

LIFE STRESS REDUCTION TECHNIQUES & CASE PLANNING

Second Edition
May 2007 Revision

*A manual for use in conjunction with
an intensive, four-day workshop on
Life Stress Reduction Techniques & Case Planning*



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Acknowledgements

These training materials are the product of years of writing, testing, piloting, and editing. The bulk of the writing and editing was done by the AMI Editing and Development Committee. However, significant contributions to this work have been made by others over the years, most especially the Trainers who have helped us to pilot and refine this manual. Grateful thanks as well go to all the students who have taken this workshop and gone on to use TIR effectively. Thanks for your enthusiasm for this work. We wish you every success.

The AMI Editing and
Development Committee

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Life Stress Reduction Techniques and Case Planning Workshop Learning Objectives:

As demonstrated through supervised activities and examination, the student will be able to:

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- Explain the theory and practice of Life Stress Reduction techniques
- Demonstrate ability to create case plans using the techniques taught in this workshop
- Demonstrate ability to use directive, repetitive techniques within a client centered context.

Also learn to:

- Use the Body Image Program
- Use positive memory recall lists
- Use techniques for addressing difficulties with people, situations and events

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Life Stress Reduction (LSR)

Life Stress Reduction (LSR) is a way of enabling a client to make an organized exploration of his/her mental environment, so that s/he can face and deal with it piece by piece, releasing mental and emotional charge and gaining relief and awareness in the process. LSR permits the client to systematically inspect the past and so become more able to engage effectively in the present.

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Life Stress Reduction is intended to address and resolve emotionally charged scenes, situations, issues, and individuals that are currently distressing a client.¹ In LSR, we don't attempt to handle our client's entire case, though when we have completed the case plan, s/he may well feel we have done so. Techniques derived from Applied Metapsychology, such as TIR, Unblocking, and the many others that you will learn in this workshop, can act rapidly to resolve many psychological conditions (e.g., PTSD and Adjustment Disorders). They can also represent a path towards self-realization. We have seen clients obtain quite remarkable and seemingly permanent gains as a result of LSR. It can produce significant and stable relief from conditions that have been resistive for years, often to many other forms of intervention.

Life Stress Reduction deals with reducing the negative charge connected to matters the viewer is excessively concerned about, as well as with ways of achieving positive states of mind. Life Stress Reduction mainly involves *Unburdening* as opposed to *Discovery*, where:

Definition: Unburdening consists of destimulating or discharging material that is already restimulated in life or in session. The end point of unburdening is a viewer who is free of current restimulation and distress and ready to engage or re-engage fully in life. S/he may or may not wish to move on to discovery.

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Definition: Discovery is the process of using major techniques to resolve unwanted distortions of thought, intention, identity, or behavior that a viewer might have, and to stabilize him or her at a higher level of functioning, toward the goal of becoming a fully functioning person. Discovery actions selectively assess, address, and reduce charge in currently unrestimulated areas of disability.

In Life Stress Reduction, assessments are used to find where the viewer's attention is already placed, not to delve deeply into his/her case. The focus of your interview questions will be primarily on the present: on present worries, concerns, upsets, or any currently restimulated traumatic incidents.

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¹ We use the terms "client" and "viewer" interchangeably throughout this manual; also the terms "therapist" and "facilitator". The latter term in each pair properly describes the function of each of the two people in a session in which these techniques are being employed.

An Elaboration of Some of the Basics of Facilitation

CE-8 Revisited and Expanded

One can profitably spend a great many hours practicing each of the Communication Exercises, culminating with CE-8. Deceptively simple, they represent in fact the backbone that supports the methods collectively referred to as “viewing”. As you will recall, each Communication Exercise is built on the ones that come before it, and all are equally important. Having said that, we might observe that some are perhaps more equal than others, and CE-8 would be such a one. In the TIR Workshop, we describe CE-8 as what you do when things become unpredictable in a session: you ask for X, or ask your viewer to do Y, and you get Z instead. It is certainly that, but it is *more* than that. It is perhaps best described as the means of repairing a confused or broken down communication line between two people. Reviewed briefly, the essential elements of CE-8 consist of the following:

- Understanding not just what was said or intended by the client/viewer, but also what is happening, whatever is going on in the session that you do not understand. This could be something that comes up suddenly of course when your viewer says or does something incomprehensible. The thing you don’t understand could be much more amorphous or subtle, Your attention goes to it only as the result of a slowly growing feeling on your part that something is going on and perhaps has been for some time that you don’t quite follow, or “get”. The communication line or bridge that you have had with your viewer, once open and clear, has begun to feel murky somehow, or awkward.
- Acknowledging (as appropriate);
- Resolving (whatever requires resolution: a virtually infinite range of possibilities, both in life and in session);
- Returning (to what you were doing, or to the next step in the case plan, if the step you were on turns out to have reached an end point).

Regarded in that light, virtually everything the facilitator does in a formal session that is not rote—i.e., that does not consist of delivering prepared and unvarying questions and instructions designed to permit the viewer to discover whatever s/he needs to in order to attain his or her goals—can be subsumed under the heading of CE-8. This, of course, includes the activity of recovering end points.

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A Note Concerning Emotional Charge

As covered in the TIR Workshop, ~~Level One~~, emotional “charge” is “repressed, unfulfilled intention.” It results in negative emotional or mental energy, memories and thoughts that the client finds painful or disturbing and capable of altering the nature of his/her mind, body and behavior. Charge is the *cause* of concern. “No charge” = “no concern” or at least no concern in excess of what a given situation naturally requires in order to be resolved.

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Balance the Negative with the Positive

Better than dwelling exclusively on the client’s negative perceptions in Life Stress Reduction, balance actions addressing such perceptions with other techniques addressing positive ones. If you find yourself addressing negative aspects of, say, your viewer’s relationship with her father or events with him that distressed her, you might afterward want to have her recall moments (if any) when she enjoyed being with her father, for example by using the Remedial Recall List addressed to him specifically. If you are asking your viewer for communications s/he has withheld, or misdeeds s/he has committed, keep things balanced by asking the client to give the reasons why, at the time, s/he felt compelled to do (or to withhold) the action. You can also ask the client to remember times s/he performed good deeds.

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Thoroughness in Addressing Charged Items and Issues

Depending on the degree of interest your client assigns to a given topic, and the degree of charge s/he associates with it, the facilitator will determine how thoroughly and in what order to address the various presenting issues. You address first the issues/items with the most viewer interest, and hence, the most available charge.

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A single technique may not suffice to fully resolve an issue that is important and quite emotionally charged; on the contrary, several may be required. Given an issue with sufficient charge, in fact, you could well be required to devise an entire case plan to resolve it before attempting to address anything else. On occasion, you may not be able to fully handle a heavily charged issue early on in a case plan. Rather, you may address it with lighter techniques to remove some of the charge, and then “cycle back” to it to do TIR when the viewer is able to do so.

Withheld Communication

Definition: A withhold is a communication about something that is knowingly being kept from some other person or persons -- possibly including you -- by your client.

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-As ~~we~~ noted elsewhere, the effects of some kinds of undelivered communications can have extremely negative consequences for the person withholding them. This is why it is important to create a space in which the client feels safe enough to be able to communicate virtually anything to you. You create such a space by strictly observing the Rules of Facilitation and by maintaining good use of the CEs at all times in session.

If you think the viewer is withholding some sort of communication, you can ask one or more of the following sorts of questions, designed to gently encourage a client to reveal something being withheld. Note that the first time you succeed in getting your client to communicate something s/he has been withholding from you (and /or another or others), s/he will be hyper-vigilant. This is to say, s/he will be alert for any sign of evaluation or invalidation from you. If you acknowledge the communication and *say nothing more*, you will find that your client's trust in you will mount rapidly. Conversely, you will find that if you do more than simply *acknowledge* -- if, for example, you go on to comment on the material that your client has just revealed, or react to it in any way that draws your client's attention to you, -- s/he will tend to become less rather than more trusting of you.

The significance of your client's withholding data from you lies not in the nature of the data being withheld, but in the *fact* that it was being withheld.

The questions below are examples of the sort of gentle coaxing you can use when you think your client is withholding something of possible significance from you.

Is your attention on anything?

- 1. Has anything crossed your mind that you haven't told me about?**
- 2. Is there anything you have thought about that you haven't mentioned?**
- 3. Is there anything you have felt during the session that you haven't told me about?**
- 4. Has your attention been distracted?**
- 5. Is there anything you have thought of that you haven't mentioned because you thought it wasn't important?**
- 6. Is there anything you feel uncomfortable telling me about?**
- 7. Have you thought of something you think might make me think less of you?**

Note that these questions will only work to the degree that you have earlier observed the Rules of Facilitation and the Communication Exercises. In brief, your client must feel completely safe with you.

Some Important Notes on End Points

As you know from your work with TIR and Unblocking, the goal of any technique employed in a session is the client's attainment of an end point, broadly characterized by:

1. Positive Indicators [PIs];

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2. Realization or insight, and
3. Extroversion. (The client's attention is *on* and no longer *in* the experience.)²

Many end points tend almost to announce themselves as such, and are consequently very easy for even an inexperienced facilitator/therapist to recognize:

- Instead of crying, the client begins to smile, or even to laugh
- He tells you he's just figured out that there is really nothing preventing him from communicating honestly with his wife
- She has spotted what she herself has been doing that has made relations with her son difficult, and that "I can change that!"
- He says she feels "fifty pounds lighter"
- She has "realized that my mother was doing the best and only thing she knew how to do in hard circumstances, and she actually *didn't* hate me!"
- He tells you that he feels "enormous relief," or that "the pain is gone,"
- She says that an incident "Somehow just doesn't seem important any more; there is no more reason to dwell on it."

End Points are Relative

The manifestation of end points is relative and depends on a number of factors:

- Whether the client's problem is chronic or acute
- The amount of emotional charge available to be reduced on the subject or item being addressed
- The nature of the technique employed

Many end points will be considerably less obvious than the examples given above.

The following categories of clients especially may often reach EPs that are not necessarily easy for the inexperienced or even the experienced facilitator to recognize:

- Clients new to viewing
- Clients who have suffered and are addressing a traumatic loss
- Clients whose position on the Emotional Scale³ is low

² When employing a galvanic skin response meter [GSR] in session, we can add a fourth indicator to this list—a free or loose needle, one whose motions across the dial appear uniquely fluid, idle, and languid.

³ Gerbode, F.A. (1995). *op. cit.*, p.142. Note: Gerbode's Emotional Scale can be superimposed on the Global Assessment of Functioning [GAF] Scale in the DSM. That is to say, the two would seem to parallel each other, and a client with a relatively high GAF number would generally have a relatively high chronic position on the Emotional Scale as well, and *vice versa*.

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Clients new to viewing will often need to spend at least a bit of time getting used to the concept and workings of a repetitive technique, especially if they have earlier become familiar with one or more therapeutic methods used in time-bound (fifty-minute) therapy sessions. The new viewer will also be unfamiliar with what it *feels* like to be in a session, or making use of a method, the end point of which is determined not by the clock but by what s/he has realized or accomplished. Hence, in effect, s/he will not know what s/he to look for initially, and may well not recognize it themselves when it occurs.

Also, if such a client has ever felt cut off by the time limitation in other sessions, or has reached end points in the past that were not recognized and acknowledged as such by a therapist, then his or her expressions of cognitive shifts and realizations will tend at first to be extremely tentative or even non-existent. This is true even for life-changing insights. The conditions that go into making up an EP: positive indicators, insight, and extroversion, can be and are sometimes attained outside of sessions devoted to viewing. What does not tend to happen outside of such sessions, however, is the immediate *acknowledgment* of end points through the immediate cessation of the activity that led to their attainment. Life circumstances, or even previous therapy that has been overly evaluative in the name of being helpful, may have disempowered the client. The client may need to regain trust in his or her own power to determine relevant truth.⁴ But encouraged to do so by the therapist/facilitator's adroit use of CE-8, clients will begin with increasing confidence to find and recognize the validity of their own answers. As that happens, the manifestations of their end points will tend to become more and more obvious.

A valid end point will always involve *some* degree of extroversion of the client's attention away from the area being addressed. This may be quite subtle. The facilitator needs to recognize when that occurs, along with any and all indications by the client, whether spoken or non-verbal, suggesting that s/he has experienced a significant reduction of stress or distress.

Clients addressing traumatic loss, as with TIR or with the technique called "[Communication with a Departed Loved One Unfinished Business](#)," described elsewhere in this manual, are unlikely to reach end points that involve any clear or immediate manifestations of happiness. No soldier who has lost a beloved comrade, nor parent who has lost a child, is ever going to be happy that such a loss occurred. Of course, such clients do not present with a desire to be *happy* about the loss. Rather, they want the pain to stop, the intrusive memories to cease and to find, if possible, some *meaning* in the event. All such goals are attainable. They will be seen, if looked for, even if unaccompanied by laughter, in the end points of sessions addressing such losses.⁵

⁴ A question that speaks to this point and that we have heard variations of from many new clients, is "Can it really be that simple?" Of course, no facilitator/therapist making proper use of the Rules of Facilitation would ever answer such a question for the client. To do so would be disempowering.

⁵ Carlos Velazquez-Garcia, Director of the Traumatology Center for Puerto Rico and the Caribbean, has observed that TIR provides a means of allowing clients to experience "spontaneous meaning-making". This would seem to be true of virtually any of the other techniques deriving from Gerbode's metapsychological model, including those described in this manual.

Clients whose position on the Emotional Scale⁶ is low, whether the condition is chronic or acute, will tend as a rule to reach “low volume” end points, or “flat points”, until enough small victories have accumulated (in session and out) to have moved them up that scale to a point that permits them to become more expressive.

Variations of End Points

End points occur at more than one level in the course of viewing. Of course they may be attained in applying a single technique, or in running one or more flows within a given technique, but end points can be reached on whole issues or subjects we may address with more than one flow or technique, and on entire programs we have written in order to address and resolve all of a client’s presenting issues.

If, for instance, our client presents with his father (“Dad”) as a major issue, we would write the case plan to contain a number of different techniques to be applied to the item, Dad. This will possibly include TIR and Unblocking and probably a number of the other tools taught in this workshop, as appropriate. Each of those tools (and each of the flows that some of them involve) can be taken to an EP, but the subject of Dad itself also has an end point. That occurs when the client’s attention is no longer captured by the charge associated with Dad. When that end point is reached, any as yet unused techniques aimed at “Dad” should be dropped by the wise facilitator/therapist. There is no longer a need to address the subject of Dad as an issue.

By the same token, any case plan we write will have its own end point as well, which will have been attained when all of the issues it was written to address have been resolved to the satisfaction of our client.

Case plans must be flexible. As we note above, a given item may resolve before we have reached the end of our planned list of techniques, in which case we bypass those that remain in order to take up the next issue on the plan. Alternatively, we may not have included enough tools in our case plan to fully resolve some specific issue. In this case, we would need to extend the plan by adding more procedures aimed at the issue in question. As above, when the end point of that case plan is reached, we cease working with it, even if there are steps remaining in the plan that we never got around to addressing.

Whenever we complete a case plan, it is wise to check with the client if any new material has arisen that s/he feels s/he wants to look at and resolve. If there is not, the question of when to terminate is answered. In an obvious reflection of the person-centered viewpoint that lies at the core of this work, we stop when the client is happy because of having achieved what *s/he* wished to when s/he came to us.

The following is a list of types or degrees of end points. It has been arranged across a spectrum, ranging from the transformative to the much more modest end point we might expect to attain when, for example, we find ourselves working with a viewer chronically or acutely triggered:

⁶ Gerbode, F.A.(1995). op cit, p.142

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- Uplifting, with one or more potentially life-transforming cognitive shifts and extremely positive indicators (PIs); very obvious to both client and therapist/facilitator when it occurs
- Very significant positive alteration of perception of the issue that has been being addressed; excellent indicators; obvious to both client and therapist/facilitator when it occurs
- A sense of resolution, or the relatively sudden cessation of physical or emotional pain associated with the issue being addressed, accompanied by very positive indicators; usually clear to both client and therapist/facilitator when it occurs

Falling between this high end of the spectrum of end points and the flat points described below are a very broad range of end points, none either as obvious in their manifestation or effect on the client as those mentioned above nor as subtle as flat points described below:

- No obvious cognitive shift or realization, but all currently accessible charge reduced, and indicators improved; can be missed by an inexperienced facilitator.
- No cognitive shift or realization, but all currently accessible charge reduced, and indicators improved, however slightly; easily missed by an inexperienced facilitator, it can also be missed by an experienced one working with a client s/he is not familiar with, or with a client not used to the approach.

