

# FIVE KEYS TO SUCCESSFUL CLIENT-CENTERED ENERGY PSYCHOLOGY TREATMENT

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NOTE: Dr. David Gruder was the Founding President the Association for Comprehensive Energy Psychology. In that role, he studied in depth most of the approaches to energy psychology developed by the leaders and innovators within that organization. This paper presents principles for maximizing treatment success based on his extensive clinical experience and comprehensive exposure to most of the leading energy psychology approaches. Originally written for the Energy Psychology Interactive CD, and thoroughly updated here, this paper was based on a talk delivered by Dr. Gruder at the First European Conference on Energy Psychology, July 6, 2001, in Fürigen, Switzerland.

Many of the issues raised in this paper are addressed in greater detail in Dr. Gruder's *Energy Psychology Desktop Companion* (Del Mar, CA: Willingness Works Press, 2000, 2003, [www.willingness.com](http://www.willingness.com)), which also provides multiple, subject-related lists of clinical resources and academic references pertinent to the Energy Psychology field.

## INTRODUCTION

From an energy perspective, we might say that all good psychotherapy serves to, directly or indirectly, reorganize the client's *energy field* in a manner that helps free the client of psychological disturbances. Energy psychology is distinguished by directly intervening with the client's energy field in a deliberate, focused, and systematic manner.

In my practice as a licensed psychologist and marriage & family therapist, I have used energy methods as treatment tools, applying them within a broader therapeutic context, rather than as a complete treatment approach within itself. Five keys for making treatment more rapid, effective, and lasting, using the energy-based methods presented in the Energy Psychology Interactive CD, are addressed in this paper. When treatment isn't going as well as you believe it can, troubleshooting in those five areas will likely yield the source(s) of interference, in my experience. These five areas are: 1) Specify & Attune to the "Top Priority Issue;" 2) Establish Readiness to Benefit From the Treatment; 3) Select the Priority Treatment Method; 4) Confirm Full Completion of the Treatment; 5) Upgrade the Undisturbed State With Peak Functioning.

## **KEY #1: SPECIFY AND ATTUNE TO THE "TOP PRIORITY ISSUE"**

**A. SPECIFYING THE TOP PRIORITY GOAL & TREATMENT FOCUS:** There is an important difference between the goal and the treatment issue. The goal is whatever the client wants to experience as the result of treatment. The goal may be the elimination of distressing symptoms or reaching a dream or enhancing peak performance. On the other hand, the treatment issue is whatever is focused on in the therapy in order to assist in achieving the client's goal. The first key to a successful therapeutic outcome is about being confident that the top priority goal

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has been selected and that identifying the underlying blockage that is selected as the focus for the treatment and then attuning to that blockage. The rule for choosing this “top priority treatment focus” is based on the *principle of highest leverage*. What treatment focus will yield the most effect from the simplest intervention? What treatment focus is going to help the client move forward most effectively toward his/her top priority goal?

For some clients the initial “top priority treatment focus” might be the root cause of the presenting problem. This could involve identifying a trauma that underlies the presenting problem and clearing it, or addressing even deeper issues having to do with the client’s basic, inherited temperament. Other clients don’t become fully ready to benefit from treating on a root cause level until they first have some relief from some of their distressing symptoms.

In addition to correctly identifying the general territory of the “top priority treatment focus,” effective treatment also targets the “right” level or aspect of that issue to treat in the here-and-now. (For example, in treating a trauma that contains a root cause blockage, is the next aspect of the trauma for the client to focus upon “the tightness in my chest” or “the moment of the car crash?”)

Operationally, if you don’t get clear information about the “priority goal,” or don’t get the results you intended, you’re most likely to find that the glitch lies in one or more of the five areas discussed in this paper. So, one way to use this paper is as a guide to troubleshooting when the process doesn’t go as you think it should. For instance, perhaps your client and/or you incorrectly identified the top priority goal or treatment focus (especially if you didn’t use a method of accessing the client’s unconscious wisdom about these questions, such as energy checking...or, if you did use a method of accessing unconscious wisdom such as energy checking, but didn’t recognize that the client was non-polarized or had objections to knowing).

