

## **Evolutionary Healer, LLC**

Asheville, North Carolina ~ Minneapolis, Minnesota

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### **White Paper on Repetitive Behavior Cellular Regression®**

### **Post-Traumatic Stress and Suicide Can Be Stopped Consistently!**

Presenter: Terry Nichols, Chairman, terry@evolutionaryhealer.com, 828-676-2535

White Paper on RBCR

**July 20, 2019**

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 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, active military, veterans, and within the first responder community, RBCR can make a significant difference in reducing suicide ideation and neutralizing the symptoms of Post-Traumatic Stress.

#### **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 framing 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 – ER Nurses – Psych personnel - 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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Page 1 | 10

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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. 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 final result is neutralization of the Post-Traumatic Stress or any other repetitive behaviors.

### **EXECUTIVE SUMMARY**

**Mission:** To reduce suicide by 80%. Suicide is on the rise for teens, first responders, veterans, and within the military, leaving grieving families and the perpetration of more suicides within the family unit.

**Goal:** To infuse each client with self-restructured patterns of behavior that affords them a holistic, fruitful, and prosperous life.

**Method:** Repetitive Behavior Cellular Regression® (RBCR) is a new, non-linear, sequencing model for getting to the core of repetitive behaviors. The CR Process© bypasses conscious and subconscious mental and emotional blocks while keeping the client fully present, out of emotion, and as an observer,

**Definition of Repetitive Behavior:** Anytime a person makes a conscious decision to start/stop a behavior two or more times with no follow through, this is considered a repetitive behavior.

**Process:** Certified CR Practitioners (CRP) ask a sequence of preset questions, and note client physical reactions as well as verbal responses. They look for missing, odd, or can’t be remembered information to uncover the core block (The Active Block) driving their client’s negative repetitive behaviors without using hypnosis or pharmaceuticals.

**Time Frame and Fee:** The CR Process© is a non-invasive, results oriented program, parsed over thirty days with periodic follow-ups over the course of a year in certain client categories. The fee is roughly equivalent to twelve traditional therapy visits and payment schedules are tailored to fit client resources.

**Scope:** RBCR identifies and diffuses the repressed, foundational, psychosomatic, and traumatic event which triggers uncontrollable emotions and repetitive behaviors. These behaviors can

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include, but are not limited to PTSD, sexual trauma, suicide Ideation, failure to quit smoking, failed relationships, procrastination, self-sabotage, alcoholism, and weight-loss.

**History:** Evolutionary Healer, LLC was co-founded by Terry Earthwind Nichols and Linda Vettrus-Nichols. Terry created Repetitive Behavior Cellular Regression® (RBCR) in 2010 and further developed it with his wife Linda starting in 2012. Their company is now helping clients through The CR Process© via certified practitioners in 12 countries on 5 continents, and in 26 US states via Zoom or Skype, with phone, and email follow up. RBCR can also be conducted in 7 languages.

### **INTRODUCTION**

Post-Traumatic Stress Disorder (PTSD) is one of the top 10 disorders affecting America today and is consistently co-morbid with other high prevalence mental disorders – National Institute of Mental Health, “The Numbers Count: Mental Disorder in America.”

<http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#PTSD>. Approximately 7.7 million American adults age 18 and older, or about 3.5 percent of people in this age group in a given year, have PTSD. (Citation) USA Today, National News “Mental illness holding troops back” (USA Today, September 26, 2013) Gregg Zoroya and Meghan Hoyer reported “Post-traumatic stress disorder, substance abuse and other mental illnesses accounted for more days spent by troops in the hospital than any other medical condition in the military in 2012, including war wounds, injuries and illness (Citation) According to Pentagon data,” 49.6% of these hospital days were due to diagnosed mental disorders.

Evolutionary Healer, LLC has created an innovative and effective method that has, in preliminary cases, shown to resolve PTSD and Suicide Ideation quickly and safely.

Repetitive Behavior Cellular Regression® (RBCR) bypasses the conscious and subconscious synchronization for memory recall. Because this process does not require the client to use habitual patterns of memory retrieval, it keeps the client from again experiencing emotional trauma associated with the details of a hidden event which has proven to be more destructive than helpful. By using the 5 senses as descriptors, the practitioner can keep the client fully present and out of emotion for 2 to 3 hours during the CR Session. The CR Process© creates access to subconscious memories without recreating the trauma response, making it a potentially powerful alternative to the current methods.

