

This is HBLU 1 group supervision part one.

Today's subject is **client intake**.

So, as you know, this is not talk therapy. Dorothy we're not in Kansas anymore, and this isn't talk therapy.

So, it's very important that you prepare your clients for what to expect so they don't come in and they're not blindsided. And again, remember this is the culture in which the conscious mind is believed to be the only thing that exists, and so most people walking around have a very small superficial acquaintance with the unconscious mind let alone the body way of functioning. OK? And then of course the soul, what's that?

So, I'm happy to say that as yoga and meditation and chiropractic and acupuncture has spread in the culture, and reiki, people are more interested. They've heard of mind body therapy at least, as opposed to 33 years ago when I started people were going, "what are you talking about?" So, more and more people are open to this.

I get a lot of referrals, and I get calls. Used to be, maybe 10 years ago, I'd get a referral from an MD to help with some kind of problem, and the client would come in and really not understand what I was doing. So, I had to do more careful screening to find out if people are interested in mind body therapy or interested in alternative or complementary practices, and sound them out a little bit. But I haven't had a problem with that in about 10 years. So just heads up. But it depends on where you're located. Remember I'm in Boston. Jan is in Ohio, Teresa's in a small town in Pennsylvania. So just track your population.

So, when somebody calls in, it's because they've been referred or they haven't. They've read an ad, and my ad says what we can help people with... We can help you with this, we can help you with that. Because really, what they want is they want to get results. They want to get results in some area of their life that's a problem, and they really register on the word self-sabotage.

### **INITIAL INTERVIEW - CLIENT INFORMATION FORM**

So, when they call me up, the first thing I do is I walk them through the client information form, which is what you have. I get their first and last name. I write the date of the phone call on it. I get their home phone numbers, their e-mail address, their age, their occupation, their marital status, and before I ask for medications, I ask how did you hear of HBLU, and then what are your problems? I get right down to how can I help you, what can we do for you. Because that's really where I'm going.

And then they start talking to me. "Well, my friend told me blah blah blah, and I have headaches, and I'm stuck, and I feel off track with my soul mission. I'm 50 years old and never been married, and I can't make a decision that I'm ever happy with." Right. "And my friend thought maybe you could help me, and blah blah blah." So, I write down the problems, and then I ask more questions about this. I really focus on what's the problem. And then as they're talking about their problems I'll say, "Oh yeah, oh we can help you with that. Oh yeah, we can help you with that." So, because they want to know can I help you with that? "Yes, we can help you with that."

Then I ask questions about how long has the problem been going on. How long have you been having these headaches, or how long have you been feeling depressed? And then they'll give me a history. "Well on and off, but it's been all my life, this that. And then I'll ask questions, background questions. Does this run in your family? Who else has problems with drug addictions? And then how does this affect your life? I want to know how bad is it? Because I really want them to focus on the importance of taking care of themselves and not gloss over and not minimize, whatever.

And then I ask them, "What else have you done to heal this?" Because I want to know not only what they've done, so that I get a range of their experience, but have they done any kind of therapy whatsoever? Have they done talk therapy? Have they done hypnosis? Have they done Reiki? Have they done acupuncture? Have they gone to other people who do EMDR, for example, or have they gone to people who are trained in energy psychology and EFT tapping? What do they already know how to do? Are they Buddhist? Do they do Buddhist chanting? So, I'm already collecting their list, their menu of techniques and their resource state, right.

But the other point is that I often get, "I tried traditional talk therapy, but it didn't help me, and I'm really looking for something different." And then I say something like, "well it's a good thing that you did talk therapy because at least you have some conscious understanding of what's going on, so it's going to make it a lot easier for us to find the patterns and understand them because you already understand them. And the difference here is that I have a menu of 66 techniques that will actually clear these patterns once we find them. So, if you already understand them, you're just missing the techniques for clearing them and so that's the missing piece. So, we'll add that and it'll be very easy. So, I give them a little encouragement. You haven't wasted all your time and money. All of it has value. It's just that you're missing a piece and we're going to add this piece.

So, then they feel better about that, and I know something about how sophisticated they are, or how emotionally intelligent or experienced they are. So, I get a sense of it, and then I ask, "have you tried any kind of mind body therapy?" so that's in the questions.

And then I check for medication. Have you ever been on any medication? Then they tell me if they're on medication or they're not on medication so that I get a sense of what's going on. And if they tell me that they have anxiety or depression, bipolar runs in their family, they have addictions, I'll ask them if they've ever been on medication, or if they've ever been diagnosed officially with anything. They'll say yes or no, and they'll tell me they're on medication right now. I'll ask what it is and what their dose is.

Or I'll ask if they're not on medication, I'll say, "look one of the things we can do is we can test to see if any of this in the genetic problem, and if it is we can help you get on the right medication, but we'll be able to distinguish what's caused by mind body patterns and what's actually genetic. So, this is not going to be a hit or miss kind of thing. This will be very targeted because we treat causes. We don't throw things at symptoms. So, if you do need medication, it will be very little, and it'll be exactly right for your nervous system. It'll be the perfect fit.

And then they go, oh good, because people who need medication don't want to take it. They're hesitant; they're phobic. So, I basically put that up front so that when they come in, if we find they have a genetic problem, I've already introduced the idea of the possibility you may need medication. If so, we do it differently because we talk to your body directly. So don't worry about it. it'll be a perfect fit, And they're like, OK. So, I prepared them.

Because a while ago, maybe 10 or 20 years ago, people would look for me who did have genetic mental illness, but they were coming to me because they thought that alternative therapies could cure their genetic mental illness, and they were hoping that I could cure them so they wouldn't need medication. But in the last 20 years of experience, I found that that doesn't actually work. And if they have a DNA problem, it has to be physically compensated for. So, I basically float that in the field if they say they have depression or anxiety.