Finding the “top priority treatment focus” often naturally emerges from the clinical interview. In the first session, the interview might go into considerable depth, but even after the basics have been established, the client might be asked: “Intuitively select the aspect of the issue that is the most important part of the problem to start with today” (deliberately phrased in a way likely to call more from the client’s intuition than his/her conscious or preconceived ideas). As practitioners, we also listen to our own intuition. If we believe the client is focusing on an issue that will not lead to the best therapeutic outcome, we may ask if we can share our hunch, leading to further dialogue.

Forms of subtle ideomotor cueing that access the client’s unconscious, such as “energy checking” can also be used to verify and further refine the top priority goal and treatment focus (as well as with each of the other keys to successful treatment). First a few comments about energy checking. Therapeutic interviewing can and should be geared toward attuning clients to their intuition. We use energy checking more as a way of getting a “second opinion.” It is also a way of attuning our own therapeutic intuition, and is a low-tech form of biofeedback that can teach clients how to recognize and trust their intuition more fully. I view “energy checking as

“training wheels” for developing intuition, much like American children first learn to ride a bike using training wheels to help them until they can balance themselves on their own.

For instance, once the dialogue has established the top priority treatment focus, the wording to verify it with an energy check might be as simple as, “The moment of the accident is the most important issue to start with treating today.” (The contrasting check for this, by the way, would be, “There is an even more important issue for us to start with today.”) If the energy check verifies the client’s sense conscious guess about the top priority treatment focus, continue. If not, discuss the client’s understanding of the discrepancy and keep cross-checking until you’re both satisfied that you’re on target.

**B. THE PRINCIPLE OF ATTUNEMENT:** Once the top priority treatment focus has been selected, the client needs to be *attuned* to that issue while subsequent energy checking is done concerning any aspect of the treatment focus, and during the tapping or other energy treatment. Sometimes this is simply a matter of asking the client to keep the issue in focus. But often the person has been doing everything in his or her power not to experience the feelings associated with the issue, thereby making it rather difficult to maintain an ongoing attunement to the problem during the treatment. (When this is the case, these objections need to be accurately identified and treated first. Doing this will ordinarily make the treatment of the issue itself much easier and enjoyable and rapid than it would have been had you tried to force your way past the client’s objections to getting over the issue.)

**C. METHODS OF ATTUNEMENT:** The simplest method for attunement is to ask the client to tune into the problem and to let you know when it is sufficiently attuned to proceed. An energy check can verify: “Are you attuned enough at this time to effectively receive and benefit from the treatment?” The question, “Are you still sufficiently attuned?” should periodically be asked and verified, particularly following periods of dialogue or heightened emotional reactions. Additionally, techniques such as the “leg lock” and the “third eye up” can energetically *lock in* the problem state, so that it can be treated. (These methods are among those described in the Energy Psychology Interactive book and CD.)

**D. METHODS OF EVALUATING PROGRESS:** Another important way to help a client remain attuned to an issue is to get a baseline measure of the extent of the problem, and then to regularly re-measure in order to help assess how treatment is progressing. In addition to self report, there are commonly used subjective scales clients are asked to use, including distress levels (SUD), dysfunctional elation levels (SUE), validity of cognition (VOC), validity of imagery (VOI), etc. These scales can also be cross-checked using energy checking methods. Regardless of whether I select one of these scales to use, I always use an additional scale: “% of blockage removed” (or in the case of installation in Key #5, “% of upgrading achieved”). I’m also regularly energy checking for inaccuracies in the energy checking responses, using what I call The Three “Ds:” Delusion (responses that reflect wishful thinking rather than true information), Distortion (some part of the energy system malfunctioning in such a way that the energy checking results become inaccurate) or Deception (some energy is present whose agenda is to deliberately confound the treatment by influencing the results of the energy checking to be unreliable and confusing).

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## **KEY #2: ESTABLISH READINESS TO BENEFIT FROM THE TREATMENT**

A. **ELECTROMAGNETIC READINESS** (versus Non-polarization): When we are functioning optimally, the electromagnetic output at the top of the head, feet, and hands appears to hold a positive charge. The output at the bottom of the feet and in the palms of the hands seems to have a negative charge. If these polarizations are reversed, or if there is a non-polarization (i.e., there is no difference in charge between tops and bottoms), results from energy treatments will likely be diminished or possibly completely ineffective (the same diminished results tend to accrue even when using more standard non-energy psychotherapeutic interventions). Electromagnetic and neurological readiness for treatment is commonly referred to as “Neurological Disorganization.” I find the term “Neurological Disorganization” to be one of a number of sources/symptoms of non-polarization, which is why we refer to this broad category of electromagnetic unreadiness to benefit from treatment as “non-polarization [or NP].”) I have catalogued quite a number of non-polarization treatment interventions covering a wide variety of non-polarization source, in my book, the *Energy Psychology Desktop Companion*.

