

IT'S TOTALLY POSSIBLE



ACHIEVING THE LIFE OF YOUR DREAMS
THROUGH ACCELERATED NEUROCONVERSION

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**It's Totally Possible: Achieving the Life of Your
Dreams Through Accelerated NeuroConversion**

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Accelerated NeuroConversion**

By David A. Kingsbury, LPCC-S, NCC, LCADC, ICAADC

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Foreword:

I am positively thrilled at the prospect of this book in the hands of those who are seeking their best life. I have always been impressed with David's insights and wisdom. I have also wondered how he multi-tasked and managed so many responsibilities. This book explains and gives insights into his giftedness. You will learn to live your best life and ascend to your God-given potential.

To know your best future, you must arrive there yourself. When your past has been programmed by repeated sabotaging behaviors, thoughts, emotions, and false beliefs, how can you even comprehend achieving your very best? A wise man once said, "As a man thinks, so he is." Therefore, it is imperative we reformat our brain's hard drive if we are to reach our full potential.

Several years back I had to that very thing. A good friend from England introduced me to NeuroConversion science. I soon realized that if I wanted to know my best future, I must act immediately and reformat my brain's hard drive. I went all the way back to the "neurological imprinting" that occurred in early childhood. I had to address the faulty circuits in my belief system affecting my thoughts and, in turn, my actions. I had nothing to lose but everything to gain. I was about to lose my marriage, reputation, and destroy my



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professional life. But thanks to the proven methods of ANC, I found my way back.

It was hard work destroying the false belief systems that automatically fired my responses, and rewiring the old neuro pathways. My wife and I entered into a mentoring relationship with David to address our crisis. ANC's evidence-based techniques served to reestablish neurological and behavioral principles that proved to be restorative. We found that ANC was not some positive thinking mumbo jumbo, but instead actual brain-state modification provoked by neurological change. My spiritual life, my marriage, and my professional life as an international speaker was restored and since then scaled to greater heights. I learned precipitously that if I made an effort to change the program, I had the power to change the outcome.

The good news is that we are not doomed to repeat the detrimental destructive behavior or habits of our past. With ANC we can know extraordinary outcomes and rapid results. We can change our perception and reaction when we guide our brain into a different mode of thinking and behaving. When we change the program, we change the outcome. Get set to achieve the best future, your best life ever!

Dr. Wesley Paul

International Speaker, WPIM

<https://wesleypaul.org/>

Professional Recommendations/Peer Reviews

"I've just finished looking over your book and I'm impressed. In typical DK style, it's very thorough. I was pleasantly surprised, though, at how readable and engaging I found it. Not only are these examples individually interesting, I think they combine to provide a sense of the breadth and depth of your experience, which is important in developing confidence. I also appreciate the effort you took to provide a more traditional overview of ANC concepts in your appendix. I wish you luck with this project and others."

-Dr. Christopher Canon, Licensed Psychologist

"I am pleased to recommend to you the ground-breaking work of David Kingsbury as captured in his latest book, *It's Totally Possible*. This vehicle for extraordinary life change is what he calls "Accelerated NeuroConversion" (ANC), a new paradigm based on strong biological, mental, social, and spiritual research and practice. David is dually licensed in both mental and addiction treatment and has the experience from Counselor to Clinical Director to write a book like this.

He recognizes that (to one degree or another) we are all addicted, but that in the interplay between choice and neurological programming we have in ANC both a method of resolute exertion and a way to achieve rapid results in

shaping our future. I challenge you to read *It's Totally Possible* and begin to imagine new possibilities for your life."

Dr. John Hurtgen,

Dean, Campbellsville University School of Theology

"WOW! What an incredible book you have written! It truly opens up one's mind to the mindset of "IT'S TOTALLY POSSIBLE" to have the life you want and deserve to have! Through your examples, challenges, and facts it has made me realize the possibilities are endless.

I wish I knew of this pathway when I was younger and experiencing the trauma of sexual abuse as it may have made my recovery process a shorter one than what I endured. David, thank you for writing this book, sharing your knowledge, and helping so many."

Kathy Picard

International Speaker, Award-winning Author

"I have had the pleasure of working with Mr. David Kingsbury and getting to know him both professionally and somewhat personally. His dedication to detail is nothing short of impressive, as it seems there is little that escapes his scrutiny. His keen eye and sense of analysis were of significant enhancement to the utilization process of clinical records.

Mr. Kingsbury's sense of analysis extended beyond the tangible attributes of record keeping. He exhibited great psychological insight and awareness in the areas of mental health diagnostics and accompanying treatment. Also, his insight extended into the area of education, as Mr. Kingsbury had formulated several instructive programs regarding both clinical diagnosis and treatment/program development.