### **INNOVATION – Repetitive Behavior Cellular Regression®**

Repetitive Behavior Cellular Regression® (RBCR) was created by Terry Nichols in the fall of 2010. This model is a non-medical, sequence-based protocol used without any outside stimuli such as hypnosis, mood altering substances or pharmaceuticals and is conducted over the internet using audio/video communications. Traditional psycho-therapeutic modalities use the person’s story of a memory to help them. *The innovation is that CR keeps the client out of story and uses alternate neural pathways as the driver to find an amnesic memory that drives repetitive behaviors.*

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Page 3 | 10

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This protocol replaces the need for the client to be in the physical location of the practitioner and thus lowering the investment of time, energy, and resources. Follow-up is conducted over the phone. The protocol is accomplished by the practitioner conducting the CR Session over the internet, while the client is in a private location, such as the client's home if they have sufficient access to the internet.

### **OBJECTIVE – Inform the Public**

RBCR is currently less than 10 years old. In the science world, this is brand new. Our objective is to inform the public that RBCR exists as an online tool without the need for counselling or therapy and no office visits. The use of the internet continues to widen available uses for various applied sciences over and above mainstream sales and social applications. Literally, a client living in Japan can go through The CR Process© with a CR Practitioner living in another country.

This highly consistent process has changed the way we help people with repetitive behaviors across the globe.

### **BACKGROUND/PROBLEM STATEMENT**

On average, 22 veterans commit suicide every day as a result of PTSD and other diagnosed mental disorders, causing national outrage and political unrest. Going further, we know that repetitive behaviors such as PTSD and Suicide Ideation perpetrates through the family unit causing the increases in suicides in today's society. We estimate, conservatively, that RBCR will reduce these numbers by 80%.

Currently, CR Practitioners have over 180+ successful sequences completed. Once certified, all CR Practitioners are required to submit a final research report to Evolutionary Healer, LLC on every Repetitive Behavior CR Session, utilizing HIPAA standards for confidentiality.

As stated before, approximately 7.7 million American adults, age 18 and older—or about 3.5 percent of people in this age group in any given year, suffer from a trauma-related anxiety disorder. In the USA Today National News, report Mental Illness Holding Troops Back, dated September 26, 2013, authors Gregg Zoroya and Meghan Hoyer report, “Post-traumatic stress disorder, substance abuse and other mental illnesses accounted for more days spent by troops in the hospital than any other medical condition in the military in 2012, including war wounds, injuries and illness according to Pentagon data; 49.6% of these hospital days were due to diagnosed mental disorders.”

The RBCR success rate from inception was 88% through year one.

The current RBCR protocol is now tracking at 92% through year one. This noteworthy data regarding improved outcomes has borne out, largely, from the addition of a self-patterning assessment tool provided to clients after their CR Session.

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P a g e 4 | 10

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### **So, what else is out there?**

The tool chest for Behavioral Health professionals is quite large – that's the good news. However, these tools are used while keeping the client in a memory of high emotional stress with the goal of repeatedly reviewing the highly emotional memory, having the client relive the memory over and over again, until the memory can be somehow changed and/or emotionally dulled or numbed out over a long period of time.

What we have seen with most of the current therapies and modalities is that the memory eventually gains emotional momentum again and the client starts all over, using the same or similar processes. Very often, the “fix” only lasts for a few weeks/months at a time. Each time the client suffers a repeat of the high emotions of this memory, the client must deal with at an even deeper level.

The Repetitive Behavior Cellular Regression® (RBCR) model uses a person's conscious memory at the cellular level *without the use of other modalities* such as but not limited to hypnosis, Emotional Freedom Technique (EFT), Neuro-Linguistic Programming (NLP), Rapid Resolution Therapy (RRT), and Eye Movement Desensitization and Reprocessing (EMDR).

The CR Process© begins with some intake questions to gain base information without having the client talk about any highly emotional memories they are dealing with at the time. A setup statement is used just before beginning the process: “There are no good memories – there are no bad memories – simply memories.”

The client closes their eyes during the CR Session in order to stop the auto-motion of the mind and to keep them from looking around and being distracted by their physical surroundings. This keeps the client fully present and calm.

**Here's why we are so successful:** We have the client use their 5 senses to inventory memories rather than describe what is happening in a memory via the story.

The formula if you will is this, the client does not tell us the story or history of each memory they go to. In other words, the client “freeze frames” the memory into a still photo in their mind.

Eyes closed, photo in the mind, and no story/history = no motion = no emotions = fully present and calm.

### **SOLUTION**

Repetitive Behavior Cellular Regression® (RBCR) Process Outline:

Intake Phone Call

Two to three-hour online CR Session

Seven days of our unique email journaling system

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Day 8 one-hour phone call to review the previous seven days of journaling

Day 15 one-hour phone call to check client status and continue client self-repatterning

Day 30 one-hour phone call, designed as the ‘well-baby’ check of the client and assist with any additional self-repatterning as needed. This call helps the CR Practitioner to determine if a CR Continuation Session is necessary.