And then I ask how available are they for sessions.

And then they'll always ask me, "How many sessions do you think it will take to treat this problem?" because they want to know.

So, I say, "Well it can take 6 to 8 sessions to notice the difference, although recently the work has improved over the years, and typically people start to feel better after the first or second session. I won't be able to tell you how long it's going to take until you come in, and I muscle test you through my intake form and see what you're carrying, and then do a piece of work with you to see how well you do this work and how your system works with this, and then I'll be able to give you an estimate after a couple of sessions. And they're like, "oh OK, that's fair." So that's pretty much what people ask me.

And then I say to them, "most problems can be resolved in about 12 sessions" but we can work it through, and we can do one project at a time. And once you're making more money, if you want to switch and get happily married then we can switch to that project. And you can decide what you want to accomplish and how quickly and when you want to do it. So that's how I talk to them.

Now I also screen people out. Usually I screen people in, because that's my attitude, but basically there are people who call who what I do is not appropriate for them, or I haven't had good results, and I don't want to tell them that I have.

So, I had somebody call me recently who had alopecia. Suddenly, she was losing all her hair, and she's probably an image point Enneagram 2, 3 or 4, because she told me how traumatized she was. Her whole identity was tied up in her hair.

And I said, "Well I can treat you for the trauma, but I can't tell you that I can help you with the alopecia. I've worked with a couple people. One person I helped, a couple of people it didn't. So, I can't really help you with that. and I really think that that's what you need to focus on. First you need to find somebody who can help you with the alopecia and I don't think I can't guarantee that. I don't have a lot of results in that area.

So, you could hear her disappointment. She's like, "Oh, OK." I said so go ahead and read my website. If you want to come in and work on these other things just give me a call. So, she hung up clearly disappointed, but I just couldn't tell her that I could help her with really what she wanted. But then in our last class we had a naturopath, and I asked him, "are you good at treating alopecia?" He said "yes," so I fished up this woman's phone number from a couple months ago and I left her a message with his contact information. "Listen, my friend the naturopath has been very successful at helping people restore hair growth from alopecia, and so I think he's what you're looking for. Give him a call. Let me know how it goes." She didn't call me back, and I didn't have her e-mail address, but I keep this in mind. I try to help people if I don't have it in my repertoire. I have a rolodex, and I refer people.

## **THE AUTOBIOGRAPHY**

Now the next thing I do is I send them an e-mail, and you have those documents. I send them an e-mail with a cover letter, and you have that, that basically tells them what I expect them to do for homework. I need them to write me a 2-to-10-page biography. The reason I say 2 to 10 pages is because the Enneagram 1's would freak out that they weren't doing it perfectly enough if it was limited to two pages, but if I didn't set an upper limit on it, then they would go on and on. And there are people who maybe have history trauma, and they don't really want to dredge up their history, so they don't really want to or they're not good at writing, or they have ADD or something and they don't really want to write me a biography.

So, I just say, "Look, it's just two pages. Just give me bullet points." And then they say, "what do you want me to say?" "Well, I want the names of your parents, your siblings, where you were born. what you were educated in, were you married or not, any major traumas in your life or health problems, what you do for a living, are you married, do you have kids, I mean just bullet point me two pages." And they're like, "All right, OK." So, I'm not trying to make it onerous, I'm trying to make it simple.

And then I say, "a list of goals." We've already talked about what we are going to work on, so they're already orienting their goals. They're already thinking, "I'm going for results. I want to be able to accomplish something specific." So alright, they give me a list of goals.

And then I say, "Give me a list of ways you sabotage yourself." And only once or twice have I had somebody write down, "I don't think I do sabotage myself." Most everybody understands the word sabotage, and they actually write me some very good lists of the ways they sabotage themselves.

And often when I read those lists, I can tell what their Enneagram type is because they're really bringing up issues that are common to particular personality types. And then I asked for 10 experiences that really made me feel alive. Now that list we use in the limiting identities training to elicit the person's actual soul mission because when you're doing your soul mission, you're in your groove, you're transported, you're kind of high, and you're really happy, and all the cares of the world fall away while you're in your groove doing your soul mission. So, a lot of these peak moments that people experience are when they are doing their soul mission. But it's very very interesting that people will say I couldn't think of 10 examples of when I really felt alive. And

people come in and say I couldn't think of any examples of when I really felt alive. Then you know they have depression. But they even pointed it out to you because that part is speaking to you. As we learned in class, everything they do and say is information, and all of them is communicating with you the facilitator and with themselves whether they know it or not at all times.

So, it's very interesting. People come in and they tell me about their reaction to writing the biography. So, I usually say something like, "You did a great job writing the biography." And usually they do a great job. Sometimes they're really good writers.

And so, when we're working on their history, sometimes they have history trauma, as I said, or sometimes they're trying to figure out what trauma is interfering on the goal, and I'll remember having read it in their biography. And so, they'll be thinking about it, and I'll be leafing through their biography and I find it, and I go "Well what about this? Remember when you wrote about this?" They're like, "Oh yeah, let's test that." So, it's very helpful to have a biography. Otherwise, I feel like I'm on a tightrope without a net. I don't have enough background to really know where they're coming from. I don't get their background. I don't understand things. I really need to have a biography so that I have the questions to ask.

For example, in the most recent training, remember, we had a demo subject who had a kidney failure, and he had very bad cramps at night. His body was tortured by spasms all night long. So, we put up the goal, "Fully functioning body," and it turns out that the priority interference on that was 2 phobias both of which involve his brother. Now you know if you were just going into this consciously you know he has kidney failure so you'd be thinking are you taking enough minerals or you're getting magnesium and potassium levels. You'd be going medical on this. Then you'd be wondering, if his kidneys don't work, if he's able to hold the electrolytes. And it had nothing to do with that. Who knew it was two phobias about his brother? So, the first thing he said was, "Oh it's abuse. My brother abused me. We muscled tested no, it had nothing to do with abuse whatsoever.