The Recovery of Missed End Points

Occasionally, even an experienced facilitator will miss an end point, failing to notice and acknowledge it when it occurs and thus forcing an increasingly bored or unhappy viewer to continue working with an issue or item despite the fact that there is actually no emotional charge presently available to address. Such work will be done over protest or resentment, often existing at a level the viewer is not consciously aware of, and usually not overtly expressed. Signs that we may have overrun a flow, technique, issue, or program, are similar to those we might expect to observe were we to attempt to explain something to a 12-year-old that s/he already understands: yawning, fidgeting, and either overt or cover protest. In short, particular class of bad indicators will manifest; they generally become discernible when we have continued a session or technique beyond a point or event that *may* have been an end point.

Overruns can happen for any of a number of reasons, most of which boil down either to inadequate CE-2 (Communication Exercise 2, the deliberate creation and maintenance of interest) on the part of the facilitator/therapist, or with his or her having an insufficiently flexible concept of what an end point looks like (see list above). When it appears as though you may have gone beyond an EP in session,⁷ it is important to restore

⁷ It is important to realize that this phenomenon occurs in daily life as well, and that the means of fixing it discussed below work equally well in informal settings

your client/viewer to the state of mind that s/he achieved when the end point was originally reached. We call such work the “recovery” of an end point. It is usually a very quick and simple activity, one that you should initiate at the first sign of overrun.

First, find out if an overrun has actually occurred, by asking your client a question that can take several forms, depending on the client’s level of sophistication regarding viewing in general and the technique in particular. With a new or relatively inexperienced viewer, you might ask something like:

Have we gone beyond a point where you were feeling good about this? or,

Have we gone past some change/ realization/ resolution?

With an experienced viewer who understands the concept of an end point and is familiar with the technique for handling it, you could ask simply,

Have we gone past an end point?

More often than not, if the answer to any such questions is “Yes,” you will find that the mere act of looking for the answer (and getting it) has restored or recovered the client’s end point. S/he will appear to extrovert⁸, saying, perhaps, something like, “Oh, yes, it was when I realized that George actually harmed *himself* more than he hurt me. All this time I’ve been looking for revenge, somehow, and I don’t have to do that because....” Along with such remarks, you will observe positive indicators replacing the negative ones of a few moments earlier. If the viewer answers “No,” or is ambiguous, and yet shows reasonably positive indicators, then it will usually be safe to assume that an end point was not in fact overlooked, and simply to continue with the activity you were pursuing. If s/he has distinctly negative indicators, you will need to do some exploring to determine what is going on. The client may be trying to meet perceived expectations, which could include going on past an end point if the facilitator seems to expect that.

Finally, if the viewer says s/he has reached an end point but you don’t see positive indicators accompanying the statement, you can continue recovery as follows, bearing in mind that at the first appearance of good indicators accompanying the response to any question, the recovery is complete and should be ended. (Like virtually anything else in life or in session, of course, the recovery technique itself can be overrun!)

Find out if more than one end point was passed over and if so, ask which one seemed the most important to the viewer:

Ask *when* the end point, or the one the viewer felt was the most important, happened;

Ask him/her to describe what happened at that point (realizations? conclusions?). Some other questions can further extend the possibility of successfully

⁸ Though commonly employed as a noun, the word “extrovert” serves a unique and useful function as a verb as well, meaning, “to cause one’s attention to come into the present and out of the past or one’s considerations about it.”

bringing about a recovery,⁹ but generally one will have emerged by this time if there was actually an end point to be recovered. In rare cases, you may be unable to achieve a recovery or take a technique to an end point, Short of a consultation, you have the Remedial Recall list to use.¹⁰

Synopsis of Recovery of Missed End Points

If it appears that an end point may have been missed, the following steps should recover it. (Note that although the questions can be asked just as worded below, they are not rote). Ask the client any of the following:

Have we gone beyond a point where you were feeling good about this?

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Have we gone past some change (or realization or resolution) that wasn't acknowledged?

Have we gone past a point where you felt you were done with this?

Or, with a sophisticated client, ask:

Have we gone past an end point?

If "Yes," and the client appears to extrovert and says something that seems to indicate an EP, then simply listen, acknowledge appropriately, and leave it at that.

If "Yes," but no positive indicators, ask:

When did it happen?

If it happened more than once, ask which time seemed the most important or significant.

If no positive indicators when s/he answers, ask the client to describe it.

If still no positive indicators ask:

Tell me about any conclusions or realizations reached at the time.

The End Point of Life Stress Reduction

The end point of LSR occurs when the viewer has an adequate quantity of free attention and volition in the here and now—when current restimulation has been handled and attention is no longer continually fixed on past incidents. The viewer is no longer easily triggered and will typically have attained a higher chronic level on the Emotional Scale. For additional stability, an in-depth case handling consisting of the entire viewing Curriculum is recommended.

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⁹ They involve repetitively checking for any suppression, invalidation, or failed acknowledgment that may have occurred at the time the EP was missed, determining what stopped bothering the client at that time, what *started* bothering him/her (became triggered or restimulated), when the overrun began, and what was suppressed, invalidated, and/or not acknowledged (as above) at *that* time.

¹⁰ That list appears in the TIR workshop manual and also in the French/Harris book, *Traumatic Incident Reduction (TIR)*

Applied Metapsychology LSR Methods

In addition to TIR and Unblocking, with which you are already familiar, the following metapsychological methods are among those commonly employed in Life Stress Reduction:

- Exploration
- Checklist techniques
- Unlayering (repetitive) techniques
- Assessment lists

In the next section of this manual, we present an explanation of each of the four methods in the sequence given above, beginning with Exploration. Each is followed by the often numerous tools employed in using that method.

Exploration

Definition: Exploration consists of having the viewer discuss a subject that is charged and of interest to him/her by asking questions that help the client to see different aspects of that subject from different viewpoints.

Exploration consists of a series of *non-rote* questions about a specific issue of interest or concern to the viewer. Like all the other tools you will learn in this workshop, Exploration can be taken to an end point. Exploration can also be used, however, as a means of gathering data, as when you are working to clarify a topic during an interview, for instance, or as an aspect of CE-8. In such cases you will not be attempting to attain an end point, though you will need to be aware of and take into account a client's indicators, taking even an initial interview to a good point for the client if at all possible. Not infrequently, it will in fact be possible to do just that. It is not uncommon for a good facilitator to produce excellent indicators and very significant relief in a client s/he is seeing for the first time, simply by following the Rules of Facilitation and deftly managing communication over the course of the interview.

When in doubt, do Exploration first. For example in Basic TIR, if you are anything less than certain that you have got an incident that will run well, start with Exploration.

Exploration is *not* rote. When doing exploration, you can ask any question that seems applicable and that would help the client gain insight into the topic being explored. However, make sure that you do not ask leading questions, or ones that evaluate for the client, and be willing for the client to come up with *any* answer, not necessarily what you would like or expect.

Exploration involves asking the client the following sorts of questions about an area that is emotionally charged and thus of concern to him or her:

- **Tell me what happened.**
- **Tell me about _____.**

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- **Tell me more about _____.**
- **Tell me the whole story of _____.**
- **Tell me experiences (good and bad) you have had with _____.**
- **Tell me about any difficult times you had with _____.**
- **Tell me any observations you have made on the subject of _____.**
- **Tell me your opinions concerning _____.**
- **Tell me other people's opinions concerning _____.**
- **Tell me any conclusions you have come to regarding _____.**
- **Tell me any successes you had with _____.**
- **What have you done or tried to do about _____(the item/issue/person/topic)_____?**
- **What _____ have you or others had (or made) about _____ (the item/issue/person/topic) _____?**

In the first blank space in this last question, insert such words as “feelings”, “thoughts”, “ideas”, “observations”, “solutions”, “opinions”, “decisions”, “attitudes”, “reactions”, “conclusions” or “realizations”.

If you think you are close to an end point, or if you think you may inadvertently have overrun (gone beyond) an EP, you may ask the following question:

How does _____ seem? See also The Recovery of Missed End Points.

Checklist

-Definition: A checklist is a viewing method which involves doing a sequence of actions in order to accomplish a purpose. TIR, ~~Communication with a Departed Loved One~~ Unfinished Business, Wrong Indication Handlings, and other sequentially ordered actions such as Upset Handling and some of the techniques within the Emotionally Charged Person Program employ the checklist method. (See descriptions that follow.)

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~~Communication with a Departed Loved One~~ Unfinished Business

This is an effective tool for helping a client who has experienced traumatic loss, usually best done after the loss has been addressed with TIR. The loss can be from a loved one dying, a romantic relationship ending, a dear friend moving away and dropping out of touch, or other situations. Often, a significant aspect of such a loss lies in the thought of all we have failed to say to ~~the~~ loved one or other significant person while s/he was still with us. This tool is also useful for any other sort of unfinished business with a living person that the viewer had had difficulty talking to, or who is not available

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or difficult to communicate with, or with a person who has died and with whom the viewer had a difficult relationship.

The following technique can and usually will bring about enormous relief in the viewer. It must be done gently and empathically, and with no suggestion on the part of the facilitator that the viewer either is or is not actually talking communicating with the departed. When doing this technique with a departed loved one you often get an end point before doing all the steps. If that happens, end off gently. This technique will sometimes produce tears that are a sign of emotional charge from the loss being released. Simply continue in order to let the charge come off. This technique will sometimes not work well if there is a mass of unhandled disturbances between the viewer and the departed person. Handling these disturbances first, either with Exploration or any type of Upset Handling will make it possible to finish this technique. As always, as the facilitator, make sure that the questions/instructions below come to the viewer from you and not from the page (CE-4), and be sure to acknowledge everything the viewer says before you go on to the next question/ instruction.

Have the viewer:

1. Get the idea of (or imagine) _____ [the ~~departed~~ person] **being here in the room with you.**

2 Ask, **Is there something anything** you would like to say communicate to _____?

If "Yes," ~~then~~ say to the viewer:

3. Deliver the communication **Speak aloud or silently**, as if you were speaking talking directly to _____.

~~Thus, for example, you'd not want your viewer to say, If the viewer says something like, "I'd tell her that I was sorry for the trouble I caused her." acknowledge, and then say: **Now say that directly to [person], either out loud, or silently.** If the viewer is working on this step silently and spends some time on it, you can ask, when s/he has finished: **Tell me what you said to _____.** Rather, you would want him/her to say, "I'm sorry for the trouble I caused you, _____." (If viewer is not comfortable with saying it aloud, delivering the message silently/ "telepathically" is OK. Just have the viewer let you know when s/he has delivered the communication.)~~

~~4. 4.~~ Ask the viewer, **What would _____ like to respond to that?**

~~Or, if the viewer has trouble with that, you can coax gently with,~~

~~5. What do you think (or feel) that _____ would like to respond to that? If the viewer gets an answer, have him/her relay it to you.~~

If the viewer gets an answer, have him/her relay it to you.

~~6. 5.~~ Then ask, **Is there anything that _____ would like to communicate to you?**

~~6.~~ If "Yes," have the viewer relay it to you.

7. Ask the viewer, **What would you like to respond to that?**

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Do steps (2) to (7), back and forth, till no more responses come, each time as described above until all has been communicated to the client's satisfaction and s/he feels relief and a sense of completion. ~~having the viewer act as described above.~~

8. Is there anything you regret having done that you would like to ask _____ to forgive you for?

If "Yes," proceed as described earlier.

9. Have you communicated all of that?

If "No," continue until viewer has.

10. Then ask, What do you think _____ would like to respond to that?

Have viewer proceed as described earlier.

11. Then ask, Is there anything _____ did that (s)he would like to ask you to forgive?

12. If "Yes," tell the viewer to Have _____ ask for your forgiveness. (etc., as above)

13. Ask the viewer, What would you like to respond to that? (etc.)

14. Then ask, Can you now let go of (any hurts etc.) and forgive _____ fully?

If not, explore or unblock, "**Concerning _____,** etc.

15. Then ask the viewer, Can _____ let go of (any hurts etc.) and forgive you fully?

If not, explore or unblock via the viewer (meaning that you should give the questions to the client and have him/her "relay" them to the departed person, then relay the answers to you.

16. When done, ask viewer, Can you now express your love for _____?

Have viewer do so, as above.

17. Then ask, Can _____ now express his/her love for you?

18. Have viewer have _____ do so, as above.

19. Then ask the viewer, Is there anything else you would like to say to _____ before you end the communication for now? (etc., as above)

20. Then, Anything else _____ would like to tell you? (etc., as above)

NOTE: When doing this technique with a departed loved one, you often get an end point before doing all the steps. If that happens, end off gently. This exercise will sometimes produce tears that are not bad indicators. Generally, you would simply continue. This technique will sometimes not work well if there is a mass of

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unhandled disturbances between the viewer and the departed person. Handling these first, either with exploration, upset handling or unblocking, will make it possible to finish this technique.

This tool is also useful for addressing “unfinished business” with a living person whom the client has difficulty talking to, or who is not available to communicate with, such as “Your boss”, “Your sister”, etc. (Depending on the nature of the relationship, you might not employ all of the questions in such cases. Use common sense in deciding which would be appropriate.)

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Wrong Indications

— **Definition:** A wrong indication (WI) is an evaluative and generally invalidative statement made by one person [A] about another [B] that violates B's self concept and his or her perception of truth. A wrong indication usually refers to B's identity (see #1 below), but can also be directed at other aspects of B's nature or actions, such as his or her (2) intent, (3) abilities, (4) motive, or (5) state of mind. Although often embedded in long statements, critiques, or diatribes, WIs themselves tend to be brief statements, quickly and easily expressed.

Examples:

"You are crazy!"

"You're a liar!"

"You're [just] a child!"

"You are an ungrateful, selfish 'taker!'"

"You deliberately hit her!"

"You're hopelessly incompetent!"

"You couldn't help anybody if your life depended on it!"

"You're just in it for the money!"

"You don't care about him at all!"

"You enjoyed hurting her!"

Wrong indications generally start with the word "You", and often, as in the examples given above, sound as though they ended in exclamation points, although there are certainly exceptions to both those rules (e.g., "People just have a problem with you.").

A statement can be *objectively* right or correct and still be a wrong indication. The statement, "You're [just] a child!" could, for instance, be directed at a 10-year-old boy and still constitute a wrong indication, as here defined.

In order for A to be *able* to give B a wrong indication, B must assign weight or significance to A's opinion; he must grant some sort of authority to A. While one's boss could give one a WI, it is less likely that one's four-year-old nephew could do so.

A WI is capable of producing enormous amounts of emotional charge and discomfort in the recipient, primarily because s/he, B above, fails to recognize it as such. Once we see it for what it is, a wrong indication loses its ability to distress us, and we typically feel a distinct and sometimes dramatic sense of relief.

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Handling Wrong Indications

Relieving the charge created by WIs involves two steps, both of which are essential:

Go over the definition given above of WI with the client until you are really *certain* that s/he has fully grasped and understood it. Have the viewer give you examples.

Have your client/viewer identify and express aloud any WIs s/he can spot whenever s/he might have one or more. “WIs” could be added to any list (e.g., Unblocking). To do this, just add the item “Wrong indications?” (or, “Concerning _____, were there any wrong indications?”) to the list in question, somewhere toward the start of the list. In the Unblocking list, the item is best inserted as the third question, just after the one regarding invalidation.

It is also good to check with the viewer whenever in the course of a session s/he tells you something that suggests s/he may have received, but failed to recognize as such, a wrong indication.

Example:

Client: I left in a rage right after she said I just wasn’t able to do that kind of work...

Facil: OK.¹¹ Was there any (or, Might there have been a...) wrong indication there?

Client: Yes! ‘You aren’t capable of doing that kind of work!’

Facil: Good. “You aren’t capable of doing that kind of work.” was a wrong indication.