B. **100% PERMISSION TO TREAT** (versus “objections”): The requirement here is the unconscious mind’s permission, or the body’s permission, or the energy system’s permission, rather than the conscious mind’s permission. I use Judith Swack’s wording for energy checking permission: “Do we have 100% permission to treat this issue?,” or “Do we not have 100% permission to treat this issue?” If you don’t have the unconscious mind’s or the body’s or the energy system’s permission (or some internal part’s permission, or, for that matter, the Higher Self’s permission) to successfully treat the issue, treatment will not progress very easily or at all (or results will not “stick”), whether using an energy approach, talk therapy, or any other method. If the energy check shows that you don’t have 100% permission to treat, ask the client what s/he believes is the source of non-permission. (Cross-verify with his/her answers with energy checking.) The objection then becomes the temporary new priority treatment focus until the electromagnetic “objections” are cleared. If the client’s first response is “I don’t know,” go deeper with your questions and/or use energy checking to uncover clues. Permission is a critical issue for a successful treatment outcome.

When there is something short of 100% permission to clear the priority treatment focus, this means that the client has conscious or unconscious objections to getting completely over the issue. “Objections” are what, in Energy Psychology circles, are commonly called psychoenergetic reversals. These are also called psychological reversals, but I chose the term “psychoenergetic” reversals so as not to convey to the client a quality of blame or an assumption of intentional sabotage. Psychoenergetic reversals are not “just psychological;” rather this powerful obstacle to desired and desirable change is embedded in the energy system, and is consequently most easily cleared using energy interventions.

There are many different flavors of inner objections to attaining the treatment goal. Over two-dozen kinds of psychoenergetic reversals (objections) have been catalogued, such as those described in my *Energy Psychology Desktop Companion*, and they can extend to permutations

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that involve every conceivable intrapsychic and interpersonal dynamic. For instance, there are vengeance psychoenergetic reversals, such as: “I won’t overcome this problem until my spouse is truly sorry for having hurt me.” There are codependence psychological reversals, such as: “It’s unsafe for my mother for me to get over this problem.” These are examples of issue-specific psychoenergetic reversals (objections). Some psychoenergetic reversals, though, are so pervasive and fundamental that they go far beyond any one specific treatment issue. In fact, no other psychological issue can be meaningfully addressed until these “Global Psychoenergetic Reversals” are resolved: One example of a global psychoenergetic objection is “I don’t want to live.” Psychoenergetic reversals are generally amenable to the same basic correction strategy. An acupoint or neurolymphatic reflex point is stimulated while a verbal correction is introduced. The verbal correction takes the form of an acknowledgement of the feeling or position involved in the reversal combined with an affirmation of self-acceptance: “Even if I don’t want to live, I deeply and completely accept myself.”

(My respect for the wisdom of the psychological understandings that come from the field of linguistics, caused me to switch the order of the phrasing used as part of most psychoenergetic treatment statements, so that the client instead states the self-acceptance clause at the end of the sentence. For instance, whereas it is more common in Energy Psychology circles to phrase an objection treatment statement the opposite way from how I worded it above, namely, “I deeply and completely accept myself, even if I don’t want to live.” I find that this wording too easily unintentionally reinforces the idea of not wanting to live rather than accepting myself.

It is, of course, not feasible (or necessary) to energy check every conceivable psychoenergetic reversal for treatment to proceed. Rather than going through the catalog, you can trust your client’s intuition to know what is getting in the way of treatment progress, using such interview questions as, “If you had an objection to getting over this problem, what would it be?” You can also energy check: “There is a psychoenergetic reversal currently affecting this issue” versus “There are no psychoenergetic reversals currently affecting this issue.” You can also use the following wording for energy checking reversals: “Some part of me or my energy field has one of more objections to my getting completely and permanently clearing this issue.”