So, he's standing there absolutely perplexed. He has no idea what is causing this phobia, what this phobia is about. Nobody in the room can guess. His biography doesn't really say, but I know his brother. I met his brother because he introduced his brother to me and his brother came to me for a session. We actually treated him for the trauma of his kidneys failing because he had a genetic problem and getting a kidney transplant so we I treated him for that. So I thought what about his brother? Meanwhile the guy had been talking about how he felt stupid or something. So, I muscle tested to ask if his phobia had to do with him feeling inferior to his brother because his brother was successful in all areas of his life whereas our client was not, because I knew his brother was happily married and our client was not.

I knew he'd had a series of disastrous relationships from his biography. And I knew that his brother was financially successful because he had a job for years and he made decent money whereas our client was on disability, actually he was really living hand to mouth. And his brother had had a kidney transplant so he wasn't fighting kidney failure every day. So basically, in the areas of Health, Relationship, and Money, his brother was successful. So, there you have a

comparison. So, I made an educated guess, and it turns out that phobia was that he's afraid that his brother is more successful than he is and therefore he's a total failure. We treated the phobia. That night he went home and emailed us that he was able to stand up and pee in the middle of the night, that his muscles actually worked, and he was able to get out of bed and stand up and pee like a man. He said he thought that was just amazing.

Well ladies and gentlemen I got an e-mail from him a week later that says he's still able to do that, but he does have a spasm in his upper right thigh so we cleared 90% of it, and he thinks 10% is left and he thinks it has to do with the abuse that he suffered at the hands of his sister. OK he's on his abuse thing. I said, "Well good, when you come in, we'll look at that." But still, 90% was really great, and who would it get?

So, again, it's important to have a good biography. Also, when you're confused about something when I read somebody's biography, I ask questions. If I don't really understand what they're saying, I don't know what they mean, and any time that we're in session, if we need to ask more questions because we're not really getting to the center of it exactly, I'll ask a lot of questions. So, the biography is good at history.

I also ask them when they come in, "Did you read the Big Picture handout?" because that is the requirement in their biography. I mean in their homework they have to write a biography, they have to read the Big Picture so that they know what HBLU is about, because that introduces them to the unconscious mind, body, and soul and the conscious mind working together. They have to read the trauma article. Sometimes they don't read the trauma article, but that's OK because they sit and watch the tapping video that describes trauma structure as well as the tapping intervention before they actually come into my office. So, they come 1/2 hour early to watch the trauma video. They walk in already knowing what tapping is, having some idea what trauma is, and they've already read the Big Picture.

Now once in a while, rarely, I'll get somebody who didn't read the Big Picture, and I'll hand them my HBLU1 manual and ask them to read it right here while I watch, and they do. And then I say, "OK, we're on the same page. I also give them the self-muscle testing and the Introduction to Phobias and Traumas so they have them for reference. Maybe they'll read it, maybe they won't, but if we do phobias or traumas, we hand them the HBLU Module 1 manual to read it anyway just to refresh themselves on what a phobia is.

Last but not least, the payment and cancellation policy. I ask people to sign a contract that they will pay me when they come in and that the sessions last for a certain amount of time and that I asked them to give me three business days' notice if they're going to cancel or I'm going to charge them (unless, of course, they're sick or it's an emergency, because I have other people who want to get in and it's rude for somebody to take up a space and then cancel last minute so that somebody who is waiting for it can't get in because they can't match schedules. So that's straightforward. And the weather policy is if they can't make it because hello Boston snow (need I say more) we can work by Skype from their home or by phone so that we don't have to lose momentum or be at the mercy of the weather.

The other thing I had to put in is a notice about between session phone consultations. Believe it or not, people didn't realize they could call me between sessions. So, people would come in, and I'd say, "how have you been?" and they go, "Oh I've been in agony for the last two weeks because something came up." And I'd say, "Well why didn't you call me?" They'd look at me and say, "I could call you?" And I'd say, "Yes you can call me; it's OK." But I didn't want them to take advantage of my boundaries and do a free session in between sessions. So, it says here that we're happy to consult with clients by phone between sessions but if you need more than 10 minutes of our time, we will charge you at a rate of \$45 per quarter hour, in other words 15 minutes. So, they call in, they touch base. I have them do some self-muscle testing to check what's going on. Then I give them some homework, usually to tap and call me in the morning kind of thing or say the Angel and Guide prayer to clear War Overtangles kind of thing.

I also determine if it's an emergency. Do I need to get them in sooner? And we squeeze them into my schedule. We're in the business of taking care of people. The other thing is I really a really make it a high priority to keep regular hours and have staff who answer the phone at certain hours so that people can reach me. You know, I'm here helping people live their lives and really reach their full potential and work their way through sometimes some really serious trauma or dysfunctional family system stuff, and I need to be dependable. They need to know they can depend on me to be there when they need me. I'm serious about their lives and they need to be serious about their lives.

So, I really treat everybody's life as absolutely sacred and my being here and available to people is part of that sacredness. I'm always on time for my session. If I'm not, I let somebody know. I actually call people and say I'm running 15 minutes late. They will thank you for letting them know. If I'm with a client and another one is in the waiting room and we run over because we haven't finished learnings, or they bring up something at the last minute, of course, I will actually say, "Excuse me. I have to just let my next client know that we're running a couple minutes late." And they say, "OK." And then the person appreciates that I stuck my head out and say, "we're running a couple minutes late we're just the finishing with learnings." And they feel like, OK, no problem." Everybody's life is sacred, their time is sacred. I have respect for each individual life and how important it is. The other thing is, I don't consider one person's session more important than another. So, I don't shuffle clients around because I think somebody needs it more than another person. Whoever 's coming in their life is sacred, and they're here to do the work. So that's how I roll. I recommend that you do that, too.