This last step is what you might call “Indicating the wrong indication.” It is a tricky one, and its use requires the exercise of judgment. If not done carefully or if used indiscriminately, it can be perceived by your viewer as an evaluation and thus act as a violation of the Rules of Facilitation. You would not interrupt a viewer in mid-TIR, or any other charged narrative, in order to do this. Done well, though, and in its place, it can be like putting the cap on the bottle—a real acknowledgment, and typically received as such by the relieved viewer. It is as close as we come, in facilitation, to Carl Rogers’ “Active Listening,” differing in that, unlike Rogers, we deliberately do *not* vary the client’s own words.

Although not the case in the example given here, if the WI was implied rather than stated outright, it can sometimes take some Exploration to get it clearly expressed. Let her/him take as much time as s/he needs to express it to her/his satisfaction.

If a client has had a very difficult relationship with someone, it is good to look for and clear up WIs from and to that person. Use the flows questions given below.

If a client tends to be generally fretful and easily upset, you can ask:

¹¹ Recall the importance of acknowledgments (CE-2).

In life have you been given a wrong indication? Handle each WI as above and ask the question until you have cleared up all the WIs s/he can find. Then check the other flows as given below.

Flows on Wrong Indications

Wrong indications, of course, can occur on any flow, even the reflexive. It is often a good idea to check for the last four after getting the inflow ones cleaned up. Exhaust each flow before going on to the next.

1. **Has _____ given you a wrong indication?**
2. **Have you given _____ a wrong indication?**
3. **Has _____ given another a wrong indication?**
4. **Has another person given _____ a wrong indication?**
5. **Have you given yourself a wrong indication because of _____?**

Correct Indications

For every wrong indication, there could have been a right or correct indication, and it is often, although not always, a good idea to have the viewer find and express it. A viewer who received the WI: "You are an ungrateful, selfish 'taker'!" felt that, "You asked for help and received it," would have been the correct indication in that instance. Get the correct indication by asking something like:

What would (or might) have been a correct indication? You want to know what A could have said to B that would not have acted as a trigger for B. For example:

Facil.: OK. What might your boss have said that would have been a right indication?"

Client: Well...I guess she could have said something like, "I'm taking you off this project for now because we just need to get you some more training."

Again it is a good idea to indicate the correct indication back to the client, too. Repeat this step if necessary, until you see positive indicators (PIs).

Further Handling

Should one or more WIs be spotted and yet fail to release the charge with positive indicators of smiles, expressions of relief, etc., even though a correct indication has also been found, do the following:

Have your client "Get the idea of," first, the WI indication and then the correct indication, as a simple unlayering, back and forth, until you get an to an end point. E.g.,

Facil.: "Get the idea: "You aren't capable of doing that kind of work."

Client: OK....

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Facil.: All right. Now get the idea: “We just need to get you some more training.”

Client: OK....

Facil.: All right. Now get the idea: “You aren’t capable of doing that kind of work,” etc.

Flows and Paranoia

It is not clear that in [Applied](#) Metapsychology we have the tools to cure true paranoia, but we have seen the WI technique employed to great advantage with at least one clinically paranoid client. A young man referred by his parents had self-isolated, and had all but completely alienated his family and friends. (The reverse was true as well, of course.) A cure of his condition was neither attempted nor achieved by the facilitator, but the concept of wrong indications was cleared with him as given above. Particular attention was paid to those aspects of the definition that stress the importance of *subjective* as opposed to objective truth, e.g., A wrong indication “... violates (one’s) self concept and (one’s) *perception* of truth”, and, “A statement that can be *objectively* right or correct and still be a wrong indication.” After this the facilitator simply went through the first two flows with him, and this got him back into communication with the world again. He and his parents were delighted with the results. He was still paranoid. All that had changed was that he had ceased *telling* everybody about it constantly, i.e., he had stopped giving others wrong indications. As a result, others had stopped giving *him* wrong indications.

Handling

His facilitator had him spot and correct the many WI he had received from family and friends (“You’re crazy!” “Nobody’s got anything against you” Etc.), and only then had him spot times when *he* had given *them* WIs. (For example: “My boss and my girlfriend’s mother are part of the conspiracy. The fact that his lunchbox and the dress she wore last night are the same color proves it!”) It came as a revelation to him that he had been giving others wrong indications. He grasped the idea and the consequences of the act immediately. The implications were obvious to him, and his behavior changed dramatically, coincident with the end of his second (and last) session.

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Synopsis of Wrong (WI) Indication Handling

Thoroughly go over and clarify the concept of a WI with a client who is not familiar with the concept.

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As appropriate, ask:

Was there a wrong indication there (or “at that time”)?

Might there have been a wrong indication there (or “at that time”)?

Was there a wrong indication either stated or implied at that time?

Was that a wrong indication?

Has ___ given you a wrong indication?

If yes, but not stated specifically by your client, ask:

What was the wrong indication? (Explore if necessary to get exact wording.)

Indicate the WI to the client: “**OK. _____ was a wrong indication.**”

Watch for the full end point. If no end point appears (and it is appropriate – as it would not have been in the case of the paranoid man above, since doing this step would have reinforced his paranoia), go after a correct indication (CI):

What would/might have been a correct indication? (Get the right wording worked out and indicate it to your client as a CI):

OK. _____ would have been a CI.

If an end point has not been reached yet, do the following loop:

1. **Get the idea of (WI)**
2. **Get the idea of (CI)**

Handle each wrong indication as above (e.g., **Has ___ given you another wrong indication?**) and ask the question until you have cleared up all the WIs s/he can find. Then check the other flows:

Flows

1. **Has _____ given you a wrong indication?** (Or, as appropriate, **Did ___ give...?**)
3. **Have you given _____ a wrong indication?**
4. **Has _____ given another a wrong indication**
5. **Has another given _____ a wrong indication?**

6. Have you given yourself a wrong indication because of ____?

Multifaceted Upset Handling

The technique below can relieve an upset. They should not be used in a rote manner. You can ask any additional question that seems right to assist the client (as long as your questions are not evaluative or leading), and omit any question that does not fit. As always, adhere to the Rules of Facilitation and the Communication Exercises and end at an end point even if you have not asked all questions.

1. **What happened?**
2. **When did it happen?**
3. **What was the worst part?**
4. **Was there anything you expected at the time? Anything else you expected?**
Etc.
5. **Did you have any intention at the time? or What did you have in mind?**
6. **Did _____ (the other person involved) _____ have some expectation(s)?**
7. **Did _____ (the other person involved) _____ have some intention(s)? or, What did _____ have in mind?**
8. **Is there any undelivered communication having to do with this upset?**
9. **Have you created any part of this upset?**
10. **Is there anything you have to give up to let go of this upset?**
11. **What would happen if this upset continued?**
12. **What would happen if you let go of this upset?**
13. **Could you let go of this upset? (if so) When?**
14. **How does the upset seem to you now? If OK,**
15. **What (possibility) could you create now? or, What could you now make happen into the future?**

If needed ask, **Is there an earlier, similar upset?** and repeat the above on that upset.

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16. Recall Lists

The Recall Lists, another checklist technique, comprise a very useful method for enhancing a viewer's ability to remember past events with growing detail and intensity. These lists are generally focused on moments of pleasure. Each item on each list is prefixed by three viewing instructions:

Recall a time when _____.

Recall another time when _____.

Recall the earliest time you can when _____.

Fill in the blanks with an item from the list, which is a description of a particular kind of experience. The viewer finds three specific instances for each item on a recall list. If s/he cannot find any, can only find one or two, or says that the first or second is the earliest, just go on to the next item on the list.

Although some of the questions are worded very generally, make it clear to the viewer that you want him or her to recall a *specific* incident in response to each question, not just a generality or an extended period of time. Make sure you clarify this point with the viewer before starting the Recall List. You will find, in any case, that asking for a particular perception in the incident will tend to cause the viewer to focus on a specific incident. If the viewer doesn't tell you what the incident is, have him or her describe it briefly.

Before asking the viewer to find a particular kind of incident, first select the perception to concentrate on. The order is not important, but the following can be used as a list of different perceptions:

See	What do you see?
Hear	What do you hear?
Colors	What colors do you see?
Touch	What are you touching?
Smell	What do you smell?
Position	What position is your body in?
Motion	What motion are you engaged in?
Emotion	What emotion do you experience?
Thoughts	What are you thinking?
Intentions	What intentions do you have?

Tell the viewer s/he will be asked by you to contact (for instance) whatever smell was present in the incident. Then you give instructions (1), (2), (3), above and also ask, on each one, "Try to contact the smell in the incident," or whatever the perceptual channel is. Naturally, if the viewer describes that perceptual channel in describing an incident,

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you need not ask this second question. You want the viewer to try to re-experience, e.g., the actual odors in the incident. If s/he has trouble getting a specific perceptual channel in an incident, you can ask for an impression of what it might have been.

The lists that follow relate to:

Education

Health

Work

Relationships

Sex

Family

Groups

Plants and Animals

Material objects

Aesthetics

Spirituality

| You or ~~they~~ viewer might want to add to these, by adding items to existing lists or creating new lists for other areas of life that the viewer might be interested in examining. Run them all, first screening the list and eliminating and questions that would clearly be inappropriate for your client. If you should come to the end of a list without attaining an end point, you may start over at the beginning of the list, or add more items to it.

| An individual list is completed when the viewer has a realization or an improvement of some kind, with very positive indicators.

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Synopsis of How to Use Recall Lists

Choose a recall list that interests the viewer or is applicable to his situation.

Explain the technique to the viewer.

1. Say, **Recall a time when** ____ (first item off the recall list you are using)."

When he has done so and has told you about it, give the perception instruction [see, hear, colors, touch, smell, position, motion, emotion, thoughts, intentions]. E.g. "Try to contact the smell in the incident."

2. Ask, **Recall another time when** ____ (same item from Recall List)."

When he has done so and told you about it, ask the same perception question as you did last time.

3. Say, **Recall the earliest time you can when** ____ (same item from recall list)."

When he has done so and told you about it, ask the same perception question.

Do the next item from the recall list just as you did the first:

1. **Recall** ____ . Then contact perception.
2. **Recall another** ____ . Contact perception.
3. **Recall the earliest** ____ **you can**. Contact perception.

Perceptions

See	What do you see?
Hear	What do you hear?
Colors	What colors do you see?
Touch	What are you touching?
Smell	What do you smell?
Position	What position is your body in?
Motion	What motion are you engaged in?
Emotion	What emotion do you experience?
Thoughts	What are you thinking?
Intentions	What intentions do you have?

You will run out of perceptions before you run out of items from the Recall List. Simply start over from the top of the list of perceptions.

If the client has only one or two memories for one set of questions just leave it and go on to the next. The emphasis here is on what the client *can* do. His/her ability to remember will increase as he works through many invitations to remember specific things.

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Education Recall List

Recall a time when:

1. You got the right answer.
2. You did well on a test.
3. You taught someone something.
4. You got a good grade.
5. You solved a problem.
6. You were fascinated by something.
7. You liked a teacher.
8. You felt smarter than other students.
9. You were proud of being smart.
10. You helped another student.
11. You wrote something someone liked.
12. You got interested in a subject of study.
13. You read a book.
14. You felt intelligent.
15. You enjoyed looking at a map.
16. A teacher complimented you.
17. You believed you knew a subject very well.
18. You appreciated someone else's intelligence.
19. You used what you had learned.
20. You felt competent.
21. You did an experiment.
22. You got a new book.
23. Someone asked you for help with studies.
24. You were the only one who knew the answer.
25. You did all your homework.
26. You wrote a composition.
27. You got involved in a story you were reading.
28. You enjoyed learning something.

- 29. You figured something out for yourself.**
- 30. You voluntarily spent extra time studying.**
- 31. You felt you communicated well in a foreign language.**
- 32. You went on a field trip.**

Health Recall List

Recall a time when:

- 1. You felt healthy**
- 4. You felt energetic**
- 5. Your memory was good**
- 6. You fell asleep easily**
- 7. You felt no pain**
- 8. You enjoyed your food**
- 9. You had a good appetite**
- 10. You enjoyed (loved) how your body felt**
- 11. You were satisfied with (loved) how your body looked**
- 12. Your complexion was good.**
- 13. You liked your hair**
- 14. You felt strong**
- 15. You slept well**
- 16. You could breathe easily**
- 17. You successfully resisted an infection You felt limber/flexible**
- 18. You felt physically able to do whatever you wanted**
- 19. You achieved a good result with your body**
- 20. You felt physical pleasure**
- 21. You achieved something taking strength**
- 22. You achieved something taking body skill**
- 23. You could see well**
- 24. You could hear well**
- 25. You could smell well**
- 26. You enjoyed your sense of taste**
- 27. You enjoyed touching**
- 28. Your skeleton felt comfortable**
- 29. Your muscles felt comfortable**
- 30. Your skin felt good**

- 31. Your nerves felt good**
- 32. Your digestion was good**
- 33. Your circulation was good**
- 34. Your coordination was good**
- 35. You could easily heal cuts and bruises.**

Projects, Jobs, Work, Ambitions Recall List

Recall a time when:

1. You successfully overcame an obstacle.
2. You won a game.
3. You completed a project as you had planned it.
4. You were proud of an accomplishment.
5. You surmounted a barrier or handicap.
6. You were rewarded for your efforts.
7. You knew exactly what you were doing.
8. You were content with your daily activities.
9. You got along well with your boss.
10. You enjoyed working hard.
11. Working hard paid off.
12. Someone appreciated what you did.
13. You did a good job.
14. You were excited about starting a project.
15. Your enthusiasm was contagious.
16. You made a major contribution.
17. Someone said you couldn't do something, and you did it.
18. What you were doing aligned with your basic purposes.
19. You achieved a goal.
20. You produced something very much in demand.
21. You met a deadline.
22. You had a good reputation.
23. You were commended for your good work.
24. You got a job you wanted.
25. You controlled something well.
26. Someone was proud of you.
27. You created a positive effect.
28. You got along well with co-workers.
29. You got a better job.

Relationships Recall List

Recall a time when:

1. You felt accepted just as you were.
2. You accepted someone else just as they were.
3. Someone told you a nice secret.
4. Someone listened to you.
5. You told someone a nice secret.
6. You helped someone.
7. You promoted harmony.
8. Someone was a real friend to you.
9. You gave someone a ride he/she needed.
10. Someone let you have your way.
11. You played with a friend.
12. You told the truth and achieved a good result.
13. You took part in a really good “bull session” [informal talk with friends].
14. You let someone decide for himself/herself.
15. Someone satisfied your need.
16. Someone told you the truth.
17. You helped someone by listening to them.
18. You made a new friend.
19. You satisfied someone’s need.
20. Someone told you they liked you.
21. You felt close to someone.
22. You made someone feel good.
23. You let someone be himself.
24. You were a real friend to someone.
25. You enjoyed being with someone.
26. Someone really helped you.
27. You told someone you liked him or her.
28. Your friends patched up their differences.
29. You helped a child.

- 30. You enjoyed a conversation.**
- 31. Someone was loyal to you.**
- 32. You did a good deed.**
- 33. You reached an agreement with someone.**
- 34. You were loyal to someone.**
- 35. You convinced someone you were right.**
- 36. You felt at ease with someone.**

Love and Sex Recall List

Some of these questions may not apply to a child or young person who has not yet had a love life or a sex life. Before doing this list with a particular person, find any inappropriate items and cross them off.

Recall a time when:

1. Someone said they loved you.
2. Someone agreed to have a relationship with you.
3. You just had to hug someone and did.
4. Someone beautiful smiled at you.
5. You gave a gift to someone you loved.
6. Someone thought you were beautiful.
7. It was exciting to be touched.
8. You shared someone's world.
9. You enjoyed nature with someone you loved.
10. Someone hugged you.
11. Someone kissed you.
12. It was exciting to touch someone.
13. You enjoyed going on a date.
14. You watched a movie with someone you liked.
15. You took care of someone you loved.
16. You thought someone was beautiful.
17. You spent time with someone beautiful.
18. You learned something from someone you loved.
19. You told someone you loved him or her.
20. You were gentle with someone.
21. You kissed someone.
22. You were happy just being with someone.
23. You made it very safe for someone to be with you.
24. You held hands with someone.
25. You danced with someone.
26. You handed something nice to someone you loved.

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- 27. You couldn't help smiling when you were with someone.**
- 28. Someone made you feel beautiful.**
- 29. Someone made it very safe for you to be with them.**
- 30. Someone was gentle with you.**
- 31. Someone you loved gave you a gift.**

Family Recall List

Some of these questions may not apply to a person who is unmarried and does not have a stable familial relationship; others may not apply to a person who does not have children. Before doing this list with a particular person, find any inappropriate items and cross them off.

