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Class VIII
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Case Supervisors

Case Folder Analysis, Dianetics

There are only nine things that can go wrong in a Dianetic Session.

These are the only reasons chains do not erase or the session does not complete with Very Good Indicators.

The first eight come under the head of auditing skill or knowledge.

They are listed in order of frequency:

1. Auditor Comm Lag (Lack of speed in giving commands).

2. Flubbed Commands in which the commands are used incorrectly.

3. TRs out, either being inaudible or overwhelming or TR 4 not handled.

4. Auditor additives.

5. Failure to call for an earlier beginning of the incident when the pc can find no earlier incident - results in grinding and high TA.

6. Failure to call for an earlier incident when there is one.

7. Demanding pc goes earlier when the last incident was basic, making pc jump into another chain.

8. Misassessment (multiple item or narrative item or both or taking an item that doesn't read or in which pc has no interest).

9. PC has out rudiments.

Note that the first four are BEYOND THE VIEW OF THE CASE SUPERVISOR.

The largest number of session failures come under these first four. Therefore it is routine for the Case Supervisor to have the pc asked what the Auditor did. It is usually surprising. It will be one of the first four listed above. It requires a retrain.

The next four are also auditor flubs but are detectable if the Case Supervisor reads the Worksheets of the session.

Therefore the Case Supervisor must know 5, 6, 7 and 8 above very well indeed and be able to look for them. In all of these the TA goes high or very low and the session ends up as a bust.

You can easily see 5. The pc is still on the same chain but begins to grind ABCD ABCD ABCD ABCD ABCD, the TA goes way up or down below 2 and the auditor command "Is there an earlier beginning?" is spectacularly absent. So the C/S tells the next auditor to get the earlier beginning of the same incident and it will F/N, Erase and get VGIs.

6 is very easy for the C/S to spot. The pc has been given ABCD ABCD ABCD ABCD ABCD etc <u>and</u> has been asked for an earlier beginning to the same incident but hasn't been asked for an earlier incident. So the C/S tells the next auditor to get an earlier incident.

7 is also easy for a C/S to detect from the worksheet of the session. Before the pc got into another chain by being forced to go earlier below basic, the TA went to a normal range, there may even be a cognition noted. The auditor missed the potential F/N by just not putting the pc through the basic again ABCD. Also the pc protested or had trouble when the auditor tried to go "earlier than basic" and also may mention another somatic.

In 8, Misassessment, you can tell just by looking at the item that it is multiple such as "A burning pain in my hair and a feeling of tension on my hand"; that it is narrative "getting my feet wet (where's the feeling in that????); or after the fact of the engram "dizziness after a car wreck". A real classic would be "A stomach ache when I was thrown from a horse". The C/S hardly has to look at the end of the session to know it will be no erasure, high or low TA and Bad Indicators at the examiner.

As auditors who do these last four things have their basic definitions madly out (such as "I never did understand what a somatic was") and as in the first four the approach to the pc, TRs and additives need ironing out, the C/S sends the auditor for retrain.

From the C/S point of view (and fact) the technology applied gets uniform good results. Thus the C/S <u>never</u> <u>gets</u> <u>reasonable</u>.

The auditor will on retrain settle down. 100% sessions will occur regularly when he really can audit.

PC Repair

The commonest C/S for a pc after a session that ends with a high TA or a below 2 TA and/or bad indicators at examiner is "To Review, GF to F/N. Assess Auditors Auditing Dianetics Scientology sessions Reviews, gains (or whatever you care to add) Prepcheck. Review Auditor to (complete chain) (check last incident for earlier beginning and complete chain) (complete 1st chain left incomplete when pc forced into second chain and then complete second chain) (find out what was wrong in session and correct)". Use the one in brackets that apply.

Out Ruds

In number 9, we get several manifestations. The pc has a good looking session yet complains to the examiner. That is to say VGIs F/N Cog at session end, but sour grapes ten minutes later at the Examiners.