### **INTAKE PHONE CALL**

The Intake Phone Call is designed to gain necessary information on family history and where the client fits in the hierarchy of their immediate and extended families. Keeping away from any highly emotional memories.

### **CR PROCESS SESSION**

We begin a CR Session by reviewing, with the client, the sequence that will occur during the session. We also go through the checklist of items needed by the client for the session such as comfortable clothing, ability to be in bare feet initially, tissues, and plenty of water nearby. Skype or Zoom will be the only computer application open in order to maximize signal strength. We make sure the client’s environment is quiet, comfortable, and well lit (especially if the sun will be going down during the CR Session).

**Definition of Memories:** “There are no good memories, there are no bad memories, simply memories.”

### **So How Does It Work?**

Because RBCR is a non-medical model, it is safer and much more consistent than medical models as we do not use the client’s emotional story to be part of the session. In other words, we do not have the client in their story, thus removing ego and ultimately removing emotion from the session. As mentioned earlier, the client’s eyes are closed, which results in the client remaining fully present and without emotion for the entire 2 to 3-hour session.

Why do we do this? We are only interested in what the client’s block is and not ‘why’ it is there. There are 4 client points of contact used in the CR protocol: Intake phone call, the CR Session, Day 8 post 7-Day Journal phone call, Day 15 and 30-Day Follow-up phone calls.

### **Excerpt from the Repetitive Behavior Cellular Regression® Session – Guidelines**

**These guidelines are used by every CR Practitioner and reinforce their training:**

Fill out the CR Research Report and send it to CRresearch@EvolutionaryHealer.com when the CR Session has been completed. This report can also be used as a quick reference guide as to what comes next in a CR Session.

Make sure the client’s environment is quiet, comfortable, and well lit (especially if the sun will be going down during the CR Session). Ask them if their tissues and water are within arm’s reach so they can continue to keep their eyes closed when they need either of them.

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Also make sure the client has used the bathroom recently, before starting the session)

Wording in quotation marks are the words you will be saying to your client during the session.

### **Wiping Tears**

"When there are tears present, have the client use a tissue and not their hand so the release is separate from the body. Have the client toss the tissue to the floor and use a new tissue as necessary."

For clients diagnosed with PTSD, remember that the PTSD event is a tag and we do not go to known events that are of highly emotional value for the client. Be sure to keep the client out of story, any story, especially the story around their PTSD, because it is also too easy for them to be triggered into it and relive the event.

### **Relaxation Exercise**

"I would like you to take 3 relaxing belly breaths, breathing in through your nose—letting your belly puff out, and breathing out through your mouth—squeezing your belly in."

### **Centering Exercise**

Client Closes Eyes and keeps them closed until CR Session is over.

(Can open eyes to go take a bathroom break.)

"Now I would like you to close your eyes and go to that place in you that is most comfortable, where no one can bother you. In other words, just get peaceful and centered. Let me know when you are there."

### **Reminder About Memories**

"Remember there are no good memories there are no bad memories, there are simply memories."

### ***Keep the Client Out of Story***

For example, the client says there is a "pretty" cookie jar on the counter and proceeds to tell you a story about that cookie jar or why they like the cookie jar. The "Why" is the story and is an attempt of The Active Block to deflect the practitioner.

### ***Release & Neutralization Come After the Active Block is Found***

The client says emotion releasing verbiage to the person responsible for the incident that created the client's block. When you do find The Active Block, have the client repeat aloud the neutralization wording.

### **NOTE About Physical Stressors**

#### **Toes and Feet**

Our research has shown that when humans are young, they act like other primates in that they use their toes in the same way they use their fingers. As they age, their parents begin to break this tandem movement by putting socks and shoes on the children's feet disconnecting the tandem movement of

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toes and fingers. Because we do not observe our toes in stress situations, we are unaware that they can move in precarious ways without conscious thought.

**Example:** One client moved her little toe over her fourth toe repeatedly during the session when talking about her relationship with her grandfather and when she talked about her grandmother that toe remained in the neutral position,

CR Practitioners also study Babinski and Pavlov when learning about physical stressors, and how each of these two scientists formed their hypothesis of involuntary muscle movement. The result of these observations gives us indicators that voluntary muscles can move involuntarily, without conscious thought associated with the movement, during stress. By analyzing the toes, we can now estimate the age that The Active Block was created.

