT has some effectiveness in attenuating psychological distress (with moderate effect sizes), however, they also highlight in more detail, that Clond (2016) alludes to, the significant methodological limitations of EFT studies. Some of these limitations include the finding of high heterogeneity across studies, due to the fact that studies do not address the same dependent variables. Essentially, it is difficult to make comparisons of the effectiveness of EFT for anxiety across multiple studies, and therefore tentative to formulate any concrete conclusions as to the effectiveness of EFT for anxiety.

Although research continues to demonstrate effectiveness of EFT for anxiety (Clond, 2016), research investigating the mechanisms of action of EFT is not keeping pace, and therefore future research should focus on, not only asserting the benefits of EFT for psychological distress, but investigate its mechanisms of action. This would only be possible by ensuring research is designed rigorously by accounting for the methodological flaws identified in the literature, such as the lack of control groups and other factors explaining the positive impact of EFT such as regression to the mean and placebo effects (McCaslin, 2009).

*Other considerations and limitations*

Such limitations highlighted by the systematic reviews and meta-analyses must be considered in light of the findings for our study, where EFT was found to significantly reduce subjective distress/anxiety. Because this was a non-controlled, before-and-after-study, it is possible that there was an observer-expectancy effect/cognitive bias, whereby investigators inadvertently, subtly communicated their expectations for the outcome of the study (for EFT to reduce anxiety), which then caused participants to alter their behaviour and rate their subjective distress/anxiety lower post-EFT. Waite and Holder (2003) highlight the possibility of demand characteristics when concluding the effectiveness of EFT. Conducting further studies, perhaps creating three groups where the investigators are informed that EFT is either (1) effective (2) non-effective or (3) neutral for reducing anxiety might be helpful in overcoming this. Having a control group where participants either receive a different intervention for attenuating anxiety, or are provided ‘tapping points’ that do not correspond with the EFT literature, might also provide further evidence to explore the notion of EFT’s effectiveness.

The validity of using self-report scales alone has also been considered a methodological limitation (Carrell & Willmington, 1996), and having physiological outcome measures, such as monitoring blood pressure, heart rate, and salivary cortisol would help to illustrate the effect of EFT on reducing anxiety.

There was a period of 4 weeks between the EFT training session and the assessment. Students were sent an email with a leaflet reminding them of the tapping points and the lecture introducing them to EFT and tapping points was placed on Blackboard (University Virtual Learning Environment). However, students they were not directly instructed to continue tapping, but were told that they could use EFT if they wished prior to their Skills Lab assessment. Although one month seems long, other research has demonstrated that a single brief EFT session can be effective and that the results are maintained for up to 6 months (Stapleton et al., 2011; Wells et al., 2003). However, it may be that the acute, situational nature of performance anxiety, requires further intervention ‘on the day’ and future research should address this. Furthermore, the HADS and SUDS scales were not repeated on the day of their Skills Lab assessment and future research should consider this. Indeed, the consideration of other outcome measures such as the State-Trait Anxiety Inventory (STAI; Speilberger et al., 1983), that distinguishes between the temporary condition of ‘state anxiety’ and the more general, long–standing ‘trait anxiety’, may have been a more appropriate outcome measure. Similarly, the SUDS and HADS do not directly address performance anxiety *per se*, and other outcome measures such as the Personal Report of Confidence as a Speaker (PRCS) (Gilkinson, 1942; Paul, 1966) and Personal Report of Communication Apprehension (PRCA) (McCroskey, 1986), might have been used. Both the PRCS and PRCA have been utilised by Jones et al. (2011) investigating the use of EFT for public speaking anxiety.

Finally, this study did not account for factors such as personality and learning styles that have been shown to have significant roles influencing **academic** achievement (Komarraju et al., 2011; Richardson et al., 2012). Furthermore, the use of learning and study skills in enhancing performance (Hamblet, 2012) was not addressed. Future research could consider exploring these traits.

**Conclusions**

Despite the limitations of the study, the results highlight the potential role of EFT as a potentially effective and efficient group intervention in reducing performance anxiety for the 45 social work students who participated. It is possible that these findings may generalise to other social work students, in helping them attenuate anxiety and develop skills in public speaking. In addition, given that it takes minimal time to train students to use EFT, and that once learned, EFT could be self-administered suggesting that EFT may be a useful curriculum addition for courses that include ‘Skills Lab’ assessments. Furthermore, EFT can easily be transferred to other aspects of personal and student life, for example exam stress or presentation anxiety and so could be used to reduce anxiety around exams or presentations and potentially enhance exam or presentation performance. However, regardless of what intervention is used, it is critical that social work educators develop strategies to alleviate student anxiety.

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