Recall a time when:

1. You expressed affection toward a family member.
2. You were kind to a brother or sister.
3. Your family went out to the country.
4. A child did something helpful.
5. Your brothers or sisters enjoyed playing with you.
6. You experienced a special treat with your family.
7. A family member helped you with a problem.
8. You thought one of your parents was wonderful.
9. A family member expressed affection for you.
10. You held a baby.
11. You felt that your family really loved you.
12. Someone in your family was loyal to you.
13. You had a good time with your family.
14. You helped a family member.
15. You were allowed to stay up late.
16. Someone in your family stood up for you.
17. A family member was kind to you.
18. A parent praised you.
19. A parent hugged you.
20. A child showed signs of intelligence.
21. Your father was proud of you.
22. You successfully helped a child with homework.
23. You were proud of a child.
24. Your mother showed that she loved you.
25. Your father showed that he loved you.
26. A family member looked up to you.
27. You praised a child.

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- 28. Your family went on a picnic.**
- 29. You demonstrated loyalty to your family.**
- 30. Your family went on vacation.**
- 31. You realized a parent was a human being.**
- 32. You felt close to a family member.**
- 33. You felt love for your family.**
- 34. You got along well with a brother or sister.**
- 35. You resolved a family conflict.**
- 36. You had a birthday party.**
- 37. You received help from a member of your family.**
- 38. A child cared about someone.**

Groups Recall List

Recall a time when:

1. You had fun in a group.
2. You got to know a new group of people.
3. Other people listened to you.
4. You helped your team win a victory.
5. You supported a group you believed in.
6. You found a group you felt good about joining.
7. People were loyal to you.
8. You found you were a member of a larger group.
9. You successfully resisted group pressure.
10. You felt very comfortable with a group.
11. Being a member of a group gave you certain advantages.
12. You felt invulnerable because of your group.
13. You were a part of an "in-group".
14. A group supported you.
15. You went to a reunion.
16. You joined a good group.
17. You discovered you had unexpected friends.
18. You enjoyed a group meeting.
19. Your group was victorious.
20. You had a good reputation in a group.
21. You were loyal to a group.
22. A group accepted you.
23. You were of significant help to a group.
24. You were popular with a group.
25. You were chosen as a member of a team.
26. You liked the members of a group.
27. You were a leader.
28. A group had a very beneficial effect.
29. You had a good time at a party.
30. You found out that you qualified for a position.

Plants and Animals Recall List

Recall a time when:

- 1. You acquired a new pet.**
- 2. A cat was purring.**
- 3. You planted something.**
- 4. You picked fruit and ate it.**
- 5. An animal showed affection for you.**
- 6. You enjoyed lying on the grass.**
- 7. You smelled a flower.**
- 8. You were aware of being surrounded by life.**
- 9. A wild animal was not frightened of you.**
- 10. You saw a bird.**
- 11. You felt friendly toward a tree.**
- 12. You were alone with nature.**
- 13. An animal liked you.**
- 14. You admired a landscape.**
- 15. An animal tried to get your attention.**
- 16. You knew what an animal was thinking.**
- 17. An animal understood what you wanted.**
- 18. You hugged a pet.**
- 19. You looked closely at an insect.**
- 20. You petted an animal.**
- 21. You relaxed in the shade of a tree.**
- 22. You walked in a forest.**
- 23. An animal showed it was intelligent.**
- 24. You went to the zoo.**
- 25. You fed your pet.**
- 26. You went to an aquarium.**
- 27. You went to a park.**
- 28. You spoke to an animal.**
- 29. You took care of a plant.**
- 30. You admired a fish.**

Material Objects Recall List

Recall a time when:

1. You enjoyed going to a museum.
2. Things worked out as you had planned them.
3. You rode in a boat.
4. You designed something.
5. You were in good control of your body.
6. You learned to drive a vehicle.
7. You were refreshed by water.
8. You mastered a sport.
9. You successfully completed an action.
10. You arranged furniture.
11. You cleaned your room.
12. You were well organized.
13. You arranged your schedule.
14. Someone admired your handiwork.
15. You felt secure.
16. You repaired something.
17. You finished cleaning something.
18. You really knew what you were doing.
19. You learned a dance.
20. You were well dressed.
21. You felt as though you had lots of money.
22. Things worked out as you had thought they would.
23. You kept a promise.
24. The air felt good.
25. You learned to operate a piece of machinery.
26. You made something that worked.
27. You admired a machine.
28. You had enough space.
29. You arrived somewhere on time.
30. You had plenty of time.

- 31. You figured out how something worked.**
- 32. You admired a mountain.**
- 33. You used a tool skillfully.**
- 34. You took good care of something that was yours.**
- 35. You finished painting something.**
- 36. You played house.**
- 37. You controlled something.**
- 38. You made a present for someone.**
- 39. You looked through a telescope or microscope.**

Aesthetics Recall List

Recall a time when:

1. You enjoyed listening to music.
2. You created something beautiful.
3. You wrote (or told) a story.
4. You liked a book.
5. You enjoyed dancing.
6. You enjoyed visiting a museum.
7. A poem impressed you.
8. You smelled a delicious perfume.
9. You enjoyed acting.
10. You liked a painting.
11. You read aloud.
12. You made a beautiful sound.
13. You had a gourmet meal.
14. You admired a building.
15. You enjoyed making music.
16. A movie or play inspired you.
17. You saw beauty in something small.
18. You recited a poem.
19. You had an appreciative audience.
20. You gave someone an aesthetic experience.
21. The stars were magnificent.
22. You were dancing.
23. You watched a spectacular sunset.
24. You ate something tasting wonderful.
25. A story really seemed real to you.
26. You did something in an artistic manner.
27. You said just the right thing.
28. You were moved by music.
29. You appreciated a tree.
30. Somebody really had a way with words.

- 31. You wrote poetry.**
- 32. You gave someone else aesthetic pleasure.**
- 33. Someone was impressed by how you said something.**
- 34. You made a three-dimensional work of art.**
- 35. You were graceful.**
- 36. Life seemed beautiful.**
- 37. You enjoyed the sound of your voice.**
- 38. You were proud of something you wrote.**
- 39. You painted a painting.**
- 40. You created the exact effect you intended to create.**

Spirituality Recall List

Recall a time when:

1. You knew you were a good person.
2. You understood something about Spirituality.
3. Your intentions were good.
4. You had a premonition something good would happen.
5. You experienced an altered state of consciousness.
6. You felt in touch with a higher consciousness.
7. You felt compassion for another.
8. You had a transcendental experience.
9. You had an insight into something or someone.
10. You were serene.
11. You did something altruistic.
12. You realized your life had a purpose.
13. You enjoyed a ceremony.
14. You were in good communication with another person.
15. You knew what was going to happen.
16. You felt a sense of personal expansion.
17. You knew you were right.
18. You felt oneness with your surroundings.
19. You felt exhilaration.
20. You did to others what you wanted them to do to you.
21. You felt in touch with nature.
22. Things turned out well.
23. Words were unnecessary.
24. You displayed an unusual ability.
25. You sensed how another person felt.
26. You knew what someone was going to say before he or she said it.
27. You thought about someone just before you heard from him or her.
28. You had a dream that came true.
29. You felt somehow in touch with destiny.

30. You successfully influenced the future.
31. You felt bigger than your body.
32. You had an enhanced understanding of the world.
33. Your awareness was expanded.
34. You became aware of a spiritual force.
35. You knew something without knowing how you knew it.
36. You felt someone was a soul mate.
37. You knew what the future held in store, how things would turn out.
38. You had an intuition that was correct.
39. You felt you had known someone before.
40. You had a “déjà vu” experience.
41. You experienced an unusual coincidence.

Emotionally Charged Persons Program

—Use: to handle charge on a person with whom the client has a long-term history.

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A. Explorations

Briefly explore each of the following questions. No particular question is likely to go to an **end point**, but the program as a whole should reach one at some point, possibly well before you reach the end of the list.

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1. How has _____ (the person at issue) tended to treat you?
2. How have you tended to treat _____?
3. How much have you liked _____?
4. How much do you think _____ has liked you?
5. Does _____ have any beliefs that you don't agree with?
6. Do you have any beliefs that _____ doesn't agree with?
7. Have you changed your convictions [beliefs] because of _____?
If so, find out how and to what extent, too much or not enough?
8. Has _____ changed his/her convictions [beliefs] because of you?
If so, find out how and to what extent, too much or not enough?
9. How much respect have you granted to _____?
How appropriate was that?
10. How much respect has _____ granted you?
How appropriate was that?
11. Has _____ ever tried or tended to dominate you?
(If so) What effect did it have on you? How did you handle that?
12. Have you ever tried or tended to dominate _____?
(If so) What effect did that have on him/her? How did s/he handle that?
13. Has _____ tended to make you wrong or tried to.
(If so) What effect did that have on you? How did you handle it?
14. Have you tended to make _____ wrong or tried to?
(If so) What effect did it have on _____? How did s/he handle it?
15. Is there anything about _____ you have been jealous of or resented?
(If so) What and how did you handle that?
16. Is there anything about you that _____ has been jealous of or resented?
(If so) What and how did s/he handle it?

17. Is there some aspect of _____'s personality that has tended to irritate or upset you?
(If so) What? How have you handled your irritation or upset?
18. Is there anything about your personality that you think _____ may have found irritating or upsetting?
(If so) What? How has s/he handled his/her irritation or upset?
19. Is there anything that _____ does that you dislike or wish he/she didn't?
(If so) What? Why? How reasonable is that?
20. Is there anything that you do that _____ dislikes or wishes you didn't do?
(If so) What? Why? How reasonable is that?
21. Is there anything or anyone _____ is connected or associated with that you don't like or wish s/he wasn't?
(If so) What (or who)? Why? How reasonable is that?
22. Is there anything or anyone you are connected or associated with that _____ wishes you weren't, or doesn't like?
(If so) What? Why? How reasonable is that?
23. Have you ever failed to help _____?
(If so) How? Is there anything you could have done and didn't?
24. Is there anything you did and shouldn't have?
25. Has _____ ever failed to help you?
(If so) How? Is there anything s/he could have done and didn't?
26. Is there anything he did and shouldn't have?
27. How have you tended to think of _____?
28. Is there anything you concluded about him/her?
(If so) How did you arrive at that conclusion?
29. Is there anything particular that s/he represents to you?
30. How do you think _____ tends to see you?
31. Is there anything you think he might have concluded about you?
(If so) How did s/he arrive at that conclusion?
32. Is there anything you think you might represent to him/her?
33. Has _____ competed with you?
(If so) How? Why?
34. Have you competed with _____?
(If so) How? Why?
35. Has _____ ever been a threat to you?
36. Have you ever been a threat to _____?
37. Has _____ been hostile to you?

38. Have you been hostile to ____?

39. Has ____ reminded you of someone else?

(If so, find out who that is and run Differences and Similarities on ____ and the person that ____ reminds the client of.)

40. Do you have any evidence or a sense that you remind ____ of someone else? (Explore)

B. Expectations

Use: an inspection (and possible letting go of) expectations in a relationship.

Run as a nine part loop to an end point

- 1. What has ____ expected of you?**
- 2. How reasonable was that expectation?**
- 3. What part of that expectation have you fulfilled?**
- 4. What have you expected of ____?**
- 5. How reasonable was that expectation?**
- 6. What part of that expectation has ____ fulfilled?**
- 7. What have you expected of yourself because of ____?**
- 8. How reasonable was that expectation?**
- 9. What part of that expectation have you fulfilled?**

C. Emotions

Do you have any unwanted emotions connected with ____?

Handle with Thematic TIR.

Does ____ have any unwanted emotions connected with you?

If yes, explore how this affected the viewer.

Have you had any of the same emotions?

Thematic TIR if so

How do you feel about ____ now? (Explore)

If needed, extend the plan with for example Unblocking, Life Stress List, Done/Withheld/Problem, Confront, Acceptance or Like/ Don't Like

Unlayering

Definition: Unlayering is a viewing method that consists of one or more instructions or questions asked repetitively, alternately, or sequentially to an end point.

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Simple Unlayering

Definition: Simple unlayering or simple repetition consists of a single instruction, repeated as many times as necessary to an end point.

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Feel Good

Use: to balance positive with negative and/or with an overwhelmed client not yet ready to confront traumatic material.

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Recall a time you felt good. (or **Recall a time you felt good about _____.**)

~~SR~~*Run as simple unlayering to an EP.*

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Happy

Use: to balance positive with negative and/or with an overwhelmed client not yet ready to confront traumatic material.

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Recall a time when you were happy (or **felt OK**)

~~SR~~*Run as simple unlayering to an EP.*

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Grounding

Use: when client is not able to get to an end point or arrives not ready for a session in terms of food, rest and substances. It is also useful outside of session, when a person is too scared, panicky or inebriated to function.

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Touch that _____. or **Notice that _____.**

Simple repetition, until the client is in present time with better indicators. Choose and indicate something new for your client to touch/notice each time you give the instruction. Use room objects and body parts.

Note: when a client who has been severely triggered is run on this technique, you may find that although s/he touches things on your instruction, his or her attention is not on the surface or object s/he is touching and thus not, in fact, in the present. In such a case, immediately after giving the basic instruction, ask your client to tell you what the object

s/he is touching feels like, or what its color or temperature or texture is, any such question that will serve to gently direct his or her attention onto the object in question.

We speculate that the reason for the apparent effectiveness of this sort of all-but-literal grounding is that in directing the restimulated client's attention onto nearby objects and elements in the physical space, we bring his or her attention into the present, as the present is in fact the only place, or point in time, in which the elements of the physical universe actually exist. That being the case, when we systematically, repetitively direct the client's attention onto proximate elements of the physical universe, we are also, by definition, taking his/her attention out of the past and off whatever part or parts of the past that have been triggered.

Remember always, of course, to acknowledge your client each time s/he follows your instruction to touch or notice something, and to end off gently when you see at least some extroversion occurring, accompanied by appropriately positive indicators.

Loops

Definition: A loop consists of sequential repetition: a series of two or more questions or instructions, asked or delivered in a pattern, generally circular and repetitive.

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Like/Don't Like

Use: in dealing with persons, places, or situations with whom your client has some sort of significant history. You wouldn't, for example, run it on the policeman who just gave your client a speeding ticket. Upset Handling would then be more appropriate.

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1. **Tell me something you like about _____.** ["yourself", "your mother", "your home town", "your job", "your major", "being a doctor", "your body" etc.]
2. **Tell me something you don't like about _____.**

~~Run as~~ a two-part loop: 1,2,1,2,1,2, etc., to an EP.

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Criticism

Use: when client is concerned about being criticized.

1. **What criticism don't you have to accept?**
2. **What criticism could you accept?**

~~Run as a~~ two-part loop: 1,2,1,2,1,2, etc., to an EP.

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Confront

Use: to help a client become able to deal with difficult or threatening people or circum-stances in his or her life.

1. **Tell me something about** _____ [“yourself”, “your mother”, “study”, “your job”, “your major”, “being a doctor”, etc.] **that you could confront (or face).**
2. **Tell me something about** _____ **that you would rather not confront (or face).**

Run as a two-part loop: 1,2,1,2,1,2, etc., to an EP.

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Hurt

Use: when there is complaint about hurt feelings.

1. **How has** _____ **hurt you?**
2. **How have you hurt** _____?

Run as a two-part loop: 1,2,1,2,1,2, etc., to an EP.

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Imperfection

Use: When someone is fixated on his/her own and/or others' imperfections.

1. **What imperfection in yourself could you tolerate?**
2. **What imperfection in another could you tolerate?**

Run as a two-part loop: 1,2,1,2,1,2, etc., to an EP.

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Touch and Let Go

Use: to enable clients to get more in touch with their bodies if they are sick or hurt, or to get more connected and comfortable with, for example, a piece of machinery that they are nervous around and/or learning how to use, such as a car.

1. **Touch that** _____ [body, body part, car, etc.].
2. **Let go of that** _____.

Run as a two-part loop: 1,2,1,2,1,2, etc., to an EP.

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Mind

Use: when a client has trouble controlling intrusive thoughts or remembering things.

1. **Get the idea of something disappearing from your mind.**
2. **Get the idea of something appearing in your mind.**

Run as a two-part loop to an EP.