### **Tandem Muscle Movement**

We have found that when a person moves their toes, they also move the tendons that connect to their toes to their foot. These tendons also connect to their knee, just like elbows are connected to the fingers. We observe the person's movement in both the knees and elbows, if we cannot directly observe the toes or fingers. The movement of the knee or elbow tells us that the client is moving their toes and fingers, as a possible sign of unconscious stress, even though they appear calm. Why is this important? We don't have to directly observe the toes and fingers, this way our finite amount of camera space can be utilized more completely.

### **Observation of the Feet & Invoking Minimal Stress**

The client places their camera on the floor in front of them. We observe the client's bare feet up to their knees. The client answers a stress inducing question, for example: "How do you feel about cruelty to animals?" After unconscious stressors are observed, we then move the camera to the upper torso and ask the same question in order to observe the upper torso. Now we can start the CR Session knowing what physical movements might be key indicators of stress during the session.

**Note:** Sometimes we do not get any response from the body, during the stress question, and start the session without this additional tool.

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### **Demographics of CR Clients Worldwide**

**Gender:** Male and Female ages 16-77

**Categories:** Civilians, veterans/combat veterans—their spouses and their children age 16 and up (combat veterans – one Army Sgt., one AF Combat Medic) (non-combat veterans – CW3 Army and below)

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**Education:** From High School Junior to non-graduate adult to PhD Psychologist and college professors

**Economic Demographic:** Family below poverty level to white collar professional

**Family Unit:** Single parent to unmarried parents to divorced parents to two-family units and ultimately married family unit

**Earnings Profile:** Below the poverty level to professional level income

**SOURCE:** Evolutionary Healer, LLC demographic studies

## **CONCLUSION**

The objective has been and continues to be to inform the general public of an innovative and timely new tool to stop procrastination and self-sabotage and to relieve the symptoms of Post-Traumatic Stress, Sexual Trauma, Suicide Ideation, and more.

**SOURCE:** Wikipedia, The Free Encyclopedia

Amnesia is a deficit in memory caused by brain damage, disease, or psychological trauma.

[1] Amnesia can also be caused temporarily by the use of various sedatives and hypnotic drugs. The memory can be either wholly or partially lost due to the extent of damage that was caused.

[2] There are two main types of amnesia: retrograde amnesia and anterograde amnesia. Retrograde amnesia is the inability to retrieve information that was acquired before a particular date, usually the date of an accident or operation.

[3] In some cases the memory loss can extend back decades, while in others the person may lose only a few months of memory. Anterograde amnesia is the inability to transfer new information from the short-term store into the long-term store. People with this type of amnesia cannot remember things for long periods of time. These two types are not mutually exclusive. Both can occur within a patient at one time. Both types can occur simultaneously.

Our research has identified how the “protection mechanism” for an amnesic event works and therefore has produced a process that consistently outmaneuvers this mechanism allowing our clients access to the protected memory and neutralize the emotional value contained inside the memory. In other words, the client opens the memory up from another position (much like a back door) identifying the perpetrator of the event giving the client an opportunity to the client’s human voice to neutralize the emotions of the event out loud thus releasing the mind to conduct normal and uninterrupted activities as were present before the event occurred.

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Key here is the fact that all other repetitive behaviors affected by the amnesic event are also no longer repeating.

Repetitive Behavior Cellular Regression® (RBCR) consistently stops the driving behaviors behind repetitive behaviors. Over 150+ CR Sessions have been completed to date with 100% success through the first 30 days (Success defined as no additional episodes of triggering) and currently we still seeing 85% continued success through one year (timeline for tracking results). In the 15% where the process did not hold, a RBCR Continuation Session was recommended by the CR Practitioner to the client. If the client went through the continuation session, the success rate rose to 95% through one year.

The future of this new tool is solid and clearly expandable to multiple other repetitive behaviors such as, but not limited to alcoholism, smoking cessation, self-sabotage, various emotional traumas, weight management, and more.

### **ADDITIONAL RESOURCES**

[www.evolutionaryhealer.com](http://www.evolutionaryhealer.com)

Facebook: Terry Nichols – <https://www.facebook.com/earthwindhealer>

Evolutionary Healer Company Page – <https://www.facebook.com/EvolutionaryHealerLLC/>

YouTube: Terry Earthwind Nichols – <https://www.youtube.com/channel/UCGS8F6eEgBOMR1fEkbO4kkw>

### **FOR MORE INFORMATION**

For more information and to schedule a conversation, please contact through our website:

[www.EvolutionaryHealer.com/contact](http://www.EvolutionaryHealer.com/contact)

or email us at: [info@evolutionaryhealer.com](mailto:info@evolutionaryhealer.com)

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Page 10 | 10