**C. INTERPERSONAL READINESS FOR THE THERAPY TO PROCEED.** Unless rapport has been adequately established, therapeutic success will be compromised. As an aside, in treatment approaches that limit themselves to energy-based interventions, the client’s transference tends to go more to the technique than to the therapist. Counter-transference, however, is heavily interpersonal, because counter-transference can occur as much at the energy level as the more obvious levels known to conventional psychotherapy. If the therapist is neurologically disorganized (or non-polarized in some other way), this will affect the treatment. If the therapist has any “psychoenergetic reversals” (objections) regarding the treatment, this will also affect the treatment. If the therapist has unfinished business in working through the issue being addressed, this will affect the treatment as well. The caveat, “practitioner heal thyself” is therefore arguably even more important with Energy Psychology treatments than in conventional psychotherapy or medical interventions.

**E. METAPHYSICAL SUPERIMPOSITIONS.** When a person consciously or unconsciously believes that a supernatural influence of some kind is involved in maintaining his/her problem, this belief is coded in their energy system. Examples: “The only way I can be worthy in the eyes of God is to be a person who is suffering; if I stop suffering, the devil will have my soul.” “The root cause of this issue traces back to a previous lifetime, and it is my karmic debt to bear its burden.” Often these deep beliefs will co-exist with a desire to be free of the problem. Regardless of the therapist’s judgment about these kinds of beliefs, if the body is coding a top priority issue within such metaphysical concepts, the objection should be treated within those terms, adapting the procedures used for other forms of psychoenergetic reversal. Believing in such phenomena is not a prerequisite for clearing these issues. It works just as well to view this as metaphoric or symbolic representation, so there’s no need to view these energetic codings as any more literally true than, say, a representation of a past trauma that didn’t literally necessarily occur exactly as it’s symbolically or metaphorically represented in the client’s memory. (On the other hand, though, in some people’s cases, it may be unwise to completely dismiss this possibility of superimpositions as purely metaphorical. But this discussion goes beyond the parameters of the current article.)

**F. THE QUESTION OF INSIGHT.** As a psychologist who loves to understand things and who has an extensive background in depth-oriented psychotherapy, my tendency is to want to have my clients understand the dynamics and nuances of their issues. I have colleagues at the other end of this spectrum, who would rather get on with the treatment either because they believe insight to be over-rated or because they believe that insight can wait until after the treatment is complete. One of the many liberating things about doing energy checking is that there is no longer a need to debate such issues. I now simply energy check my client in the following way: “Does your system now understand all it needs to know about this issue in order to fully benefit from treating it?” Until the energy check confirms that the answer to this question is, “yes,” I say to the client, “If your system needed to understand more, or to have you acknowledge more, in order to become fully ready to clear this issue, what would that be?”

### **KEY #3: SELECT THE PRIORITY TREATMENT METHOD**

Once you have identified the top priority goal and treatment focus, and have established the client’s conscious and unconscious readiness to benefit from treating the issue, the next question is: “What is the *best* treatment: 1) for this person; 2) at this time; 3) for this treatment focus related to this goal, and 4) for this level/aspect of the treatment focus?” While in most psychotherapeutic approaches this is the therapist’s call, based on clinical intuition, energy checking can be used to make these choice points highly explicit and to involve the client’s intuitive knowledge in the moment-to-moment choice of treatment method.

If you think of all the possible treatment methods as tools, these tools will be found in your own toolbox, in your client’s toolbox, in the toolbox of the various possible referral sources you and/or your client have at your disposal, and, if you are spiritually oriented, in the toolbox of that which represents Higher Wisdom to you and/or your client.

Beyond interview questions that evoke the client's intuition about what will help, questions that can be energy checked might include: "Is there a method in your toolbox that would be the priority treatment for this layer of the issue?" I prefer to begin the process of selecting an intervention by calling upon the client's own resources. If the energy check shows that there is such a method in the client's "toolbox," this can be discussed and pursued. If the energy check shows that there is not, the next question to energy check might be "Is it in my toolbox?" If yes, specific approaches might be checked: "Is it Focusing?" "Is it a meridian-based treatment?" "Is it a chakra-based treatment?" "Is it EMDR?" "Is it Voice Dialogue?" "Is it biofeedback?" If the client is particularly religious or spiritually attuned, I will also ask, "Is it in 'Spirit's' toolbox?" (where, in place of the term "Spirit" I use my client's preferred term, such as, "Is it in Joe's Angel's toolbox?"). This is done not as an artificial or laborious process that addresses every possibility, but rather as a way of attuning the client's and the therapist's intuition to one another and verifying plans for taking the next step in the highest leverage way possible.

