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White Paper on Repetitive Behavior Cellular Regression® Post-Traumatic Stress and Suicide Can Be Stopped Consistently!

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Dr. Sigmund Freud believed that what people suffered from in adult life stemmed from a traumatic event early in childhood. He was right, but he couldn't find a consistent method to find an amnesic early childhood trauma using hypnosis. This was further complicated when science no longer subscribed to hypnosis as *real science* in the late 1800's and ordered it stopped as a psychotherapeutic tool. Freud committed suicide in 1939, without proving his theory.

In 2009, after standing on the edge of a building contemplating his own suicide, retired U.S. Navy Veteran Terry Nichols thought he heard a voice saying, "I have something more for you to do." a few months later Mr. Nichols had created Repetitive Behavior Cellular Regression® (RBCR). In doing so, he found a consistent way to help his clients find and stop the emotions around an amnesic like, early childhood memory. This *non-linear, Q & A sequencing model* stops repetitive behaviors such as Post-Traumatic Stress, Suicide Ideation, multiple relationships/marriages, procrastination, self-sabotage, etc. It has also made a significant difference for those dealing with Military Sexual Trauma. RBCR is an online process that is done without meds, psycho-therapy, counselling, or office visits.

With suicide on the rise in teens and within our military families, and veterans, RBCR can make a significant difference in reducing suicide ideation and neutralizing the symptoms of Post-Traumatic Stress. Also, with the upcoming changes in how long our soldiers must remain on the battlefield and the 'stigma' attached to mental health, personal already assigned to a battalion can be trained in RBCR. This new model in Behavioral Health can be likened to simple first aid in the field without medical personnel.

ABSTRACT

Traditional psycho-therapeutic modalities use the person's story and emotions therapeutically. The innovation is that RBCR keeps the client out of story as well as emotion and uses alternate neural pathways as a way to find an amnesic like memory that drives repetitive behaviors. Mr. Nichols found that he could also keep his clients out of emotion by having them keep their eyes closed during the RBCR Session and freeze frame a memory, hence stopping the movie player. RBCR is HIPAA compliant and requires no FDA clearances.

To date, of the 139 RBCR Sessions conducted by Mr. Nichols, 128 were completed in one session, 5 never finished the process, and 6 required 1 or more continuation sessions. Client demographics - Gender: Male and Female - Age Range: 16 to 77 - Education: Non-high school graduates to multiple PhD's - Veterans (combat and non-combat) and Civilians - Economic: Below poverty line to professional income.

TECHNOLOGY - Online audio/visual application and is not used as an in-person application.

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BACKGROUND and DESCRIPTION

Like Dr. Freud, Mr. Nichols believes that a severe emotional event that occurred to a person in early childhood can cause amnesia like symptoms. He views amnesia as a protection mechanism and nothing more. There is evidence that when amnesia is treated, shortly after an event, success is assured. However, when no-one knows the event occurred, the amnesia is set in place to actively block all attempts to recover the event in short-term memory. Through his research, Mr. Nichols found that when other “highly emotional” events occur in a person’s life, they are placed in short-term memory, the deflection system holds onto these memories and keeps them from being sorted and stored resulting in the person playing the events over and over in their current memory. The result is a perfect deflection system that learns linearly. RBCR does not use linear thought, but rather uses the 5 senses in abstract thought. When this tool is deployed, the deflection system is shut down and the client then uses a new neural pathway to connect to the original amnesic like event. When this occurs, the amnesic memory is identified and can be neutralized along with all the other memories with high emotional connection. The result is neutralization of the PTS or any other repetitive behaviors.

PROPOSED MILITARY APPLICATION

The modern soldier must never appear weak in front of their peers. The ‘stigma’ attached to this belief is so ingrained that the results lead to PTS, Suicide Ideation, sexual abuse, substance abuse, and many more repetitive behaviors.

Taking an entire battalion through RBCR, 6 months prior to deployment, will remove the stigma of needing mental health services. Training of squad leaders and above on how to read physical stressors present in PTS will continue to keep the cohesiveness of the battalion and remove the need for a soldier to be evacuated from the field for treatment. Rather, *an RBCR Continuation Session can be accomplished with the soldier in the field* in about 30 minutes. This will enable the soldier to identify the new issue and neutralize it, returning to duty immediately without appearing weak. When you remove the ‘stigma’ of weakness from all soldiers from commander to PVT, the result is full support of all soldiers and no-one outside of immediate personnel will have to know additional support was needed.

NOTE: Commander suicide is on the rise and RBCR stops suicide ideation and other behaviors, because it stops the driver behind the behavior. Timeframe is a battalion that is 6 months from deployment in order to get all personnel through the process as well as training and certifying selected soldiers to be practitioners in the field.

All new personnel joining the battalion, including a new commander, will go through RBCR prior to joining the battalion. Belief in the power of RBCR by all personnel is paramount to the success of this program. All personnel reports, during and after deployment, will confirm effectiveness. The success of this program is assured when the battalion commander has been through the process and believes its power is legitimate. 100% participation brings higher focused performance of personnel within a battalion and decreases suicide rates, PTS, MST, and substance abuse.

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