When a new client comes in, I tell them what a good job they did on their biography. I ask if they have any other questions. We talk a little bit more just to establish rapport. "Do you have any questions?" "I have some questions about your biography. How are you today? I talked to you on the phone. And then they share their thoughts, and we get a little conversation going. Remember I work in two-hour increments, like an hour and 50 minutes for the first session, so I have time to do a little more talking up front and then still have time to do a piece of work. After that they're an hour and 20-minute session.

## **INTRODUCING THE NEW CLIENT INTAKE FORM**

So, I tell them, after we do a little chitchat, that I'm going to test them through my intake form. I'm going to test them for patterns that they're running in their system and they are not consciously going to know what I'm asking but their soul will know what I'm asking. We're going to basically do muscle testing. So, I'll ask, "are you familiar with muscle testing?" And if not, you hand them the manual and you let them read what muscle testing is, and then you stand up and you actually do some muscle testing with them. So now I'm turning to the page in my manual.

It's also very important how you introduce the new client intake form to the client. So of course, and I'm going to read this to you because this is on page 105 of your manual and I want you to read this out loud to your client once you can muscle test the client OK. And of course, I start by doing a simple clearing before I take them to the intake form. I do the simple clearing, so you know we do the flush up flush down.

And again, 25% of the time they're not muscle testing correctly because they're coming in in trauma and they have phobias blocking their energy field. So, we go through the whole unblocking procedure by tapping out the phobias that are blocking the energy field. I have them review what a phobia is, and then I have them word it, we locate it in the body and tapping tapping tapping which they've already seen on the video so they already know what it is.

Somebody asked me earlier how long can it take to unblock somebody. I'm going to tell you that the longest it ever took me to unblock an American was three full sessions of doing nothing but tapping. She was just rigid on yes and rigid on no for three full sessions. But her husband had just died, so she was in trauma, and it wasn't too hard to actually elicit the phobias. So, we just did nothing but tapping. And every time we talked to a part of her, it would be a part of the loss trauma outline that came up and we'd be tapping tapping. So, three sessions later we finally got her through the whole trauma outline. She had been very locked up, and then she was able to muscle test.

I did work with a woman from Pakistan who had been abused by her father, not physically but emotionally. It is a very patriarchal system, so we had a lot of shocking behavior from my point of view and even from her point of view on the part of her father who basically decided he could do anything he wanted because he made the money, and he was head of the family. So, he had several wives and then he would basically have sex with his first wife's sisters and their husbands would allow it because he gave them money. And my client would watch her mother suffer through watching him basically have sex because, guess what, he would do it in the living room. My client actually walked by him on several occasions from her bedroom to go to the bathroom. She walked by the living room while he was having sex with her aunt in the living room. So yeah, did everybody know about it?

She couldn't move at all on a standing tilt. So, every time I asked her where the pain or fear was in her body, she'd say, "Oh I don't know." And then she would tell me where she felt it, and then we talked to that fear and it would be another shocking thing that had gone on that family. I actually had to treat myself, boundaries, boundaries. I had to treat myself for the scene of him



having sex with her aunt in the living room while she walked past them to get to the bathroom. I thought that was just so shockingly inappropriate. I had to tap on myself.

Another thing was he never talked to her because he didn't want a girl. He didn't talk to her till she was 12 years old. She had taken a book out of his bookshelf because she wanted to read it, and for some reason he registered there was a book missing. And he went looking through the house for his book, and he found it in her bedroom. The first words he ever spoke to her were, "why did you take my book?" So, I have to tap on that, too. And then she said, "Because I wanted to read it. I thought it was interesting." And then he thought, "Oh, she has a brain. Who knew?" And he got interested in her because they could have intellectual discussions about literature. Not surprisingly she married a gay man who was her first cousin so that she wouldn't have to deal with his infidelity. In Pakistan you stay in the closet or they kill you.

Have I ever in my life had a client I could not unblock, get her to muscle test? Yes, once I did 12 sessions with an American. I could not get her to unblock, and I finally said to her, "You know something? I don't really think that this methodology is right for you, and I referred it to a talk therapist. But again, she never had therapy. She was taking psychiatric medications for very severe depression, but she was very trapped in her family situation, and she wasn't about to go anywhere. I just didn't really think she had enough insight and she was an Enneagram 9, so she was really really, Enneagram 9's are sort of coated with rubber and can't feel their feelings. So, she was really having a hard time feeling her feelings.

Now people do ask me when they first come in, "What do you mean where in my body do I feel this phobia or where in my body do I feel the fear?" People will ask me maybe about 10% of the time. I say to them, "Well I want you to do a head to foot scan. I call this an emotional cat scan. You basically rotate your eyeballs inward, you know mentally, and literally look up to the inside of your skull and tune in and sense your way down your body. Look down through your body and sense what's going on from the crown of your head all the way down to your feet and just notice you know if you pick up a sensation anywhere. And then that'll probably be it. And if you can muscle test, we can get the test the answer."

Now what's very cute is they usually do it silently, but once in a while people take me literally and they literally put their hands in front of them like it's a scanner and they literally put their hands up and then literally they bring their hands down you know in front of their face and down their body sensing like a scanner where the sensation is in their body. And that works, too. So that's what I tell them to do.