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Difference/Similarity

Use: when your client tends to identify any two people with one another, e.g., “...your boss and your father” “you and your sister”. The two people being identified could include the client, of course, for example if her mother is a charged person for her and she believes, or reports that she has been told, that she is “just like her mother”. It is equally useful if the client is heavily resisting being like another person.

1. **Tell me a similarity between _____ and _____.**
2. **Tell me a difference between _____ and _____.**

~~ARun as a~~ *two-part loop: 1,2,1,2,1,2, etc., to an EP.*

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Get the Idea

Use: as a remedy for fixed ideas that affect the client negatively. Use this on a statement the viewer makes often or one that is delivered with a lot of emphasis. Work out with the client how the wording of the opposite statement should go.

1. **Get the idea of/that _____ (negative concept).**
2. **Get the idea of/that _____ (positive concept).**

~~ARun as a~~ *two-part loop: 1,2,1,2,1,2, etc., to an EP.*

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Self Respect

Use: when clients are interested in improving their self-esteem.

1. **What do you have to Be to feel good about yourself? Tell me about that.**
2. **What do you have to Do to feel good about yourself? Tell me about that.**
3. **What do you have to Have to feel good about yourself? Tell me about that.**

~~ARun as a~~ *three-part loop: 1. Tell... 2. Tell... 3. Tell... 1. Tell... 2. Tell... etc., to an EP.*

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Communion

Use: to balance negative with positive.

1. **Recall a time when you were in good communication with _____.**
2. **Recall a time when you understood _____.**
3. **Recall a time when you [loved / felt affection for / enjoyed being around] _____.**

~~ARun as a~~ *three-part loop to an EP.*

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Change

Use: often used towards the end of a Life Stress Reduction Plan to get a new view of life and to see what action, if any, now needs to be taken.

1. **Tell me something that needs to be changed.**
2. **Tell me something that you could change.**
3. **Tell me something you don't have to change.**

Run as a three-part loop to an EP.

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Important/Not Important

Use: to help the client to sort out what really matters in his/her life, or a specific issue that is absorbing a great deal of attention.

1. **Tell me something about _____ that is important.**
2. **Tell me something about _____ that is not important.**
3. **Tell me something about _____ that could be important.**
4. **Tell me something about _____ that doesn't have to be important.**

Run as a four-part loop: 1,2,3,4, 1,2,3,4, etc. [Inserting a relevant issue: "your life", "your work", "your body", "your business", "your son", etc.]

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Wrong/Right Solutions

Use: to enable a client to let go of past misdeeds and the guilt connected with them, and to get a view of creating a more positive life.

1. **Tell me something you have done that caused you to like yourself less?**
2. **What problem were you trying to solve?**
3. **Tell me something you could do that would cause you to like yourself more?**
4. **What problem would you solve?**

Run as a four-part loop: 1,2,3,4, 1,2,3,4, 1,2, etc., to an EP.

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Acceptance

Use: to encourage inspection, and as a means of enabling a client to let go of fixed ideas concerning acceptance or rejection of self, another person, or situation. Run as a four-part loop: 1,2,3,4, 1,2,3,4, 1,2, etc., to an EP.

1. **Is there anything you could accept about _____?**
2. **What would you rather not accept about _____?**

3. Is there anything you need to accept about ____?
4. What don't you have to accept about ____?

Help

Use: when working with a client who has experienced failures in either giving or receiving help (e.g., "compassion fatigue") it can be useful to address the subject of help with Unblocking, the LSL, and/or thematic TIR (FESAPs connected with the subject of help). After having removed some of the charge with the techniques just mentioned, you can then run the help technique below to good effect.

1. How could I help you?
2. How could you help me?
3. How could another help you?
4. How could you help another?
5. How could another help another?
6. How could you help yourself?

~~Run as a~~ *Run as a six-part loop to an end point.*

Give

Use: to become aware of flows and balances in a relationship.

1. What has ____ given to you?
2. What hasn't ____ given to you?
3. What should ____ give to you?
4. What doesn't ____ have to give to you?
5. What have you given to ____?
6. What haven't you given to ____?
7. What should you give to ____?
8. What don't you have to give to ____?

~~Run as a~~ *Run as an eight-part loop to an EP.*

Expectations

Use: as an inspection -- and possible means of enabling a client to let go -- of fixed expectations in a relationship.

1. What has ____ expected of you?
2. How reasonable was that expectation?
3. What part of that expectation have you fulfilled?

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4. **What have you expected of _____?**
5. **How reasonable was that expectation?**
6. **What part of that expectation has _____ fulfilled?**
7. **What have you expected of yourself because of _____?**
8. **How reasonable was that expectation?**
9. **What part of that expectation have you fulfilled?**

Run as a nine-part loop to an EP.

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Done/Withheld/Problem

Use: to address persons with whom the client has a charged relationship. The technique reduces charge and typically results in better understanding of self and others.

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Inflow:

1. What [or "Tell me something"] has _____ done to you?
2. What problem (meaning situation, dilemma or issue) was he or she trying to solve?
3. What has _____ withheld from you?
4. What problem was he or she trying to solve?

Outflow:

1. What have you done to _____?
2. What problem were you trying to solve?
3. What have you withheld from _____?
4. What problem were you trying to solve?

Crossflow A:

1. What has _____ done to another?
2. What problem was he or she trying to solve?
3. What has _____ withheld from another?
4. What problem was he or she trying to solve?

Crossflow B:

1. What has another done to _____?
2. What problem was he or she trying to solve?
3. What has another withheld from _____?
4. What problem was he or she trying to solve?

Reflexive flow A:

1. What have you done to yourself because of _____?
2. What problem were you trying to solve?
3. What have you withheld from yourself or kept yourself from doing because of _____?
4. What problem were you trying to solve?

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Reflexive flow B:

1. What has _____ done to him/herself?
2. What problem was he or she trying to solve?
3. What has _____ withheld from him/herself?
4. What problem was he or she trying to solve?

This technique can be done as either a four-part loop on each flow, starting with inflow (and with each flow taken to an end point) or, by combining all the flows in sequence, as a 24-part loop to an EP.

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Sequential Unlayering

—**Definition:** Sequential unlayering consists of presenting the client with a series of questions or instructions from a prepared list, such as Unblocking, focused on an item or issue of concern to the client. . The facilitator repeats the first question (one question, one answer) until the client reaches an EP on that question or runs out of answers to it. Then s/he moves on to the second question, repeating the pattern until the client reaches an end point^{EP} on the item or issue being addressed.

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An Expanded Unblocking With Options

Unblocking, of course, is sequential unlayering. If the client is not already familiar with Unblocking, remember to clarify the concept of flows—which is to say, directions of causation—before starting this list. When s/he is looking for answers, you want your viewer to consider all of the flows as appropriate, and not just the inflow. Once started, if s/he nonetheless persists in offering only inflow answers, you might ask specifically for the others: outflow and reflexive flows in particular. Explain to the client that this technique is like a directed free association and that you want the client to answer with whatever comes to mind, whether s/he experienced it, caused it, or observed it. Do not expect the client to have answers to every question. Unblocking can be used to prepare a client for TIR, as well as releasing charge and gaining clarity on a subject of interest to the client.

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Concerning _____ (the subject being addressed):

1. **Has anything or anyone been suppressed?** [prevented from being seen/heard/felt; put down]
2. **Has anything or anyone been invalidated?** [made wrong; criticized; belittled]
3. **Has the existence of something or someone been denied?** [been labeled imaginary/unreal]
4. **Has an evaluation been made?** [judgment; assessment]
5. **Has there been caution about anything or anyone?** [wariness of; carefulness about]
6. **Has anything or anyone been resisted?** [fought against]
7. **Has anything been concealed?** [not revealed, hidden, withheld]
8. **Has anything been left unsaid?** [not communicated]
9. **Has anything or anyone caused worry?** [concern, anxiety]
10. **Has anything changed?** [altered, been modified]
11. **Has a mistake been made?** [error, misjudgment]
12. **Has anything or anyone been disappointing?** [an expectation not been met]

13. **Has there been an objection?** [protest; disagreement]
14. **Has anything been made worse?** [damaged]
15. **Has anything or anyone been withdrawn from?** [avoided; abandoned; you've felt separated from]
16. **Has anything or anyone been ignored?** [disregarded; dismissed; neglected]
17. **Has anything been suggested?** [advised; proposed]
18. **Has anything been asserted?** [stated with strong feelings]
19. **Has anything or anyone been agreed with?** [you've gone along with]
20. **Has anything or anyone been disagreed with?** [argued about; rejected]
21. **Has anything or anyone been misunderstood?** [misconstrued; not heard]
22. **Has anything been promised?** [avowed]
23. **Has anything or anyone been forced?** [compelled; unwillingly accepted]
24. **Has anything or anyone been hard to understand?** [incomprehensible, illogical; unfathomable]
25. **Is more information needed?** [something you need to know]
26. **Has there been a dilemma?** [conflict; has anything been hard to resolve]
27. **Has a responsibility not been accepted?** [fault]
28. **Has control been a problem?** [mastery; lack of control]
29. **What are your strengths?** [accomplishments]
30. **Has anything been rewarding?** [satisfying]
31. **Has a decision been made?** [choice, conclusion]
32. **Has anything or anyone been overlooked?** [neglected; disregarded]
33. **Has an action not been taken?** [not done]
34. **Has anything or anyone been desired?** [wanted; hoped for; aspired to]
35. **Has anything been achieved?** [accomplished; attained]
36. **Has anything been successful?** [rewarding; advantageous]

Repetitive Sequential Unlayering

Definition: Repetitive sequential unlayering consists of a single question, asked once, and then followed by a second question or loop, asked repetitively until there are no more answers or until an EP has been reached. The first question can then be checked again for any further answers and, if there are, the process is continued. (The following example is taken from the Body Image Program, p.67.)

1. What kind of person (or personality) would be overweight (underweight)?

Put the answer from above question into the following two-part loop and run to an EP.

2. Tell me a similarity between you and ____?

3. Tell me a difference between you and ____?

Ask the first of the three questions, then ask 2, 3, 2, 3, 2, 3, 2, 3, etc., getting as many answers as your client can find for questions 2 and 3. Then ask 1 again; next get all available answers to 2 and 3, etc. E.g.: 1, 2, 3, 2, 3, 2, 3, 2, 3, 2, 3; 1, 2, 3, 2, 3, 2, 3; 1, 2, 3, 2, 3 etc., to an EP.

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Assessment Lists

—Definition: An assessment list is a list of the most likely errors or unwanted conditions that can exist in a particular subject or technique. It is designed to enable your client to identify specific items/issues that are currently restimulated, and to clear them. Some assessment lists are designed to handle difficulties that may arise in a specific subject, viewing technique, or in-life situation. Others address more general targets. A facilitator may use an assessment list to remedy the situation when something goes wrong in life or in a viewing session. The TIR Debug list is an assessment list. In [Applied Metapsychology](#) there are numerous assessment lists. Here we will introduce a few.

In using an Assessment List, ask each question once, in sequence, first letting the viewer know that if s/he can find no answer to a question, s/he should simply let you know, and that you will then go on to the next question. Help the viewer to explore each question briefly to which s/he has an answer. If you do not see positive indicators, ask, Was there an earlier similar ____? filling in the blank with the item from the question you have just asked. E.g., "Is there an earlier similar upset?" or "...an earlier similar time when there was something you couldn't stop thinking about?"

There are many other Assessment Lists that are taught during the [Applied Metapsychology](#) facilitator training workshops.

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Life Stress List (LSL)

This list is intended to handle general upsets, worries, and other distractions that may arise in life. The questions are not to be used repetitively. Ask each question once, in sequence, first letting the viewer know that if s/he can find no answer to a question, s/he should simply let you know, and that you will then go on to the next question. Help the viewer to explore briefly each question s/he has an answer to. If you do not see positive indicators, ask, **Is there an earlier similar _____?**, filling in the blank with the item from the question you have just asked. E.g., **Is there an earlier, similar upset? or an earlier, similar time when there was something you couldn't stop thinking about?** (For ease of recognition in session notes, we abbreviate earlier, similar as "e/sim".) You can ask all the questions, or only the ones you adjudicate as likely to be most beneficial for the client. Continue the questions until you have an end point on the subject or on the list as a whole.

You can ask the questions without a prefix, or use a prefix such as "At work," "Concerning your education," "Concerning your mother," "Concerning your pregnancy," "Concerning the sexual abuse," "Concerning alcohol," or "Concerning your childhood."

1. **Has there been an upset?** (If the Upset is significant, you can use [any Multifaceted Upset Handling technique](#) to address it.)
2. **Has there been a worry?**
3. **Is there something that hasn't been communicated?**
4. **Has there been any wrongdoing?**
5. **Has there been an evaluation?**
6. **Has there been an invalidation?**
7. **Has something gone on too long?**
8. **Is there something you can't stop thinking about?**
9. **Has there been a failure in communication?**
10. **Has something or someone been ignored?**
11. **Is there something or someone you are trying to avoid?**
12. **Have you not been properly acknowledged?**
13. **Has there been a misunderstanding?**
14. **Has there been a disagreement?**
15. **Has some affinity (or liking) been rejected?**
16. **Has there been a sudden loss of affinity (or liking)?**
17. **Are you resisting something?**
18. **Have you felt sad?**

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19. Is there something or someone you find annoying?
20. Is there something or someone you don't like?
21. Has something seemed confusing?
22. Is something or someone hard to understand?
23. Has something or someone been out of control?
24. Have you had trouble controlling yourself?
25. Have you been irrational?
26. Do you not know what to do?
27. Are others worried about you?
28. Are you worried about others?
29. Has a goal been frustrated?
30. Is there an unsolvable problem?
31. Is there anything you have decided not to talk about?
32. Are you not expressing your true feelings about something?
33. Are you afraid someone might find out about something you have done?
34. Is there a lack of trust?
35. Is there something you feel guilty about?
36. Is there something you regret having done?
37. Is someone continually telling you what to do or think?
38. Is someone overly dependent?
39. Has someone tried to make you feel guilty about something?
40. Have you tried to make someone feel guilty?
41. Have you invalidated something or someone?
42. Has there been a false accusation?
43. Has there been a loss?
44. Has there been a failure?
45. Is there something you try not to think about?
46. Is something else wrong?

Body Image Program

As we have presented it here, this program for the most part addresses concerns having to do with weight. Note, however, that with minor rewordings, many of the questions could be used to address numerous other body image concerns, including body dysmorphic disorders, where a person has a distorted image of his/her body.

The Body Image program is comprised of a large number and variety of techniques. We have described all of them, as *types* of techniques, elsewhere in this manual. Choose techniques from the list below that seem to you to be appropriate to your current client.

Unblocking or Life Stress List (LSL) on the body, food, diets, eating, looking good, weight, appearance, being graceful, style, attractiveness etc.

Basic TIR on any known traumatic incidents connected with the body, food, diets, looking good, weight, etc.

Recall List for Weight: You can run all of the following recall techniques, or end on a good end point before all are done. Tell the client to let you know whenever a question seems irrelevant or boring to her, that s/he need not attempt to answer it, and that you will just leave it and go on to the next one. Finally, use common sense: some recall directions will be clearly inappropriate for some clients; before using the list, screen it for such directions and do not ask them. Ask each recall direction once only.

1. **Recall a person of normal weight.**

Recall your thoughts and feelings about that person.

2. **Recall an underweight person.**

Recall your thoughts and feelings about that person.

3. **Recall an overweight person.**

Recall your thoughts and feelings about that person.

4. **Recall your body at its ideal weight.**

Recall your thoughts and feelings about your body at its ideal weight.

5. **Recall a food you found delicious.**

6. **Recall a food you found disgusting.**

7. **Recall exercise that was fun.**

8. **Recall tedious exercise.**

9. **Recall overeating.**

Recall your thoughts and feelings about overeating.

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10. Recall eating the right amount.

Recall your thoughts and feelings about eating the right amount.

11. Recall feeling hungry.

12. Recall feeling satiated.

13. Recall feeling full.

14. Recall losing weight successfully.

Recall your thoughts and feelings about it.

15. Recall failing to lose weight.

Recall your thoughts and feelings about it.

16. Recall a favorite item of clothing.

Recall yourself wearing it.

17. Recall a time someone told you that you looked attractive (or healthy, nice, or well).

Recall your thoughts and feelings at that time.

