Energy Psychology JOURNAL

APA Division 12 Task Force Standards

Criteria for Empirically Supported Treatments (ESTs). Based on Chambless & Hollon (1998) and the APA Division 12 Task Force on Promotion and Dissemination of Psychological Procedures (1995–1998). Required reading for all efficacy study submissions to the Energy Psychology Journal.

Legend: **EPJ** Specific to Energy Psychology Journal | **Required** Mandatory — must not be omitted | **Essential Criterion**

How to use this document
Before submitting an efficacy study or randomised controlled trial to EPJ, review your study against each criterion. Identify which treatment category your study supports (Well-Established, Probably Efficacious, or Experimental). Report the category in your Methods or Discussion section. Ensure all seven essential criteria are met, and address as many Highly Desirable and Desirable criteria as possible. Use the checklist boxes (☐) to track compliance.

1. The Three Categories of Empirical Support

Item	Criterion	Note
Category I — Well-Established Treatments *Must meet ALL five criteria below (I through V)*		
I	☐ At least two good between-group design experiments demonstrating efficacy in one or more of the following ways:	Essential
I-A	☐ Superiority (statistically significant) to a pill placebo, psychological placebo, or another treatment; OR	
I-B	☐ Equivalence to an already established treatment in experiments with adequate statistical power (N ≥ 25–30 per group).	
	☐ ———— OR, instead of I above ————	
II	☐ A large series of single-case design experiments demonstrating efficacy with:	Essential
II-A	☐ Use of good experimental design; AND	
II-B	☐ Comparison of the intervention to another treatment.	
III	☐ Experiments must be conducted with treatment manuals, or an equivalent clear description of treatment that allows replication.	Essential
IV	☐ Characteristics of the client samples must be clearly specified (diagnosis, demographics, inclusion/exclusion criteria).	Essential
V	☐ Effects must be demonstrated by at least two different investigators or independent research teams.	Essential

Item	Criterion	Note
Category II — Probably Efficacious Treatments *Must meet one of the following conditions (I, II, or III)*		
I	☐ Two experiments showing the treatment is superior to a wait-list control group; OR	
II	☐ One or more experiments meeting Well-Established criteria I-A or I-B, III, and IV above, but criterion V (independent replication) is NOT yet met; OR	
III	☐ A small series of single-case design experiments that otherwise meets Well-Established Treatment criteria (criteria II, III, and IV).	

Note: This category rules out spontaneous remission (wait-list comparison) but represents a lower evidentiary standard than Well-Established. Independent replication across investigators is not yet required, but is strongly encouraged for EPJ submissions.

Item	Criterion	Note
Category III — Experimental Treatments *Has not yet met criteria for Probably Efficacious*		
—	☐ Treatment has not yet been tested in trials meeting Task Force criteria for methodology. Evidence may consist only of uncontrolled case series, anecdotal reports, or preliminary open-label studies.	
—	☐ No controlled comparison to placebo, wait-list, or established treatment has been conducted, OR existing controlled studies are inconclusive or conflicting.	

EPJ Guidance: Submissions describing Experimental treatments should clearly identify the current evidence status, acknowledge limitations, and propose a pathway toward controlled investigation. Such submissions may be considered for Clinical Reports (4,000-word limit).

2. The Seven Essential APA Criteria

Studies are considered empirically validated only if they meet ALL seven criteria below (Chambless & Hollon, 1998).

#	Criterion	Requirement
1	**Randomised Design**	Participants are randomly assigned to the treatment of interest or to one or more comparison conditions. Randomisation procedure must be described.
2	**Statistical Significance**	Results must demonstrate statistically significant improvement ($p < .05$) in the treatment group relative to the comparison condition. Exact p-values required.
3	**Clinical Significance**	The magnitude of improvement must be clinically meaningful — e.g., reported via effect sizes (Cohen's d), clinical cutoff scores, or reliable change indices (RCI).
4	**Treatment Manual**	The treatment must be described in sufficient detail via a treatment manual or equivalent protocol to allow independent replication by other investigators.

5	**Sample Specification**	Characteristics of the client sample must be clearly specified, including diagnostic criteria, demographics, and relevant inclusion/exclusion criteria.
6	**Reliable Measures**	Outcome measures must be reliable and valid for the population and condition under study. Psychometric properties of all measures must be cited.
7	**Appropriate Analysis**	Data analysed using appropriate statistical methods with adequate sample sizes to detect meaningful effects. Power analysis reported.

3. Highly Desirable and Desirable Criteria

Beyond the seven essential criteria, Chambless & Hollon (1998) identify additional elements that strengthen a study's quality. Submissions to EPJ should incorporate as many as possible.

Priority Level	Criterion
Highly Desirable	Treatment integrity / fidelity assessed — e.g., adherence checklists, supervision records, inter-rater reliability of fidelity ratings.
Highly Desirable	Blind outcome assessment — assessors rating outcomes are unaware of treatment condition.
Highly Desirable	Follow-up assessment conducted at minimum 3–6 months post-treatment to evaluate durability of effects.
Highly Desirable	Therapist credentials, training level, and supervision procedures fully reported.
Highly Desirable	Attrition / dropout reported per group with reasons; intention-to-treat (ITT) analysis conducted.
Desirable	Theoretical rationale for the treatment specified with reference to underlying psychological mechanisms.
Desirable	Multiple outcome domains assessed: behavioural, cognitive, physiological, and/or biological markers.
Desirable	Effect sizes and 95% confidence intervals reported for all primary and secondary outcomes.
Desirable	Comparison/control conditions described in adequate detail to evaluate equivalence or superiority.
Desirable	Adverse events or negative outcomes monitored and reported transparently.
Desirable	Sufficient sample diversity documented to support generalisability of findings.

4. EPJ Guidance for Energy Psychology Researchers

EPJ-Specific Guidance for Energy Psychology Researchers

Clinical EFT has been formally validated as an evidence-based practice meeting APA Division 12 standards (Church et al., 2013, 2022). When submitting efficacy studies to EPJ, authors should:

- Use a published, manualized EP protocol (e.g., Clinical EFT Manual) and cite it explicitly as the treatment manual (Criterion 4).
- Assess and report treatment fidelity using structured fidelity checklists with inter-rater reliability data.
- Use validated, population-specific outcome measures with cited psychometric properties (e.g., PCL-5 for PTSD, PHQ-9 for depression, GAD-7 for anxiety).
- Include biological or physiological markers where feasible (e.g., cortisol, heart rate variability, salivary IgA, gene expression biomarkers).
- Pre-register your trial before data collection (ClinicalTrials.gov, ANZCTR) and include the registration number in the manuscript.

- Aim for Category I (Well-Established) status; ensure at least two independent RCTs exist or partner with an independent group for replication.

Key References: Chambless DL, Hollon SD. Defining empirically supported therapies. J Consult Clin Psychol. 1998;66(1):7–18. | Task Force on Promotion and Dissemination of Psychological Procedures. Training in and dissemination of empirically-validated treatments. The Clinical Psychologist. 1995;48(1):3–23. | Tolin DF et al. Empirically supported treatment: Recommendations for a new model. Clin Psychol Sci Pract. 2015;22(4):317–338.