Now assuming that we've unblocked them and they can muscle test just fine, then I tell them, "We're going to test you through the intake form." So, I say, "Now I'm going to test you through my new client intake form. This is a standard form that I use with all my clients to find global patterns that interfere with everything. It's like going to the doctor and having your blood pressure and temperature taken. I use this form with everyone regardless of their religion, nationality, or gender.

Don't freak out at anything I ask you, and don't assume that you understand the questions I'm asking just because I'm speaking English. These are carefully worded diagnostic questions I use to find certain patterns. So, you won't consciously know what I'm asking.

Remember I'm checking for patterns that come from this life, past lives, ancestry, patterns that run in your personality structure, family system patterns, religious and cultural brainwashing patterns, etc. I'm looking for patterns that run at the conscious, unconscious, body, and soul levels, and that's what I mean when I preface the question with is there any part of this being that feels blah blah blah.

And if you are positive for any of these patterns, I will come up for air periodically, look you in the face, and give you the conscious mind report. Anything you are positive for I'll explain to you consciously. For the sake of time, the ones you don't have I won't explain to you. But if you're really curious about what the pattern is, just ask me and I'll explain it to you.

Now you know I have a sense of humor, and it shows in how I've named some of these patterns. You might laugh when you hear some of the questions, but remember, these are carefully worded diagnostic questions. Now don't freak out. We can treat or heal everything on the intake form. The quickest pattern takes 10 seconds to clear, and the most complex pattern only takes about three to five sessions to clear. Also, if you are positive for a lot of the patterns on the intake form, do not assume that you're messed up. I check for the same pattern in several different ways to make sure I find the pattern, so many of these patterns cross clear.

Now let's test you. I sometimes think of this as mystery theater, so remember to send the questions down into the body with the attitude, inquiring minds want to know what's going on in there. Your conscious mind is Sherlock Holmes.”

So, note if the client is still freaked out about a question before you explained it consciously, remind the client that, “these are not literal questions, they are diagnostic questions. And since we work with the unconscious mind, body, and soul, as well as with the conscious mind, there may be more than one interpretation of the given question depending on which level it's running at. And when we start working with this pattern, we'll test which level it's running at and what it means.”

So, they calm down. Before I gave this explanation, people would freak out, like Oh my God, because I muscle test for example for a death wish pattern. “From your deepest wisdom, Is there any part of this being at any level that feels I want to die?” They go, “Oh my God I want to die.” No, this is not a literal question. So basically, I got a whole lot less reaction when I actually introduced the form properly. This is very important. OK, remember to introduce the form before you test them.

All right now, let's look at the intake form. “From your deepest wisdom, does this being have any blocks or partial blockages in your energy field today?” Sometimes people ask me, “what do you mean by ‘this being?’” And I'll say, “Well let's think about this. If I say, ‘do you’, what part of you is likely to answer?” And they'll say, “Oh yeah my conscious mind.” “I'm like yeah, right. So, remember that we're working at the conscious level, the unconscious level, the body,

and the soul level, so you have a lot of levels. So, when I say 'being' what are we talking about?" "Oh yeah, I get it," they say. "Yeah, we're talking about the totality and entirety of all of you," and they're like, "Oh yeah, yeah, I get it. Thank you for explaining that."

Once in a while I get a comment of appreciation about the thoughtfulness of "how you ask the questions, Judith, and I appreciate the thoughtfulness of accessing and acknowledging my total being." I'm like, "well thank you very much."

## **SYSTEM CHECK**

Next question. Now remember we want to get muscle testing accuracy and so I say, "I'm doing a **system check**. I'm going to check that the machine is working properly, and the body is the machine." I've already likened the body to a lie detector machine. The body is the machine.

## **CONSCIOUSNESS IN BODY, GOD SWITCH TURNED ON**

So, the next question I ask after are there any blocks or partial blockages in the energy field is "Does your consciousness currently reside 100% within your physical body?" OK, now the reason that's important is that, believe it or not, sometimes their soul is not in their body. So, if your soul isn't fully integrated properly into your body, how are you going to get accurate answers from muscle testing? And the next question is, "Is your God Switch turned on?" because if the soul is 100% integrated into the body typically the soul energy perfuses the cellular matrix of the body and the energy field and that means that their God Switch is turned on. The electrical energy of their soul is perfusing their body properly. So, if their God Switch is not turned on it may be that their consciousness does not currently reside within the physical body. Sort of put a check mark and hold that thought. And then I check if the God Switch is turned on it may or may not be, and then I check is there more than one soul occupying this body. And if there is more than one soul occupying this body that might explain why their consciousness currently does not reside within the physical body. But if there's only one soul occupying this body, and the soul is not properly set in the body, we have to go put it in.

Because if we're muscle testing their deepest wisdom through their body the soul has to be in the body. If the soul isn't properly integrated in the body, I don't know who is answering on the muscle testing. Typically, they're intrigued, "What do you mean my soul isn't in my body?" I go, "Well. Here. It's a pattern, of course, and read this. So basically, I hand them page 107 and have them read the protocol for integrating the soul into the body and turning on the God Switch.

So let me tell you about a very very dramatic example of that. I was on the Channel 5 news showing how I treat phobias, and I got a phone call from a woman who saw me. Her son was 15 years old at the time. He was adopted from South America. He had another brother who was adopted from South America who was younger than he was and was a pretty violent guy. And they didn't get along very well, these two brothers. But they were both adopted, and the mother and the father were good to them. Then the adoptive father died when my client was 10 years old, so he has two losses. He has the adoption loss and remember when you have adoption loss the main focus on the trauma outline is I'm unwanted, I'm bad, unlovable, unwanted, undeserving, unworthy because my biological family gave me away. I'm unwanted. So,

unfortunately his adoptive father died when he was 10. So now he's lost two sets of parents, although the mother was still there.