If the discussion and energy checks show that the needed treatment is in neither the client's, the therapist's nor "Spirit's" "toolbox," a question such as, "Is it appropriate to incorporate some other referral source?" might be explored, along with specific options such as "naturopathic," "craniosacral," or "pharmacological" treatments. If a series of options are explored and a direction established, but the process seems to have been a bit complex, it may also be useful before coming to a final conclusion to energy check and explore a question such as "Is there any deception or error in the answers we've received?" (Please keep in mind that this question is useful to periodically energy check at any point during diagnosis or treatment.)

#### **KEY #4: CONFIRM FULL COMPLETION OF THE TREATMENT**

**A. SEARCH FOR HIDDEN ASPECTS.** Treatment of the top priority treatment focus is not complete until every aspect and layer of that issue confirms has having been resolved. Sometimes we don't need conscious knowledge of all these layers in order to clear them – our inner wisdom knows them for us. But, at other times, there are indeed layers that do need to be brought to conscious awareness before they can be cleared. Energy psychology provides the tools for doing both, and for discovering when to do which. Careful interviewing is combined with energy checks on questions such as, "Is there anything we've missed?" If the priority treatment focus was a trauma, the search for unresolved aspects may be as thoroughgoing as to ask the client to run through the trauma in slow motion and inquire, "Do you get any discomfort when you get into the worst part of it?" If not, move on. If so, introduce another round of treatment. And remember, there's no pressure to do all this in one session. As rapid as Energy Psychology treatment can be, a person's system can accommodate only so much change at any one point in time. So, if time runs out – or if your client's system indicates that it's done as much as it is ready for today – feel content to leave the next step until the next session.

**B. FUTURE PACING TO IDENTIFY HIDDEN ASPECTS STILL NEEDING ATTENTION.** Having clients mentally project themselves into a future situation that once would have evoked the problem state is another way to confirm if the treatment is complete. If anticipatory anxiety

arises, or if any additional aspect surfaces as a result of this, introduce another round of treatment. If not, move on to the next step.

C. **FOUR LEVELS OF COMPLETENESS.** Once the priority treatment focus appears to have been completely resolved, another method for confirming that this is the case, is to energy check each of the following “completion checks,” one by one:

“This treatment is 100% and permanently complete. . . (versus “There are limitations to the treatment” or “The benefits obtained during this treatment will be withdrawn from over time”)

-- **In all parts of this person**, known and unknown (speaking here of parts of self, such as one’s inner critic, for instance)

-- **At all levels of this person’s being**, known and unknown (including the Body Level, Conscious Level, Unconscious Level and Soul/Spiritual Level, per Judith Swack)

-- **Throughout all dimensions and realms, known and unknown** (waxing metaphysical here, to make sure we cover all bases in terms of the client’s belief system)

-- **Throughout all time, past present and future”**

If the energy check indicates that the treatment is not complete on one or more of these levels, further discussion is likely to identify its unresolved aspects. If the client is primarily interested in achieving their goal, and not so much in totally resolving this particular priority treatment focus, you can also muscle check to find out if this treatment is 100% and permanently complete on all levels, known and unknown, pertaining to the goal itself. If it is not, then another priority treatment focus needs to be identified and treated until the person has arrived at 100% blocks removal regarding the priority goal itself.

D. **PSYCHOEDUCATION ABOUT RESOURCES AND STRATEGIES.** Just because a blockage or piece of baggage is removed, that doesn’t necessarily mean that your client will automatically know how to behave differently from the old pattern. S/he may have some new knowledge or skills to acquire. Therefore, an important part of treatment checking the limitations of your results is to explore whether the client has the internal and external resources for optimal functioning in relation to the issue that has been successfully treated. Again, a simple interview will reveal much about whether critical resources are missing. You can, as always, also use energy checking to cross-verify the client’s conscious awareness. This may lead to further therapy (e.g., for boundary-setting or reparenting), homework (e.g. listening to instructional audio tapes on basic emotional or practical skills), or referrals to community resources (e.g., vocational testing or classes on parenting or money management skills).