18. Recall a time you told another that s/he looked attractive.

Recall your thoughts and feelings at that time.

19. Recall a time others told others that they looked attractive.

Recall your thoughts and feelings at that time.

20. Recall a time you knew you looked attractive (or nice).

Recall your thoughts and feelings at that time.

21. Recall a time when your body felt light.

22. Recall a time when your body felt heavy.

23. Recall a time you felt healthy.

24. Recall a time when you felt fit.

25. Recall a time you enjoyed eating and felt fine after you finished.

26. Recall a time another enjoyed eating.

27. Recall a time when you were left feeling deprived by eating only what you were “allowed” or “allowed yourself” to eat.

Recall your thoughts and feelings at that time.

- 28. Recall a time you observed others enjoying eating.**
Recall your thoughts and feelings at that time.
- 29. Recall a social occasion at which you ate responsibly.**
Recall your thoughts and feelings at that time.
- 30. Recall a social occasion at which you overate.**
Recall your thoughts and feelings at that time.
- 31. Recall a time you observed another or others overeating.**
Recall your thoughts and feelings at that time.
- 32. Recall a time another observed you overeating.**
Recall your thoughts and feelings at that time.
- 33. Recall a time another observed you eating responsibly.**
Recall your thoughts and feelings at that time.
- 34. Recall a time another gave you something good to eat.**
Recall your thoughts and feelings at that time.
- 35. Recall a time you gave another something good to eat.**
Recall your thoughts and feelings at that time.
- 36. Recall a time another gave you something you knew you shouldn't eat.**
Recall your thoughts and feelings at that time.
- 37. Recall a time you gave another something you knew they shouldn't eat.**
Recall your thoughts and feelings at that time.
- 38. Recall a time you ate something you knew you shouldn't have.**
Recall your thoughts and feelings at that time.
- 39. Recall a time someone cooked a meal for you.**
Recall your thoughts and feelings at that time.
- 40. Recall a time you were on a diet.**
Recall your thoughts and feelings at that time.
- 41. Recall a time you cooked a meal for someone else.**
Recall your thoughts and feelings at that time.
- 42. Recall a time you cooked a meal for yourself.**
Recall your thoughts and feelings at that time.

43. Recall a time someone served you a dessert.
Recall your thoughts and feelings at that time.
44. Recall a time you served dessert for someone else.
Recall your thoughts and feelings at that time.
45. Recall a time you served dessert for yourself.
Recall your thoughts and feelings at that time.
46. Recall a time you ate dinner at a restaurant.
Recall your thoughts and feelings at that time.
47. Recall a time you had an extra portion.
Recall your thoughts and feelings at that time.
48. Recall a time you ate everything on your plate
Recall your thoughts and feelings at that time.
49. Recall a time another was on a diet.
Recall your thoughts and feelings at that time.
50. Recall a time you left some food on your plate.
Recall your thoughts and feelings at that time.
51. Recall a time you were not on a diet.
Recall your thoughts and feelings at that time.
52. Recall a time another was not on a diet.
Recall your thoughts and feelings at that time.
53. Recall a time you had to eat everything on your plate.
Recall your thoughts and feelings at that time.
54. Recall eating with your family when you were growing up.
Recall your thoughts and feelings at that time.
55. Recall a time weight was not an issue.
Recall your thoughts and feelings at that time.

~~Do~~Run the following as a six-part loop to an EP:

1. Think of something an overweight (or underweight) person doesn't have to be.
2. Think of something an overweight (or underweight) person would have to be.
3. Think of something an overweight (or underweight) person doesn't have to do.
4. Think of something an overweight (or underweight) person would have to do.
5. Think of something an overweight (or underweight) person doesn't have to have.
6. Think of something an overweight (or underweight) person would have to have.

If ~~they~~your client is interested, you can repeat the loop for "a person of normal weight," "an underweight person," "an unattractive person," and "an attractive person."

Although it may seem counterintuitive, the following technique is designed to enable the client to face and release resistance.

~~A~~Run as a four-part loop to an EP:

1. Think of a way of putting on weight.
2. Think of a way of keeping on weight.
3. Think of a way of losing weight.
4. Think of a way of keeping off weight.

Explore the following to an EP:

Is there anything you would avoid if you remained over (or under) weight?

(If significant issues arise during the exploration, note them for handling as appropriate.)

~~A~~Run the following as a two-part loop to an EP:

1. **How does being overweight hinder you?**
2. **How does being overweight help you?**

As follows:

Ask the first of the two questions; then get as many answers as your client can find for the second question (or an EP occurs); then ask the first again. Get all available answers to the second, etc., to an EP. E.g.: 1,2,2,2,2, 1,2,2,2,2,2,2,2,2, 1,2,2, etc., to an EP.Run the following:

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1. What problem might being overweight solve?
2. Tell me something worse than that problem.

~~D as~~ Ask the first of the two questions; then get as many answers as your client can find for the second question (or an EP occurs); then ask the first again. Get all available answers to the second, etc., to an EP. E.g.: 1,2,2,2,2, 1,2,2,2,2,2,2,2,2, 1,2,2, etc., to an EP.

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~~Run as~~ Sequential Unlayering:

1. What kind of person (or personality) would be overweight?

~~Put the answer from above question into the following two-part loop and run to an EP.~~

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2. Tell me a similarity between you and ____?

3. Tell me a difference between you and ____?

~~Ask the first of the three questions, then ask 2, 3, 2, 3, 2, 3, 2, 3, etc., getting as many answers as your client can find for questions 2 and 3; then ask 1 again. Get all available answers to 2 and 3, etc., to an end point. E.g.: 1, 2, 3, 2, 3, 2, 3, 2, 3, 2, 3, 2, 3, 1, 2, 3, 2, 3, etc., to an end point.~~

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~~Next, g~~Get the viewer to give you a list of persons they have known or seen, who are overweight. ~~Address~~Run any persons that have not already been run in the above loop.

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~~Run as an~~ eight part loop to an EP. (Also "concerning eating", "your body", etc.)

1. What have you done (or "Tell me something you have done") concerning food?
2. What problem were you trying to solve?
3. What [action, item, or communication] have you withheld concerning food?
4. What problem were you trying to solve?
5. What has another done concerning food?
6. What problem was s/he trying to solve?
7. What [action, item, or communication] has another withheld concerning food?
8. What problem was s/he trying to solve?

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~~Run the following as an~~ eight-part loop to an EP.

1. What do you have?
2. What don't you have?
3. What has another prevented you from having?
4. What have you prevented yourself from having?

5. What does another have?
6. What doesn't another have?
7. What have you prevented another from having?
8. What have others prevented themselves from having?

~~Run the following as a~~ *two-part loop to an EP.*

1. What about your body would you change?
2. What about your body would you leave unchanged?

Do Thematic TIR on any remaining FESAPs connected with the body, food, diets, eating looking good, and weight etc.

~~Run the following as a~~ *two-part loop to an EP.*

1. **Imagine being satisfied with your weight (or body).**
2. **Imagine not being satisfied with your weight.**

Imaginary TIR on ideal body. (~~Done Run~~ as Future TIR without worst or bad case scenario.)

Out of session, in consultation mode:

Formulate a specific plan of action with the client, if needed, to deal with weight loss/gain. You can use the Schema or some other action plan.

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Case Planning

Definition: A case plan is a written list of techniques you intend to use in order to enable a viewer to achieve his/her goals. It lists the actions in the sequence in which you plan to use them. A case plan is initially based on an interview and the viewer's level of interest or distress regarding the issues s/he has brought up during it. The plan is flexible and subject to change over time as new data enters the picture.

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Interviews in Case Planning

All case planning for LSR begins with an interview, during which (for reasons that will become apparent) you as the facilitator will need to take fairly extensive notes.

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Definition: An interview is an inquiry into a client's life, frequently quite detailed and extensive, during which the facilitator inquires into various potentially charged areas in order to determine whether or not her attention is currently focused on any of them.

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Try to record your client's statements accurately—verbatim, whenever possible, especially when your client is naming or identifying a specific incident or issue—and note any emotional reactions that accompany them. Assure the client that *whatever* comes to mind has validity and can be communicated to you, even if s/he feels it is not that significant.

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Use the record you have assembled to make a case plan, with the following steps as a guide:

1. Take thorough notes, noting your client's indicators and highlighting or circling areas of charge as they appear;
2. After the interview, write out a list of the issues, persons, and areas of interest that concern the client. As best you can, record and employ the exact wording your client gives you.
3. Show the client the list and ask her to rate her levels of interest in addressing (and distress concerning) each item on the list from zero to ten, with 10 being the highest
4. Then, based on this list and drawing from the techniques for viewing that you learn in this workshop as well as from those you already know, write an LSR case plan, prioritizing items according to their interest ratings. Your client's interest and distress ratings will tend to parallel each other, but when they do not, always act on interest before distress. Again, use your client's wording.

Interest/Distress Ratings

Definition: Interest and distress ratings are numbers that a viewer assigns to each item or issue s/he raises in an intake or update interview, based on the amount of interest s/he has in addressing, and distress s/he feels concerning that issue. The degree of interest and distress can range from “0”, meaning no interest or distress to “10”, meaning very high interest or distress.

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Begin your plan with the item or issue the viewer is most interested in, the one or ones to which s/he has assigned the highest number, and consult the LSR Methods & Techniques for the Applied Metapsychology techniques that seem to you most likely to be appropriate for use in addressing the issue(s) in question. (When clients rate two or more interest items with the same number, you can have them differentiate further between the items by assigning letters to each, e.g., “9A”, “9B”, and so forth (see the model case plans provided.) Alternatively, you can make your own determination of which of the highest numbers, to address first, but if you do that, be sure that your client agrees with your choice.)

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Issue	Interest	Distress
Fatal heart problem	10A	9
Told I would die	10B	10
Doctors	5B	7
Divorce	5A	7
Stress with my business	9	9
My ex-wife	5C	5
I get too involved	3	4
Have to succeed	6	5

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It is often both good and necessary to address a charged area from different viewpoints with more than one technique. If there is an issue that the viewer brought up several times in the interview, for instance, or that appears to be especially prominent and troubling in the viewer’s life, you will almost certainly want to put more than one technique on the case plan that can be used to address it. You may not need to use each and every one of the techniques you have chosen to put on the case plan; the issue you intended them to address might have been resolved before you exhaust them. It is still prudent to have them on the plan in case they are needed. If a client is done with an issue, do not address further techniques to it, but cross these techniques off your case plan.

If an item was given a high distress rating by the client but a 0 interest rating, do not put it on the case plan. Check any such item for interest toward the end of the case plan as appropriate, and if there is interest at this point, then add the item to the case plan, along with technique(s) suited to addressing it.

Make sure your client understands each new tool before running it, and be certain that s/he is interested in the technique before you start with it. The client might be interested in the issue but not in some of the techniques listed to address it.

In conducting the sort of interview that you will find most useful to you in this client-centered work, your purpose will be to determine the answers to just one question, really: what does your client want to accomplish in working with you? Put another way, what parts or aspects of your client's life are troubling her? (For "troubling", you might choose to substitute another word, more clinical, perhaps, or horrific, as appropriate to that client: "torturing", for example, or any word that is a verbatim quote of the client's own complaint.) Put even more succinctly, what does s/he want to change?

No two case plans will ever be the same. Each is made for a specific viewer. The techniques chosen depend on the viewer's interest, situation, issues, state of restimulation, and the breadth of the facilitator's understanding and experience. Over time, one can become well versed in many techniques. It is good to work under the guidance of an experienced technical director (TD), until you get the practice needed to make reliably effective case plans of your own.

Case Planning Notes

If selected with reasonable care for the particular client, each case planning technique discussed in this manual can and should be taken to an end point. A few viewers do not run well on repetitive techniques such as Unblocking and unlayering. With them, use Exploration, Emotionally Charged Persons, and the Life Stress List (LSL). You can decide to run repetitive questions as Explorations as well, if a lighter gradient is needed. Viewers who are able to run repetitive techniques will obtain the best results when those are used.

When you are addressing a charged person such as "your mother," or "your husband," you have a number of options: Unblocking, Like/Not Like, Difference/Similarity, and/or Done/Withheld/ Problem, as well as TIR on any traumatic incidents with the person (Basic) or themes related to that person (Thematic TIR). See Techniques Appropriate to Specific Categories of Charge.

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Interviews

We have presented two types of initial interviews below, one brief and one long. You might use the first, or parts of it, as appropriate, with:

- A returning client
- A client referred to you by a colleague for help with a particular, known trauma
- A partner in this workshop

In short, you would use the brief interview when you anticipated very short-term work with a viewer.

The second and much longer interview is of course for use with clients with more complex presenting issues. Neither of them is carved in stone, however, and you will almost always want to adapt whichever one you are using so that it fits (and will be appropriate to), the particular client you are dealing with. If the client's answer to any question leaves you with a question of your own, by all means, explore it to gain a better understanding. Honest curiosity and interest are vital aspects of the interviewer's skills. (You would not, of course, ask any question the client has already answered. If you conduct either of these interviews while observing the Rules of Facilitation and with the Communication Exercises "in", the interview can actually itself produce highly therapeutic effects, including very significant feelings of relief.

Brief Interview

1. What brought you here today?
2. What would you like to achieve with our work?
3. How are you doing physically?
4. How are you doing emotionally?
5. Is there anything you are having difficulties with in your current life?
6. Is there a person or situation that particularly worries or upsets you?
7. How do you feel about your family of origin?
8. How do you feel about your nuclear family?
9. Are you taking any mind-altering drugs or medications or alcohol?
10. Have you observed or experienced any physical or emotional traumas that you think we should address?
11. Past therapy? If so, was there anything about it you particularly liked? Disliked?
12. Was there anything you wanted to handle or achieve in your past therapy or other practices that wasn't handled?

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13. Do you have (or have you ever had) thoughts of harming yourself or anyone else?
Any attempts?
14. Is there anything you try not to think about?
15. If you had a magic wand and could use it to change or achieve something in your life, what would it be?
16. What would have to happen for you to know our sessions are working?
17. Is there anything else you think I should know to better understand you?
18. Is there any other question you were expecting, or that I should have asked and haven't?

Extensive Interview

A. Initial questions

1. Tell me what brings you here today?
2. What do you hope to achieve in these sessions?
3. What would have to happen for you to know our sessions are working?

B. Physical health

1. What is your general state of health?
2. Any health problems? (Include psychosomatic conditions, premenstrual and menopausal symptoms as appropriate)
3. How much, and what kind of exercise are you getting?
4. What is your state of nutrition?
5. What is your energy level like?
6. Is there anything about your body or any of its parts that you don't like? (If weight is an issue that the client brings up, explore for bulimia/anorexia if seems possible.)

C. Emotions

1. How are you doing emotionally?
2. Any negative emotions? (Under what circumstances? Any known triggers?)
3. Is there anything you are worried about regarding yourself?
4. Are there any reoccurring upsets in your life?
5. Are there things in life you try to avoid handling or get nervous about?
6. Are there things in life you would like to do but don't dare to do?
7. Are there things in life that introvert you or cause you to hold yourself back?
8. Are there people you are having trouble with?
9. Is there anything you have done that you don't like thinking about?
10. Do you have (or have you ever had) thoughts of harming yourself or anyone else?
11. Any attempts? Any plans?

D. Current Issues

1. Is there anything you find your attention tends to become fixed on?
2. Is there anything you try to keep your attention off?
3. Is there anything that is making your life miserable?
4. Is there anyone in your environment whom you find disturbing or overwhelming?

E. Drugs

1. Are you currently taking any drugs or medications, and what for?
2. General drug history, if relevant.
3. Family history of drug/alcohol use, if relevant.

F. Past traumas

1. Have you experienced any physical or emotional traumas that you think we should address?(Including operations, accidents, injuries, illnesses and losses)
2. Have you observed any traumatic events that have happened to others that you think we should address?

G. Mental

1. How do you feel about yourself?
2. Do you have any difficulties in concentrating, remembering, or trying to think clearly? (If so, were these difficulties precipitated by any emotional or physical stressful or traumatic incident?)
3. Are there circumstances in which you invalidate yourself [put yourself down]?