And it was just terrible for him, but that's not when he started getting sick. He started to get about 13 years old. I don't remember what happened. I think he went to overnight camp, so he was separated from his family. He went to overnight camp for the first time, it was another separation, and I think it put him over threshold. And he started to get irritable bowel syndrome that that wiped him out and put him in the hospital. And no amount of Prednisone or drugs could treat the symptoms. So, when he came to me in September, he had spent the entire month of August in the hospital on IV's trying to get his body to work so that he could go back to school in the fall. They finally let him go because it wasn't working, and it there was no point in him lying around the hospital and taking up a bed. So, they gave him medication and sent him home. But he would throw up or have diarrhea about three to 10 times a day.

By the time he came in to see me he looked like death warmed over. His skin was green, gray. He was really gone, and he was so weak he could barely stand up. So, I asked him to hold out his arms so I could muscle test him. He stood up and he floated his arms out and couldn't hold up his arms. They flopped down. And I'm thinking "Oh my God." But he just had no strength in his body. So, and I thought I better do something with him tonight because really, he's in bad shape. So, I stepped over a rule that I usually have which is never muscle test for the client yourself. I stepped over that rule a little bit and I said, "look, I'm going to put my arm on your shoulder, and then I'm going to tune into you, and then you're going to muscle test my body. It wasn't that I was surrogate testing at a distance, I really was connected with him physically and he was muscle testing my arm.

So, I held out my arm, and I checked, and he did not have a block in his energy field, but his soul was not integrated properly into his body and his God Switch was not turned on. So, we went into the protocol for putting the soul back in the body and that is on page 108. So, I said to him verbally, "Where is your soul right now? Is it above you, below you, to the side of you behind you because I did muscle test as it partially but not completely in your body. Is it sticking up out of your head? If so, how far did it get in?"

It turns out his soul was not at all in his body and it was standing to his left side. So, we turned to the soul and we asked it verbally, why didn't you come fully into this body in this lifetime? I said, "Just listen to what it says. Whatever comes up we'll test it."

So, he says, "I'm not hearing anything." I said, "Just listen. Even a single word would give us a clue." So, he says, "Well I'm hearing the single word, 'hard.'" So, I muscle tested me, "is it something about hard?" Yes. So, what's hard? It turns out, guessing and testing, and looking at the soul to his left, it didn't want to come into this body because it looked down (he was from Colombia) and looked down into the family and saw that they were under siege by drug wars, and they were very poor, and people were getting killed in the streets, and he just thought life was going to be too hard, and he didn't want to come in.

We can't argue with that. So, we looked at the soul and said, "Here's the deal. It's true that life was very hard, but your soul could only see what was going on in that moment because you

weren't in the body. You couldn't see forward in time, so your soul had no idea that eventually you were going to be adopted and brought to the United States and live a really nice life with nice parents and a nice high school and a nice suburb in the Boston area where you could get educated and reach your full potential. At that moment your soul had no idea.”

I also said, “And furthermore, when life is hard, that's even more reason for the soul to integrate properly because, guess what, your soul is on the side of this body, and it's been tagging along for the last 15 years next to you. It's not going anywhere else, and it's just making your life harder that your soul is not integrated because you're not able to actually center yourself from the inside.”

And the soul said, “Well I see your point. That makes sense.” So, we asked the soul to integrate properly into the body, and we promised that if it did, I would teach him tapping techniques to help clear trauma from the body, so that that would make his life easier no matter what. The soul said, “OK,” and I said, “Make sure you integrate through the top of your head all the way down to the soles of your feet. I want complete integration. And while you're in there I want you to turn the God switch on so that the energy perfuses and integrates properly.”

So, I watched this guy do it, and he goes from gray green and limp to pink and glowing in front of my eyes. I get goosebumps, and he stands up and holds out his arms, which he can now do, and says, “Muscle test me.” And he gives me a solid yes and a solid no. I had already shown him tapping, so I said, Alright, let's write some learnings, and then next session you come in we'll clear the loss trauma of the adoption. We'll clear the loss trauma of your adoptive father, and we'll clear up any other trauma. We'll help with your brother. We'll make sure that you come through just fine.

He came back three weeks later. Now remember he'd been throwing up uncontrollably for the last month about 11 times a day and had uncontrollable diarrhea. He went out (from our session) and three weeks later he came back and he'd had only one episode of throwing up and no diarrhea in three weeks! He threw up once, as opposed to repeatedly, and it was on a Wednesday night. He threw something up and then he was done. In three weeks, he threw up once, not 250 times! I thought that was pretty dramatic. What do you guys think? Pretty dramatic there.

I was talking earlier about a case example with a guy who came in who was 50 years old, never married, and couldn't make a decision that he would ever be satisfied with. In his first session, his soul was not fully integrated into his body. His soul was halfway in, but his God Switch was turned on. So, if the soul is partially, usually about 90% in, the God Switch could be with his soul 50% in. Anyway, we put the soul in, and for the next five sessions, every time he came in, he'd ask me to muscle test to confirm that his consciousness was 100% within his physical body. And it was every time after that.

So, I said, “Well it's holding. Good job.” I'm thinking that part of his inability to make decisions that he's satisfied with is that his soul wasn't even integrated properly into his body to begin with. Oh yeah, his soul didn't come in to begin with. I forget why. There was some reason. Anyway, we talked it back in.

Now sometimes you'll see that the soul is not in the body, but it came in properly to begin with. There was some traumatic event that was so traumatic that the soul says, "I'm out of here." You've heard people say, "That's it. I'm out of here." or "I'm beside myself." The soul actually tries to escape the body by launching out the top of their head, or stepping out behind them, or stepping off to the side. I don't remember if I've ever seen a soul sink down through the floor below the body.