E. **HARVEST LEARNINGS:** I believe we develop blockages partly as adaptations that allow us to cope with unresolved trauma, and partly because these blockages contain learnings, often on a soul level. Sometimes these are about us as individuals and other times they are also about how

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the universe works, how we can be more loving in our relationships and effective in our careers, and how we can deepen our capacity to be of service to others. So, again, here is where my background as an insight-oriented psychologist, as well as a spiritually-oriented psychotherapist, influences me. I energy check my client to find out which categories the client has learnings to harvest (the additional category being “other,” of course), and I then have the client’s energy system tell us how many learnings s/he has accumulated in each of these categories through the treatment we’ve just completed. I ask the client to write down the learnings and bring them back to be energy checked for accuracy (that is, is the learning worded 100% accurately, are there any additions, deletions or modifications, and are there any additional learnings the client missed in that category). My experience has taught me that if all aspects of treatment are conducted in accordance with the other guidelines set forth in this article and the client does not resolve the issue 100%, most of the time this is because there are learnings the client’s inner wisdom still wants him/her to access that have not yet been harvested. In my experience, blockages and undigested life experiences don’t entirely disappear until all embedded gifts have been harvested.

**F. IN-VIVO CONFIRMATION.** The ultimate test of the treatment is whether the client responds differently in the situations that once evoked the problematic response. In my experience, when back home results are disappointing, it usually means we missed an aspect or layer of the issue. This becomes evident in the follow-up interview and leads to treatment of the aspect or layer that had been neglected. (Again, knowing all of the key areas described in this paper make the troubleshooting process very efficient. Better yet, if you address each of these areas as you go along, you’ll have to go back and troubleshoot much less often!)

**KEY #5: UPGRADE THE UNDISTURBED STATE (OR THE PRIORITY GOAL) WITH PEAK FUNCTIONING OR EFFICIENCY:**

**A. PEAK FUNCTIONING.** Energy Psychology methods can be used to help embed (or, to use a computer term, install) high level wellness, desired beliefs/emotions/goals/actions, peak performance, and the like. But, wait to begin this kind of embedding until after the blockages have first been removed. Why? Because if you try to install an upgrade *over* a pattern of disturbed meridian responses (or other energy blockages), you might help produce temporary symptom relief, but you will be pushing some important aspect of the underlying problem deeper rather than resolving all the blockages fully. A systematic approach to Energy Psychology treatment first removes the baggage of energy system disturbances so the client experiences an undisturbed response to the priority treatment focus. But, as valuable as that result is, we don’t want to leave the client there. As they say, peace is not merely the absence of war. It is a state wholly unlike war. So, I believe that our job is not done until we help the client identify and psychoenergetically (or in whatever way is confirmed to be the priority treatment method) upgrade his/her internal state so that s/he functions optimally concerning the priority treatment focus. And after all the necessary priority treatment focuses have been treated and upgraded, then comes the icing on the cake, which is upgrading what I call “Intentional Effectiveness” regarding the client’s priority goal. In this final key to successful Energy Psychology treatment, Intentional Effectiveness Upgrades are the focus.

That said, there is one important caveat here: not every Priority Treatment Focus requires an upgrade, even though the priority goal itself virtually always will require one. So, before proceeding with an upgrade on a Priority Treatment Focus when the blockages have been 100% removed, energy check to find out if this person would benefit from doing an upgrade on this. If not, go back to the Priority Goal, and check to see if all blockages on this goal have been 100% removed. If not, start another round in order to identify the next Priority Treatment Focus. Whenever the Priority Goal confirms as having 100% of the blockages on it removed, it is time to do the upgrade round on the Priority Goal itself.

**B. ENVISION A WELL FORMED OUTCOME.** As Stephen Covey says, “Begin with the end in mind.” Once the blocks are removed it becomes possible to envision the end in a more meaningful way. So, a first step toward this end is to help your client create a vivid, multi-sensory image of what in NLP is called a “Well Formed Outcome.” The client envisions how he or she ideally would *like to be* when in the kind of situation that once evoked the problem. This vision is cultivated and described using all 5 senses: “What do you *want* to see, hear, feel, smell, taste?” If the client is spiritually oriented, invite him/her to be shown this vision by his/her spiritual “crew.”

**C. “INSTALLING” THE WELL FORMED DESIRED OUTCOME IMAGE.** Most Energy Psychology blockage-removal methods can be easily adapted in service of upgrading or installing positive states. Once you learn some Energy Psychology treatment protocols it will become obvious to you how to do this. Many of the leading Energy Psychology approaches also have their own procedure for doing upgrades. You’ll find one such example in Energy Psychology Interactive: Fred Gallo’s “Outcome Projection Procedure” (introduced in the Closing Phases module). Installing the “fully formed outcome” vision using an Energy Psychology procedure is a powerful method for supporting peak functioning. Simply do a streamlined version of the relevant guidelines in Keys One through Four. I’ll briefly describe how below.