A pc who gets sad at session end and is or has been sad a long time and is sad and moping or despondent is, of course, suffering from an ARC Brk and is being audited over one and probably has had it for long duration. The proper C/S action is "To Review, GF to F/N. Check ARC Brk Long Duration (LD)". This last is done with Itsa earlier Itsa and ARCU CDEI by the auditor.

The pc who is being audited over a PTP won't be making any gains. They quickly evaporate. The C/S orders "To Review. GF to F/N. Check Problems and being audited over problems".

When a pc is a bit nasty to the auditor or examiner, he is of course being audited over witholds. The C/S is "To Review. GF to F/N. Then check and pull all witholds and check if the

pc has been audited over witholds".

Physically Ill Pcs

When a pc is ill or has a history of illness you get him/her medical attention and apply HCOB 24 July 69 which requires listing all somatics, etc in the area and running them all by R3R.

When a pc gets ill after auditing but the sessions look alright, you can be pretty sure that the pc is being audited over out ruds so a C/S orders "To Review. GF to F/N. Assess GF 40 and handle any out ruds found in that assessment first".

Special Cases

There may be some special versions of out ruds but they are all one variety or another of out rud.

The pc himself can generate out ruds by lying to his Dianetic auditor. It still shows up as out ruds, witholds.

One pc (out of a hundred) said uniformly that "it was getting more solid" to escape each incident, got himself into a jump chain situation continually and became very ill indeed. This also operated as a withold in session. It was not detectable in the worksheets except that the pc became ill. It came out while flying ruds in a Review session.

But generally pcs don't act up in sessions if the auditing is straight forward and many get better even when audited over all kinds of out ruds.

When a C/S begins to be mystified concerning some pc, why betterment isn't occurring - why the pc's manifestations and remarks never change - or the pc becomes ill, then only four things need to be done. And all four should be ordered by the C/S.

1. Medical exam and any treatment.

2. Review to straighten up all out ruds.

3. Dianetic auditing listing all somatics etc in area and R3R on all those that read.

And when the pc has markedly recovered:

4. Fly a rud, GF 40 and handle every item that reads fully. And whether it reads or not treat the case as Out of Valence and run LX 3, LX 2, LX 1, each item that reads twice 3 way recall, 3 way secondary or engram. You finish up the two or more slash items of LX 3. Then finish LX 2, then LX 1. Somewhere along the line the pc will change markedly before the Auditor's eyes, go into his own valence and that's as far as you go with LX lists.

The use of GF 40 is not restricted only to sick pcs. One gives any pc whose folder gets the least bit fat the GF 40 routine and assumes he's out of valence whether it reads or not and then sends the pc back to Dianetics.

Health Forms

There is one other flub a bit maddening to a C/S.

When the C/S says "Assess Existing lists or add" and the auditor says no items, it is quite often an auditor flub, a special kind of 8 above - misassessment.

One green auditor took 3 pcs in a row and could find no item, concluding that each of the 3 pcs was done with Dianetics! It turned out that the Auditor's TR 1 was so bad the pcs couldn't hear her!

Another auditor didn't have his meter plugged in and another one was found never to have done any meter drills.

Aside from getting the pc asked what the auditor did, which also should be done when it's obvious there should have been an item and wasn't, the C/S should order "Do a new Health Form" when the old list F/Ns or draws a blank even when properly assessed.

The pc can also be sent to the Examiner to be asked if there is anything not handled. The pc may give an area of interest. If there is one, but it hasn't read, the C/S should send the pc to Review for GF to F/N and probably a GF 40 and handle. Then one can get the area asked about in Review and Suppress and Protest put in on it and back to Dianetics.

Exterior

Some pcs go Exterior and of course are off auditing. This often makes them unhappy as they are not well off yet. There are several VIII remedies for this beyond the scope of this HCOB.

Summary

I have personally C/Sed a vast number of Standard Dianetic sessions and the above is all I had to do or know to keep them all going well.

If you look for tricky processes in Dianetics to "solve" some case, you will make a bad error as a C/S. They all come under the above data.

Good luck.

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Founder