But in that case, you ask what this trauma is. Then you point out to the soul that you can deal with trauma better when the soul is integrated properly, and then you tell the soul to come back in and you'll treat the trauma, which you do.

So, there's that interesting thing. And do people give me flack about, "What do you mean my soul isn't in my body," I go, here, "It's a pattern. Read it." And when they read the symptoms about how they're unsure and depressed and feel disconnected from God, they recognize the symptoms. "Oh yeah, I do feel that way." I go, "Alright, well this is only going to take about 15 or 20 minutes, so let's just take care of it." So, we don't really get into a fight about souls and bodies and what. No, we just don't get into a fight about it. Judith, excuse me, but using the word God Switch do you sometimes have to let them use whatever they call that energy? No, not ever, because they read what it is. I hand them the technique. I hand them the protocol on page 109. I have them read page 107. No, nobody's ever fussed with me about that, because I explain what the God Switch is on page 107 and then we turn to the protocol on page 109.

But what's interesting is I later found that there are other kinds of switches that can be off. I was wondering about people who have cancer and give up and decide to die. Or sometimes people have illnesses and they decide to die rather than fight their way through it which they actually could. Or sometimes you'll have somebody who has a death wish and they get into a car accident or something and they go into a coma and you can't do anything. You try everything you can think of to resuscitate them, but then something else goes wrong in their body and kills them. So, they turned their life switch off, and I don't know how to turn that one back on. Once it's flipped off, they die no matter what you do to revive them.

Peggy, have you seen that where you just know that somebody's determined to die no matter what you do to keep them alive? They're going to find another way to die and their body is going to thwart you and die anyway. Peggy: Oh yeah. Definitely. Actually, many times when people come into long term care they turn it off. So yeah, it's like they give up. Many many people die within six months of coming into care because they don't want to stick around. They've had enough. They're tired of being in this body and they turn off the life switch. Well, there you go. No heroic measures. They're going to thwart you anyway.

## **ONE SOUL IN BODY**

Ok, now, obviously you want the soul integrated into the body. Once in a while, actually not uncommonly, maybe 20% of the time, there's more than one soul occupying the body. So, I hand the client, "don't freak out," here's the explanation, I hand the client the explanation. And it says that the client unconsciously invited the spirit of someone who died to share his body. And I give case examples why that part would do it, and that you're having musical chairs now with your

body. But the problem is that when the other soul is in your body, your soul is on the outside, so musical bodies.

I give a case example of Thomas who took on his grandmother's soul when he went to college because he felt lost about what to do with his life and felt he needed direction. Sadly, his grandmother occupied his soul so frequently that he could never find his own direction, and years later still hadn't found a satisfying profession. So, of course, if you're going to muscle to somebody's deepest wisdom, it should be theirs. Sometimes they'll test that their soul is not in their body because the other soul is in it. So, you want to make sure that the soul is in the body, the God Switch is turned on, and there's only one soul in there.

So, I'll muscle test them through the intake form, and they'll test OK, they're in the physical body. Their God Switch is turned on, and there isn't more than one occupying this body. I'll give them a full report. "Guess what? Your system's good. Your soul is in your body. There's only one soul in there and it's yours. It's integrated properly. Good job." And they think that's pretty funny because you know they didn't think it was a problem to begin with. But it's nice to know that their system is running properly, thank you very much Judith.

Then I asked about their Enneatype. Obviously, you can't give an accurate answer about where they sit on the Enneagram if there's more than one soul in the body, because every soul when it gets downloaded comes with its own Enneagram type. So, until there's only one soul in there, you can't ask the question. But once there is one soul in the body, you can ask the question, "Where do you center on the Enneagram?" And that gives you an idea of some of their perspective and their issues and what they will be reacting to.

## **TRANSFERENCE PATTERNS**

Let's talk about therapy. You know people can run transference patterns that interfere with our ability to work together. Somebody said that they had a bad experience with somebody who looked like you, or they had a bad experience in therapy before and they're projecting it onto you, and it's coloring the interaction. It's affecting the relationship. And again, this is healing. And, as in therapy, the relationship is the container for all the work. There has to be trust and connection and communication and the feeling of a safe space between you and the client to be able to do this work, which is why I do all this preparation ahead of time. It's all very well thought out.

So, I muscle test and ask, "Are you running any transference patterns that would interfere with our ability to work together?" If yes, then I have them read that, I just explain that they're confusing me or the situation with somebody in the past that they have a negative association with. All we have to do is figure it out and it's unconscious. They often look alarmed, "Really I didn't think I was." I explain that it's unconscious. That lets them off the hook, because they're still in the habit of thinking their conscious mind is in charge of things. I remind them, no, it's unconscious, and we have to go in and ask. So, they usually figure out what it is.

The funniest transference that I ever had was a guy who thought I was Ayn Rand. Ayn Rand is a Russian novelist who wrote "Atlas Shrugged" and another major novel and created a whole

philosophy and had followers. So, I said. "How do you link me with Ayn Rand?" It turns out that one of her major supporters was Nathaniel Brandon, and Nathaniel Brandon had advertised me on his website. He recommended me and my work. So because Nathaniel Brandon was close to Ayn Rand and Nathaniel Brandon was close to me, Judith Swack, therefore I must be Ayn Rand.

All you have to do is talk somebody out of where you see the link is. Oh, I get it. We're both linked through Nathaniel. However, I'm different from Ayn Rand because I am not a novelist, and because I'm a healer. I actually think she's wrong about her philosophy because she's very organized around the conscious mind and rational thought only. I think she made a big mistake when she tried to negate feelings in somebody's life. Then he said, "Oh yes, right. I agree." So, then you muscle test to confirm that there aren't any remaining transference patterns that would interfere with our ability to work together.