H. Past practices

1. Have you received sessions (therapy, viewing) before? How do you feel about it?
2. Was there anything done that you felt was particularly helpful? Unhelpful?
3. Have you engaged in any spiritual, mental, or religious practices you think were or are significant to you?
4. Is there anything you attempted to change with other practices or viewing (sessions, therapy or personal growth) which was not handled to your satisfaction?
5. Have you ever had any perceptual experiences others might consider unusual or implausible, such as déjà vu, out-of-body experiences, or visions?

I. Intimates

1. How do you feel about your family of origin?
2. Do you have a spouse or significant other?
3. How is your relationship with _____?
4. Do you have any significant difficulties with _____?
5. Do you understand each other?
6. Do you enjoy spending time together?
7. Do you have future plans together?
8. Do you have children? How is your relationship with (each child)?
9. How is or was your relationship with your mother? Father?

10. Do you have any siblings or other family members whose relationship with you is or was particularly significant to you (in either a good or a bad way)?
11. Tell me briefly about your childhood. Any emotional/physical abuse? Any unwanted sexual activity/molestation?
12. Are there any close friendships or romantic relationships on which your attention becomes fixed?

J. Work

1. Do you have any difficulties in your current work situation?
2. Is your job fulfilling?
3. Is it what you want to do in life?
4. Does your job match your abilities?
5. Does it bring sufficient income?
6. Is there something else you would rather do than your present job?
7. Any future plans regarding your job or career?

K. Finances

1. Are you under any financial pressure?
2. Do you have any problems concerning money?

L. Groups

1. Do you have any difficulties with groups or partnerships of which you are a member? (Any conflicts of loyalty, any conflicts of varying moral codes or pressures?)
2. How do you get along with other people, partners, employees, clients, and friends?
3. Do you find it easy to communicate with others?
4. Have you ever been in trouble with the law?
5. Have you ever done things you wish you hadn't for which you could have been arrested?

M. Goals

1. Are you working toward any goals in your life?
2. Is there anything in life you would really like to do but feel unable to do?
3. What would be an ideal existence for you?
4. Are there any abilities you have that you would like to improve?
5. What are your strengths?
6. What gives meaning to your life?

N. Closing Questions

1. Is there any topic you would feel uncomfortable talking about with me?

2. Is there anything you thought of during this interview, and didn't have a chance to tell me?
3. Is there a question I should have asked and did not?
4. Is there anything else you think I should know to better understand you?
5. Is there anything else you would like to ask or say before we end this interview?

Case Planning Outline

The following is the general order of actions in Case Planning:

1. Briefly introduce the client to Life Stress Reduction.
2. Conduct intake interview, clearly noting relevant issues/items. End session if appropriate. As needed give the client educational viewing material to read before the next session.
3. After the session, make a list of all issues/items that concern or may concern the client.
4. Educate the client as necessary.
5. Give the list of issues to your client and ask that s/he rate interest/distress regarding each item from 0 to 10. (Tell the client s/he may add any additional items that come to mind.)
6. Pick the item the client has given the highest interest rating and run on it the technique that seems to you to be the most appropriate.
7. Make a full case plan for the client before your next session.
8. Continue following the case plan in subsequent sessions, modifying it if necessary.
9. Ask the client if there is anything else that he or she would like to address and if so extend the plan with appropriate techniques.
10. When done, acknowledge the client for having completed the plan, and let them know they can continue if new issues arise or they want to embark on the [Applied Metapsychology Viewing Curriculum](#) (if you are trained in these techniques).

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Session Outline

Below is an outline you can use as a guide for the majority of the sessions you will give an experienced client/viewer.

1. Determine that your client is ready and able to do formal viewing: check to make sure that s/he is well fed and not hungry, has had sufficient sleep, is comfortable and ready to start the session.
2. When ready, let the client know explicitly that you are starting the session proper, during which time your behavior as therapist/facilitator will be governed strictly by your adherence to the Rules of Facilitation and use of the CEs. You might, for example, simply state the words, “Start of Session” or “We’re beginning the formal session now.”
3. Ask the client “How have you been doing since your last session?” or “Is there anything on your mind?”. Explore for, find, and address any current disturbances as appropriate, using Upset Handling, Unblocking, Life Stress List (LSL), or further Exploration to the point of positive indicators. There may be no disturbances, of course, and if your client’s indicators are good at the start of the session, simply go ahead with the next step on your case plan.
4. Resume actions from your case plan, taking one or more to an end point, until you reach a logical EP for the session itself. Sometimes this will be very obvious, in terms both of the amount of time passed and of your client’s indicators. In that case, simply ask the client if there is anything s/he would like to ask or tell you before you end the session. At other times, *that* you have reached a good point to end the session may not be quite so obvious, in which case you can ask your client something like the following: “Does this seem to you like a good point (or place) to end the session?” If “Yes,” acknowledge, and then announce the end of the session.

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Case Planning Examples

Each of the techniques listed in the case plans below are described in the [Applied](#) Metapsychology LSR Methods of your manual.

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I. Viewer Lucy

Lucy is a 32-year-old professional, who cared for her boyfriend Tom during his prolonged battle with cancer. He died one year ago. She wants to let go of the past and create a new life with a man she has recently met. She cannot stop thinking about and reliving her time with Tom, however, and she has continual flashbacks, dreams, and feelings from their life together.

Total time in session: 21 hours

Items and interest ratings from initial (or subsequent) interview:

- My boyfriend Tom died of cancer one year ago (grief) 10
- I cared for him for a year. (grief) 9A
- I feel guilty that I survived him. 6A
- I am very angry with him for dying. 6B
- I wouldn't want to have missed out on any of my life with Tom. I would do it again. 7AA
- My uncle molested me. 9B
- My mother (frustration). 7B
- My father was very verbally abusive (anger). 8B
- I am sometimes angry like my father and I do not want that. 7A
- I have a new man in my life, John. 7C
- I still miss Tom. 5
- My mom said I wasted my time with Tom (irritation). 8A

Bear in mind that more than one case plan could be written for this viewer (and most others) based on the data given above. The following plan was the one actually devised by Lucy's therapist/facilitator; she took it to an excellent end point, with all Lucy's issues thoroughly discharged and no longer in any way problematic to her.

Case plan for Lucy

1. Basic TIR on Tom's death.

(We start the case plan with TIR on Tom's death, as that is what the viewer is most interested in addressing, and TIR is usually the most effective technique for discharging trauma.)

2. [Unfinished Business Communication with a Departed Loved One](#) with Tom.

(This technique helps to clear up past, unfinished business, such as unresolved mourning or grief, as well as sometimes establishing a new spiritual connection with the loved one. It often leads to discharge of emotions and to a feeling of peace.)

3. Have you been given a wrong indication regarding Tom?

(From the interview it seemed that the viewer had received wrong indications from her mother regarding Tom. Wrong indications are best addressed early in a plan as they absorb a viewer's attention and great relief is often achieved by addressing them. The death of her boyfriend is where her attention was focused and that is therefore addressed before wrong indications.)

4. Unblocking on "Caring for Tom."

(The period of time caring for Tom was a year and lends itself well to discharge through unblocking. TIR does not run well discharging a long time period.)

5. Thematic TIR on FESAPs (checking all flows) connected with Tom.

(The viewer mentioned emotional themes (anger and guilt) in the interview. Thematic TIR discharges unwanted feelings.)

6. Unblocking on "Life with Tom."

(Life with Tom included both good and bad times, on both of which she wishes to cease being fixated so that she can get on with her life. Unblocking is useful here because it can address this from many angles.)

7. Exploration on Tom.

(Exploration was chosen by the facilitator at this point both to release any still available charge and to find out if further techniques are needed on this item.)

8. Compassion with Tom

9. (To balance positive and negative)

10. TIR on "being molested by your uncle."

(Another traumatic incident, which can be resolved with TIR.)

11. Done/Withheld/Problem on "your father," using all flows.

(We want to use different techniques, because as noted earlier, sometimes the viewer appreciates shifting methods of viewing and approaching a situation from a different angle. This technique is useful for helping the client to understand why other persons did things to them (verbal abuse). It also helps the viewer to become aware of what she may have done to the other person (father) or to herself in connection with father, and why.)

12. Differences and Similarities on father.

(The viewer mentioned in the interview that she noticed herself getting angry “like my father.” This technique was selected to help her to separate from her identification with characteristics of her father.)

13. Run (9) and (10), above, on mother.

14. Exploration on John.

(The viewer has a high level of interest in addressing John, the new man in her life. Unblocking can be helpful in removing charge and achieving clarity of vision.)

15. Three-part loop:

1. **Tell me something that needs to be changed.**
2. **Tell me something that you could change.**
3. **Tell me something you don’t have to change.**

(Negative charge is best addressed before using the above technique. This tool can help the viewer to get a new look at her life and what to do about it, now that she has addressed the charged items from her interview.)

16. Simple unlayering:

Recall a time when you were happy.

(It is good to also include positive aspects in a plan.)

17. Explore: **Is there anything else that we should address at this time?**

18. If so, get the viewer’s information and extend the case plan as needed.

II Viewer Leo

Leo is 35 years old and married with two small children. He owns a large textile company in South America. He was kidnapped for a ransom and held hostage for 3 months, together with another man who had not yet been released at the time these sessions took place. When Leo was first taken hostage, he was severely beaten. During the remainder of his incarceration, he was fed poorly and was emotionally and mentally tortured. He was continuously threatened with death; on more than one occasion he was dragged in front of a firing squad, told he was about to die, and then laughed at by his captors. Subsequent to his release, he suffered increasingly from anxiety, shaking, frustration, anger, and flashbacks. He couldn’t work or be with people, except for very close family. He suffered from insomnia. The only way he could relax and sleep somewhat was by drinking alcohol.

After the viewing he felt he was again his old self. He was able to work and interact with people, and could sleep without alcohol. He also felt he got closer to his wife and children and appreciated them more than he had before the kidnapping.

Total session time: 28 hours

Items and interest ratings from interview:

- Forced into a car with four men, they beat me real bad. 10A
- Kidnapped (“the whole thing”). 10D
- Put me against the wall, like a firing squad. 10B
- I thought many times that they were going to kill me. 10C
- Fear for my life, every day for so long. 9C
- I was a prisoner of war. 9B
- The soldiers guarding me. 8A
- My wife. 6
- My son. 5
- No contact with my family. 8B
- My father told me it was my fault. 9A
- I want to kill them. 7A
- I do not trust anybody. 7B

Case plan for Leo

1. TIR on incident when you were forced into a car with four men and they beat you real bad.
(First on the plan because he has rated this incident with a 10 and is how the kidnapping started.)
2. TIR on incident when you were put against the wall, like a firing squad.
(This incident comes next, as it also had a 10 rating.)
3. TIR on times when you thought they were going to kill you. “Which one of these times should we address first?”
(If he doesn’t know, ask, “Which one seems worst or the most real?”)
3. Address each one he is interested in running, in order of interest.
4. Unblocking on the time period of being kidnapped.
5. If any other incidents come to view, switch to TIR if he is interested in running them.
6. Wrong indications run on all flows on father.
(His father told him it was his fault.)
7. Like/Not Like on father.
(There might be more charge on father.)
8. Difference/Similarity on father.
9. Explore being a prisoner of war.

(This can help the viewer release the charge on this.)

10. Thematic TIR on “fear for your life”

11. Three-part loop¹²:

- 1. Recall a time when life was good.**
- 2. Recall a time when you felt safe.**
- 3. Recall a time when you felt affection for someone.**

12. Life Stress List on the soldiers guarding you.

(You could also do Unblocking, but using a variety of tools can have a stronger impact and can keep the client from getting overrun on a particular technique.)

13. Unblocking on your family.

(Unblocking can help him inspect all the thoughts and feelings he formulated about his family.)

14. TIR on the theme, “I want to kill them.”

(Thematic TIR can run out intentions.)

15. Thematic TIR on “not being able to trust” (“Is there an incident when you felt you couldn’t trust anybody.”)

(On both Basic and Thematic TIR, make sure that all flows are checked (see the TIR W/S manual).

16. Done/Withheld/Problem on your wife.

17. Communion technique “with your wife.”

18. Unblocking on your son.

19. Recall a good time with your son.

20. Ask for any remaining FESAPs connected with the kidnapping and run them Thematic TIR

21. Change technique

22. Is there anything else that needs to be addressed at this time?

(If so, get the viewer’s information and extend the case plan as needed.)

¹² *It is valuable to balance the negative with some positive techniques* This particular technique was created by the (experienced) therapist/facilitator for use with this specific client, as were a few others spelled out in the case plans but not found in LSR Methods & Techniques.

III. Viewer John

John is a 50-year-old professional, whose 30-year-old son, Ron, died of AIDS one year prior to the interview. Since the death of his son, John has suffered from many of the symptoms of PTSD, and was referred for viewing by his primary care physician.

After the case plan was completed, John no longer showed any PTSD symptomatology, and experienced renewed enthusiasm for life. He was again able to work and partake in life activities and pleasures.

Total session time: 17 hours

Items and interest ratings from interview:

- My son died from AIDS two years ago (the incident). 9A
- Not feeling worth while. 9B
- Ron, miss him a lot. 8
- Thoughts of suicide. 3
- Can't remember (things). 6
- Feel depression. 7B
- My brain. 4
- My ability to work. 7A

Case plan for John:

1. Basic TIR on son's death.
2. [Unfinished Business](#)~~Communication with Departed Loved One~~ (Ron).
3. Unblocking on "Ron."
4. Thematic TIR on FESAPs connected with Ron's illness and death.
5. Compassion on Ron
6. Thematic TIR on "not feeling worthwhile."
7. Like/Not Like on Self.
8. Wrong/Right Solutions.
9. Feel Good technique.
10. Important/Not Important in your life.
11. Criticism technique.
12. Unblocking on "your ability to work."
13. Self Respect technique.
14. Unblocking on depression.
15. FESAPS on depression.

16. Explore: Find out when the depression started, and do Unblocking on that time-period. (Basic TIR on any uncovered traumatic incidents).
17. Unblocking on “your memory.”
18. Mind technique.
 19. FESAPs on the subject of memory loss.
 20. Explore the subject of “your brain.”
 21. Touch and let go (the body).
 22. Touch and let go (the head).
 23. Unblocking on “thoughts of suicide.”
 24. Explore: “What might suicide be a solution to?” “What would suicide get you out of?” “What would be the result of suicide for yourself and others?”
25. Find out how he is doing in life now and if any further viewing is needed.

IV. Viewer Mary

Mary is 17 years old. She presented with concerns about boyfriends, and continuous significant difficulties with her mother who was critical of her. After the case plan was completed, Mary’s relationship with her mother became intimate and satisfying and remained so, and she had fewer conflicts with boyfriends.

Total session time: 8 hours

Items and interest ratings from interview:

- Edgar (boyfriend). 9C
- I can’t handle relationships the right way. 9E
- Boys. 9D
- 2 weeks ago smoked a joint, it was bad. 9A
- Smoking marijuana. 9B
- Parents divorced. 9F
- Mother and I argue. 8
- School. 5
- Joanna (girlfriend). 3
- I let boys hurt me. 3

Case Plan for Mary

1. Exploration on marijuana and any other drug experiences, finding out what brought her to start in the first place, and address as appropriate with TIR or Unblocking.
2. Unblocking on “Edgar.”

3. Exploration on “boys.”
4. Exploration on “relationships.”
5. Unblocking on “parent’s divorce.”
6. Emotionally Charged Persons Program on mother.
7. Like/Not like on mother then on self.
8. Differences/Similarities on mother.
9. Criticism technique.
10. Hurt technique on mother.
11. Then same on “boys.”
12. Unblocking on “school.”
13. Exploration on “Joanna.”
14. Wrong/right solution.
15. Imperfection technique.
16. Feel Good technique.
17. Is there anything else that needs to be addressed at this time?

V. Viewer Anna

Anna is a young marketing director, recently engaged to be married to Mike. She does not want to get married unless they resolve their sexual difficulties. Anna is interested in spiritual growth. Anna’s self esteem is low.

After completion the case plan, Anna and Mike married and they are currently very happy with all aspects of their married life. She is successful in her new job.