**D. UPGRADING VERSION OF KEY #1:** By the time you’ve arrived in the upgrading phase, the main focus in the First Key will be to re-name his/her original goal in light of all the blockage removal that you have helped him/her do regarding this goal. Energy check to confirm that the wording is 100% accurate and complete, and that there is 100% permission to succeed with doing an upgrade.

**E. UPGRADING VERSION OF KEY #2:** During upgrading the main focus in the Second Key will be the insight piece. In the case of upgrading, that piece is the Well Formed Outcome...if it’s even necessary. Again, as always, use energy checking to confirm whether this is necessary. Simply check to see if the client’s system is already clear enough about the upgrade so that whatever confirms in the next step as the priority treatment will be successful. (Of course, if the client’s system doesn’t need to do the Well Formed Outcome step but s/he wants to do it anyway, that’s perfectly fine!)

**F. UPGRADE VERSION OF KEY #3:** You’ll do the Third Key pretty much as it’s outlined, except with the focus on using the priority treatment for the purpose of upgrading.

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E. CHECK YOUR UPGRADING RESULTS: You'll use most of the sections covered in the Fourth Key above (Confirm Completion) to make sure you've truly completed the upgrade process. Once done, celebrate!

AFTER COMPLETING TREATMENT OF THE PRIORITY TREATMENT FOCUS, RETURN TO THE ORIGINAL GOAL. Once you have confirmation that the priority treatment focus has been 100% treated, you'll want to return to the original goal to find out if there are any additional blocks needing to be removed in order for the client to reach that goal. If so, identify the next priority treatment focus and go through the above steps. Continue this process until the client tests as having all blocks on the goal 100% cleared. When this is the case, go through all the items in this Fourth Key (Confirm Completion), checking them in reference to the original goal itself rather than any one "priority treatment focus." Then go to the Fifth Key section above (Upgrades), also checking those items in reference to the original goal itself until that goal confirms via energy checking to be 100% upgraded. When you're done with this, you're done with the treatment!

**SUMMARY:** Psychological interventions always occur within the larger container of the client-therapist relationship. Energy Psychology interventions always occur within the larger container of the universe of potential psychotherapeutically helpful interventions. The five keys to successful treatment outlined here are a useful model to follow regardless of which psychotherapeutic methods you use. This road map attunes the therapist to ways of keeping the process proceeding in the most efficient way possible, largely through interview, intuition and energy checks, by focusing on the diagnostic and treatment issues that are most critical to successful outcome, as defined by the client: 1) Correctly identifying the overall goal and the treatment focus that will best help remove the client's blocks regarding that goal; 2) Establishing a psychological, energetic, and interpersonal readiness to benefit from the treatment; 3) Selecting the intervention that will be most powerful for addressing the top priority treatment focus; 4) Confirming that the treatment has been thorough and is complete; and 5) Replacing the now undisturbed energy system response with internal states that help the client function in an optimal way in relationship to his/her goal. For more details, order Dr. Gruder's Energy Psychology Desktop Companion though [www.willingness.com](http://www.willingness.com).

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David Gruder, PhD, DCEP, is dually licensed in California as a psychologist (PSY 9266) & marriage & family therapist (MFT 18889). He was the Founding President of the Association for Comprehensive Energy Psychology and was one of the key architects of ACEP's Certification Programs in addition to having created his own Energy Psychology Essentials™ training program. He is an ACEP Certification Workshop Senior Trainer, Certification Consultant and Continuing Education Provider (in addition to being a California-approved CE provider for psychologists, marriage & family therapists, social workers, nurses and drug & alcohol counselors). He has taught Energy Psychology to the general public, in medical grand rounds, to psychotherapists and coaches, and as graduate school courses. Winner of four book awards, he has authored/coauthored six books including the Energy Psychology Desktop Companion, and recorded/co-recorded 70 audio CD sets on a wide variety of psychoeducational topics, including the Energy Psychology Anywhere self-help audio. For almost three decades, Dr. Gruder has lectured, trained and consulted worldwide in Personal, Relationship and Leadership Integrity Development for the public, leaders, mental health professionals, educators, businesses and academic institutions.  
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