### **CONSCIOUS ACCESS TO ALL LEVELS**

Then, of course, you want to see if they have full conscious access to every level of their being. "Is there any interference to your conscious mind accessing your unconscious mind? Is there not?" I ask those one at a time, and then I underline whatever they're positive for. "Is there any interference to your conscious mind accessing your unconscious mind?" "Yes or no?" "Is there any interference to your conscious mind accessing your body? Is there any interference to your conscious mind accessing your soul?"

If so, ask is that the next thing we need to treat? Because for HBLU you need to have the soul in the body, and it has to be integrated. You need to have conscious access to the other levels of your being. That's HBLU. So typically, if there's interference to the conscious mind accessing the unconscious mind, it's really only one of two things, usually a phobia or a limiting belief. In fact, on my website, the video on the front page of my website, I went down to Florida to film the video for my website, and I worked with a woman who was part of that group. I went to muscle test her, and it turns out that she had a phobia of accessing her unconscious mind because she'd be overwhelmed by the pain, by the emotional pain. So, we treated her for that, and her muscle testing corrected. So, you can see that live on my website.

### **AFRAID I MIGHT BE CRAZY**

Then we ask, "Is there any part of this being that feels I'm afraid that I am or might be crazy?" Why? Because we want all of them focused on the healing, and I don't want part of them distracted and running off another direction. So, on that one, I just hand them the book they read it and they talk themselves out of it. I go, "We can talk you out of this in about 3 minutes," because the issue is that the part of them that's afraid that they are or might be crazy is like a bloodhound that's looking for what's wrong and what's irrational. Then as soon as it finds something irrational it thinks, "Oh I'm, crazy I'm crazy," and that part of them starts having a reaction to being crazy when we're trying to focus on the pattern that we're trying to clear.

So, you just basically ask the client to explain to this part that it's very good that it finds these things because that's very helpful. But once we find it, we need to heal it, and there's a big



difference between being genetically mentally ill and really out of control and having normal damage patterns. Because all phobias and traumas sound crazy because they're irrational, but they aren't. They're traumas and phobias. They are what they are. So, the client goes and has a little talk with the bloodhound and tells it that he wants it to do its job and keep doing a good job of finding what doesn't make sense and what's wrong. But then, definitely, once we find it, to really participate in the healing and not just jump around and distract. So that takes about 3 to 5 minutes to read and talk them out of.

## **DIAGNOSIS SHOCK**

Then the next question is, “does this being have any diagnosis shock about being physically ill disabled or impaired?” I ask these one at a time and underline does this being have any diagnosis shock about being emotionally ill disabled or impaired or mentally ill disabled impaired or spiritually ill disabled or impaired.

When somebody comes in with cancer, you can't talk to them about cancer because you'll retrigger their diagnosis shock. So that's very important. That's right up front on the intake form. If their souls are in their body, and the field is good to work, and they have access, the next thing you do is diagnosis shock before you even really talk to them in detail about their treatment, because you don't want to flash them back.

So physically ill, disabled, impaired is cancer. Emotionally ill, disabled, impaired is depression, bipolar disorder, OCD, obsessive compulsive disorder. They may have diagnosis shock about having some kind of emotional illness. Mental illness might also be OCD and depression and anxiety and whatever, but mentally ill can also mean ADD, like intellectual function, mental function.

They might have diagnosis shock about being spiritually ill. I never really quite understand that, so when they have diagnosis shock about being spiritually ill, disabled, or impaired, I ask them what do they mean by that. And we do a lot of guessing and testing. But a lot of times they feel disconnected from God, and they think there's something wrong with them because they feel alone and isolated in the universe and like their life has no meaning. And they're kind of shocked about that. So whatever they say, we treat it. And you just treat it as a standard loss trauma. You have a summary on that one.

## **DECISION POINT TRAUMAS**

And then, does this being have any decision point traumas in which you decided to create any physical or psychological illness now in the future. Again, I ask one at a time. “Does this thing have any decision point trauma where you decided to create any physical illnesses now or in the future, any psychological illnesses now in the future.” And you check mark “yes” and you underline whatever they're positive for because you want to know the illness that they have. You want to be able to go back and clear the decision point so that they don't keep generating the illness and they don't have some part of them that's still deciding to be ill. Or if they aren't ill yet you want to nip it in the bud.

So, I had somebody who had a decision point trauma in which she decided to create a physical illness in the future, and it was cancer. She was going to generate cancer in the future, but she hadn't yet. And what was the decision point trauma? When her mother was diagnosed with cancer. So we had diagnose a shock about somebody else being sick, and her mother basically said, "You have to stay home and take care of me till I die." So, she basically dropped out of school and postponed her life for about three or four years while taking care of her mother till she died. But the decision in that moment was, "My life is over." And then, because her mom got cared for cancer, this part decided I'm going to get cancer and die too so that I get that kind of attention. Interesting.

I had somebody who hadn't developed this yet because he was in his 20s, but he had a decision point trauma in which he decided to create Alzheimer's. I remember this because the decision point came when he was in a war zone in Iraq or something. I think his father was a United States diplomat and they were living in an American compound and they got shelled. They had to be airlifted out. So, there he is hunkering down in whatever shelter there was waiting for the planes or helicopters that come in and shuttle them out. And the bombs drop around them. It was so traumatic that his limiting decision was, "I want to develop Alzheimer's so that I never have to remember this again."

I think my father did that. I mean it was because he had nightmares about World War Two for so many years and he could never get rid of them, and he developed Alzheimer's. So that's something that you want to catch. You want to nip that in the bud. So, you want to catch that up front on the intake form.

So, I basically took you through the whole intake form. Make copies of this. I use colored paper. I print it on pink so that I can find it in their file. And then once I've cleared something, I put the date in the right-hand column that it's finished.