Total session time: 15 hours

Items and interest ratings from interview:

- Mike. 9A
- Sex. 9B
- I am embarrassed (regarding sex). 7
- I don’t know how to have an orgasm. 5B
- What is wrong with me. 5A
- My work. 5C
- Spiritual growth. 4

Case plan for Anna

1. Unblocking on “Mike”.

2. Difference/ Similarity on “Mike”.
3. Exploration on “sex”.
4. Self Respect technique.
5. Like/Not like on the subject of self, and then on Mike.
6. Ask the viewer if she is interested in a consultation about sex. Make this an informal discussion with questions, answers and educational information, including books.¹³
7. If needed, have a consultation with Mike and Anna together about their sex life, and help them as appropriate. Help them formulate agreements and behaviors that support each other.
8. Communion on the subject of Mike.
9. Unblocking on the subject of “work”.
10. Unblocking on “spirituality”
11. Spiritual recall list
12. Is there anything else that needs to be addressed at this time?

VI. Viewer Karin

Karin is a psychotherapist in private practice. She suffers from anxiety and compassion fatigue, and has numerous body problems. She also has relationships with her husband and stepson that are full of conflict.

After the viewing she felt her difficulties were resolved and she felt at peace.

Total session time: 18 hours

Items and interest ratings from interview:

- My husband. 10
- My stepson. 9A
- Compassion fatigue. 8D
- My body. 9B
- My weight. 8B
- Fibromyalgia. 8A
- Anxiety. 9C
- Self esteem. 8C
- Money. 7
- Spirituality. 6

¹³ If the area is not within your scope of practice, you would of course refer.

Case plan for Karin:

1. Emotionally Charged Person Program on the subject of husband.
2. Communion technique on the subject of husband.
3. Unblocking on the subject of stepson.
4. Like/Not like on the subject of stepson.
5. Unblocking on the subject of your body.
6. Touch and Let Go of the body.
7. Basic TIR on the subject of any traumatic incidents connected with the anxiety.
8. Ask how she feels when she is anxious and run thematic TIR.
9. Get FESAPs connected with Fibromyalgia, run thematic TIR.
10. Body Image Program as needed.
11. Self Respect technique.
12. Like/Not like on the subject of self.
13. Important/Unimportant on the subject of self and your life.
14. Right/Wrong solutions.
15. Feel Good.
16. Confront on Self.
17. Criticism technique.
18. Unblocking on the subject of compassion fatigue.
19. Unblocking on money.
20. Spiritual Recall List.

21. Viewer Rich

Rich is a successful dentist who was told that he has an incurable heart defect and was given one year to live. He saw several doctors who confirmed this. He felt driven to succeed in his dental practice. He had a difficult divorce, and now has a new girlfriend.

Five years after his sessions, Rich is happily re-married and doing well.

Total session time: 12 hours

Items and interest ratings from interview:

- Fatal heart problem. 10A
- Told I would die. 10B
- Doctors. 5B
- Divorce. 5A
- My ex-wife. 5C
- Stress with my business. 9
- I get too involved. 3
- Have to succeed. 6

Make a case plan for Rich based on the above items from the interview. Refer to the [Applied Metapsychology LSR Methods](#) for techniques.

Appendix

Description of Life Stress Reduction (LSR)

The term, “Life Stress Reduction” (LSR) is derived from the work of psychiatrist Frank A. Gerbode. The phrase refers to a particular and uniquely systematic approach to dealing with painful and troubling personal issues of the sort that often bring people to seek the help of a counselor or therapist.

While sharing elements in common with a number of therapies, LSR is uniquely efficient and driven by client interest. It is often astonishingly effective in enabling clients to address and fully resolve major concerns, even those that other interventions have failed to touch.

Should you choose to experience Life Stress Reduction, you will start with a thorough interview, during which your therapist (or “facilitator”) will ask questions about your life: about whatever issues bother you, as well as what you want to improve or achieve. The facilitator will then tailor a program for you: a systematically organized series of short, focused steps to enable you to address and change those aspects of your life which have come up during the interview and that you have expressed an interest in improving or resolving.

When working with a client on LSR, your therapist acts as facilitator, literally, “one who makes something easier for another.” The client’s job is to look at, or “view”, charged material to which the facilitator directs attention. Hence, the client becomes a “viewer”. The facilitator’s role never involves making suggestions, offering interpretations, analysis, or “re-framing”. S/he operates under the assumption that the client is the person best able and, indeed, best qualified to do such work.

Many of the techniques used in LSR consist of questions (asked singly or in series, and often repetitively) called Unlayering, whose purpose is to permit you to examine and evaluate a number of possible answers to your own questions and problems regarding the parts of your life that trouble you. The intent is to enable you to discover your own best, truest and most useful answer to each problem, much as you might find the sweetest part of an onion by peeling away the outer layers.

With the support of your therapist/facilitator and the LSR techniques, it is likely that you will find yourself able to address and resolve virtually any emotionally charged scenes, situations, issues, and persons that are presently distressing you.

You may already be familiar with TIR, or “Traumatic Incident Reduction”, one of the techniques sometimes employed in Life Stress Reduction. The program your facilitator will tailor for you, always consulting your interest and approval, might include TIR and would certainly include a number of other therapeutic techniques.

In addition to assisting you in the resolution of negative psychological and/or emotional conditions, LSR should significantly aid progress towards positive states of mind and self-realization along any path you may have chosen. As noted earlier, LSR

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often produces relief from situations and conditions that have failed to respond to many other forms of intervention.

| In viewing, you and your facilitator work together. You are considered to be the expert on your case, and the facilitator is the one who supplies the tools that allow you to find your own answers. Far from fostering dependency, Life Stress Reduction creates empowerment.

| As awareness and the attainment of insight are key elements in LSR, it will be important to be prepared for your sessions: you will need to get sufficient sleep and food and not to be under the influence of mind-altering substances such as alcohol and drugs (including sleep medication). You will get out of viewing what you put into it, so it is up to you to be in the best possible condition for your sessions.

| While they cannot be guaranteed, of course, the rewards of Life Stress Reduction are usually substantial and often transformative.

Techniques Appropriate to Specific Categories of Charge

A. Charge on Persons

Exploration	11
Wrong Indication	1615
Unblocking	5755
Life Stress List (LSL)	5957
Done/Withheld/Problem (DWP)	5553
Emotionally Charged Persons Program	4543
Like/Don't like	4947
Acceptance	5250
Imperfection	5048
Right/wrong solution	5250
Feel good	4846
Happy	4846
Hurt	5048
Self Respect	5149
Criticism	4947
Confront	5048
Differences and Similarities (D/S)	5149
Important /Not important	5250
Give	5351
Help	5351
Communion	5149
Get the idea of _____ ; get the idea of _____ (opposite)	5149
Recall Lists	2321
Basic TIR on traumatic incidents connected with _____	N/A
Communication with a Departed Loved One	12
Thematic TIR, FESAPs connected with _____	N/A

B. Charge on Issues and Situations

Touch and Let Go	5048
Exploration	11
Wrong Indication	1645
Unblocking	5755
Get the idea of ____; get the idea of ____ (opposite)	5149
Life Stress List (LSL)	6058
Help	5351
Feel Good	4846
Grounding	4846
Like/Don't Like	4947
Confront	5048
Body Image Program	6260
Done/Withheld/Problem DWP	5553
Change	5250
Mind	5048
Important /Not Important	5250
Happy	4846
Recall Lists	2321
Basic TIR on traumatic incidents connected with ____	N/A
Thematic TIR, FESAPs connected with ____	N/A

Glossary

Action Plan: (Also Life Action Plan): A series of actual steps to be taken in life by the client. The plan is devised by the client with the facilitator acting as consultant.

Affection: A willingness and desire to be close to, or to assume the viewpoint of someone. A willingness and desire to share experience or space with another.

Agenda: A plan written for each session, usually following a previously written case plan.

Applied Metapsychology: The person-centered application of methods designed to permit a viewer to examine his or her: life, mind, emotions, experiences (including traumatic experiences), decisions, fixed ideas, and successes, with the aim of resolving areas of charge, attaining significant insight, and gaining or regaining desired abilities.

Basic TIR: The application of TIR to specific, known traumatic incidents.

Button: In training, a stimulus that evokes an involuntary reaction from a trainee, such as laughter, a smile, or a flinch.

Case Plan: A written sequence of viewing techniques. It is based on data derived from an interview and is designed to enable the client to accomplish the goals s/he has expressed for viewing.

Case Planning: The action of deciding which techniques should be used with a viewer and the order in which they should be done.

Case Progress: An improvement in the viewer's condition; a reduction of charged material; an improvement in personal ability or in communion with others.

CEs: (Communication Exercises); exercises to improve a person's skill in each aspect of communication in facilitating a viewing session or in life.

CE-8: Communication Exercise 8, Handling Concerns; the exercise for improving a facilitator's skill in smoothly and effectively handling manifestations and interjections of the viewer that are not part of the current viewing cycle.

Charge: Repressed, unfulfilled intention. Charge results in negative emotions, resistance, disordered thinking, emotional or psychosomatic pain and or aberrant behavior.

Communion: A combination of communication, comprehension and affection. An increase in any of the three components tends to result in an increase in the other two. A sudden drop in one of the three components causes a drop in the other two and communion itself. This we call an upset.

Comprehension: The sharing of experience that occurs when communication is successful. It need not involve agreement or concurrence.

Consultant: An ~~Applied-TIR~~Metapsychology practitioner engaged in working out life strategies with a viewer. Compare **Facilitator**.

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Curriculum: A long general case plan broken down into eight sections (which can be customized for each individual viewer) giving the sequence of techniques designed to gradually increase a viewer's abilities by removing charge from the case and by exercising life skills the viewer already has in order to improve the viewer's command over these skills. The curriculum uses Discovery mode. Compare **Unburdening**.

Discovery: The mode of facilitation that selectively restimulates, addresses and discharges areas not currently in restimulation for the purpose of increasing the viewer's ability and stabilizing the person at a higher level of functioning.

Distraction: An area of charge on which the viewer has fixed attention. Distractions, by this definition, are not necessarily trivial. The point is that, whether severe or mild, they prevent case progress until they are addressed and discharged. Upsets, pressing current problems, withheld communications and Traumatic Incidents in current restimulation are the main examples of Distractions.

End Point (EP): The point at which a viewing technique (or other activity) is completed. In viewing, it consists of extroversion of the viewer's attention, positive or very positive indicators, and often a realization of some kind.

Engagement: In viewing, the state in which the viewer is attentive to an item of charged case material and, using a viewing technique and the help of the facilitator, is actively working through the item to discharge and resolve it.

EP: End point.

Exploration: A method used in viewing. Unlike TIR or an unlayering technique such as Unblocking, Exploration has no set viewing instructions. It is used to find items to address and to explore areas of charge and interest so as to write effective case plans for them. Exploration can also be employed as a technique designed to be taken to its own end point with respect to a specific item or issue.

Extrovert: Though commonly employed as a noun, the word "extrovert" serves a unique and useful function as a verb as well, meaning, "to cause one's attention to come into the present and out of the past or one's considerations about it."

Facilitation: The act of helping another person (viewer) to perform the actions of viewing.

Facilitator: A practitioner ~~of TIR and~~ Applied Metapsychology ~~, including TIR~~.

FESAPs: Feelings, emotions, sensations, attitudes and pains, the types of items we list to address using TIR.

Fixed Ideas (FIs): An idea that a viewer adheres to because it keeps the viewer from having to face up to something such as a painful situation, a confusion, or problem.

Flat Point: A point at which a viewing technique can safely be stopped without leaving the viewer in heavy charge; a minor end point. In training, a point at which the student (trainee) is no longer reacting to a button.

Flows: A direction of causation between people or people and entities (things). The flows commonly addressed in viewing are: inflow, outflow, crossflow (another to another), and reflexive flow (self to self).

Future TIR (FTIR): A special application of TIR to remove charge from future events, whether probable or improbable, that the viewer is concerned about.

Get the Idea (GTI): A technique useful in the rapid “unsticking” of fixed ideas.

Grounding techniques: Techniques used to destimulate and stabilize an overwhelmed viewer, or to ground a viewer in preparation for ending the session if a full end point cannot be reached in that session.

Indication: A deliberate assertion about something related to a person’s case, personality, situation or condition.

Indicator(s): Visible manifestations that indicate how a viewer is doing. Positive indicators include extroversion, viewer looking brighter, smiles, laughter, and realizations. Negative indicators include any viewer manifestations of dissatisfaction with the session or facilitator.

Interview: An interview is an inquiry into a client’s life, frequently quite detailed and extensive, during which the facilitator enquires into various potentially charged areas in order to determine what her attention is currently focused on

Interest Rating: An interest rating is a number that a viewer assigns to each item or issue s/he raises in an intake or update interview, based on the amount of interest he has in that issue. The degree of interest can range from “0”, meaning no interest or distress to “10”, meaning very high interest or distress.

Item: A person, subject, feeling, event or topic that is charged and available or potentially available to be addressed by the viewer; also a word, phrase or sentence that communicates such a thing.

Life Action Plan: See Action Plan.

Life Stress Reduction (LSR): A case plan written for an individual viewer for the purpose of addressing and discharging case material currently in restimulation and of interest to that viewer. The end point of LSR is a viewer no longer troubled by the problems with which s/he presented.

Locational Remedies: (Also sometimes called Orientation Remedies); Relatively brief techniques meant to assist a person to a more comfortable state by directing his or her attention to objects in the environment. Locational Remedies are palliative, but do not necessarily cause significant change in the person’s condition.

Metapsychology: ~~See **Applied Metapsychology**(Often used to mean Applied Metapsychology, as used in facilitation/viewing sessions): The person-centered application of methods designed to permit a viewer to examine his or her: life, mind, emotions, experiences (including traumatic experiences), decisions, fixed ideas, and successes, with the aim of resolving areas of charge, attaining significant insight, and gaining or regaining desired abilities.~~

O/R: Overrun.

Overrun (O/R): (v.) The action of continuing a technique beyond its end point, or (n.) the phenomenon that exists when we have done so. This causes restimulation of charged material not being addressed to start with, and often causes the viewer to feel distressed and invalidated.

Program: A series of viewing actions designed to resolve an area of a viewer's life. Examples are: an addictions program, or a program written to ease a difficult relationship.

Restimulation: An instance of charged material, such as a sequence of Traumatic Incidents, being activated so that the person feels effects from it, knowingly or unknowingly.

~~**Sessionable:** Able to benefit from viewing by virtue of having had enough sleep and food and not being under the influence of alcohol or any psychotropic drugs.~~

Technical Directing (TDing): The action of writing individualized case plans for facilitators to use with viewers as well as written directions of how to proceed from one session to the next; also used to mean such a written direction for a session (also called a session agenda).

Technical Director (TD): A person overseeing the progress of a case by writing a case plan and an agenda for each session.

Technique: A pattern of viewing instructions designed to address a certain type of charged case material (such as traumatic incidents, upsets, charge on a specific person, etc.) and meant to be continued to an end point.

Thematic TIR: The form of TIR that deals with sequences of traumatic incidents, all of which have a certain theme in common. Thematic TIR traces the theme back through successively earlier incidents containing it [e.g., incidents containing the feeling of panic] to the first trauma in the sequence, or root incident.

Theme: A theme is an unwanted negative feeling, emotion, sensation, attitude, pain, or intention that has been present in more than one incident in a person's life-usually a great many; an element common to and thus linking all the traumatic incidents in a sequence.

Trainer: In training, the student who is conducting a training exercise for the purpose of improving the skill of his or her partner; differentiated from "instructor," which we are using here to mean the workshop instructor. A trainer often plays the role of viewer in the exercises.

Trainee: The student in a training exercise who is working to improve his or her skill in some specific facet of facilitation. The student often plays the role of facilitator in the exercises.

Unblocking: A technique in which a number of mental blocks on a certain issue are addressed repetitively until charge has been reduced on that subject.

Unburdening: The process of applying viewing techniques in order to destimulate, deactivate or discharge case material that is already in restimulation. Compare **Discovery**.

Unlayering: A method involving one or many repetitive viewing instructions.

Viewer: The client in a viewing session.

Wrong Indication: An evaluative and generally invalidative statement, which violates the recipient's self-concept and perception of truth; also see **Indication**.

Session Summary

Client Name: _____ Date: _____

Facilitator: _____ Today's Session Time: _____

Total Session Time To Date: _____

Client Indicators at start of session: _____ Time at session start: _____

Techniques used and items addressed in this session: _____ Results: _____

Client indicators at end of session: _____ Time at session end: _____

Facilitator summary and comments:

Agenda for next session: _____ Date of next session _____