I think the ANC model is fabulous! It is a very holistic approach via the systems [David has] incorporated. I feel this would benefit avenues in typical therapy as well as an elevated academic breakdown of how to approach and develop wrap-around services."

Dr. Mark Deaton, Ph.D, LPCC, LCADC

Co-owner and Administrator of Deaton & Deaton Counseling & Consulting, LLC. deatonanddeatoncounselingservice.com

"I read [David Kingsbury's book] and found it very enlightening! David, it seems evident that you have really spread your wings with this work, congratulations! I sense that you wanted to reconcile dense information to make it "user friendly," while simultaneously presenting it in as simple and consumable a method as possible. You have accomplished this well! The premise that the dialogue within this tome is "intentionally relatable" is indeed

true. You have done an excellent job of explaining Accelerated NeuroConversion!

Throughout the writing, one finds clear examples of how cleverly written it is; David makes difficult and dense subject matter easy to understand.... a true call to action, for every man and woman wishing to better understand internal driving forces, and how to better re-channel them. Great Job!"

Dr. Nelson Jose Tiburcio, PhD

CEO, The SASSI Institute

"Several years ago, I was asked to assist a treatment agency with its transition from donor-based funding to one in which insurance claims were filed for reimbursement. This was a challenging and rewarding experience. It was there that I met David Kingsbury.

In hindsight, the process mirrored the techniques of Accelerated NeuroConversion (ANC). The organizational vision was redirected for greater outreach and recognition. The former methods were replaced with streamlined and more efficient techniques. This allowed the organization to achieve greater potential and in turn allowed it to duplicate the process with greater speed, as evidenced by the addition of several more treatment facilities and staff members in a relatively short period of time.



Repetition breeds proficiency, and that phrase, although an oversimplification, is how I would describe Accelerated NeuroConversion (ANC). It is a process by which one replaces a bad habit with a good one while maintaining a commitment to a better life and ultimate success.

The techniques discussed in these pages are not isolated to the treatment of addiction. They are instead written for you and me. Anyone with identifiable goals and a desire to achieve them can benefit from ANC. As David states, "There's truly nothing holding you back but yourself."

Wendy Brannock, MS, Certified Professional Coder

"Accelerated Neuro Conversion (ANC) is a gift you give yourself. It does not require diagnosis or layers of treatments and bureaucracy. It's for the average person who's looking to change their life for the better. To me, it's a more personalized, intimate way to effect personal change. The layers of doctors, labels, and prescriptions all fall by the wayside.

I feel ANC can positively impact the education industry by helping trauma-affected students who have experienced adverse childhood experiences (ACE). School social workers and other education professionals offer tremendous help to these students, empowering them to overcome. Combining their hard work

along with ANC, these children will bounce back quickly, building even more resilient kids. Quoting EducationDive's article *Lessons in Leadership: How an alternative school improved behavioral outcomes with a neuroscience approach*: "If you look at educational research, the cutting edge right now is understanding the brain. When you look at schools, what do they do? They manage behavior and they teach students. And to learn, you need memory, and everything happens in the brain."

Have you ever found yourself on a big high with things going great, yet you still somehow continue your old self-sabotaging thoughts? Your old stored pathways rear their ugly heads, and even in your grandest moment, your self-doubt becomes your biggest enemy. ANC remasters this broken record. What I appreciate most is the, "Get the job done," style of ANC. It's about changing the trajectory of your future, with fervor and gusto. Not by protective baby steps, but with big, impactful leaps. It gives you the strength and confidence to embrace risk, not avoid it."

Pam McNall, BS

Former CNN Producer, Founder & CEO of RespectfulWays.com

You can see many more professional reviews and client testimonials at:

www.dkkinged.com

Introduction

A single decision can change the entire trajectory of your life. We choose to walk blindly, led by the invisible impulse of our comforting routines into obscurity...or we choose to extract greatness from repetition and, at the point of mastery, take flight. Samuel Smiles said, "The very greatest things – great thoughts, discoveries, inventions – have usually been nurtured in hardship, often pondered over in sorrow, and at length established with difficulty." It is with this understanding and expectation that we approach a new paradigm, an invention greater than the sum of its parts because it is the synergy flowing from their unification that brings about lasting transformation and genuine personal success. My purpose in writing this book is to strip away the layers of conventional "wisdom," industry-regulated conceptualizations, lackluster interventions, and ineffectual methods of achievement so we can finally see the reality of boundless opportunity spread before us.

Accelerated NeuroConversion® (ANC) is already at work in the fields of all professional trades. However, ironically, its power for human transformation often lies dormant and untapped. Herein, I lay bare the mechanics of choice so everyone can see that achieving their dreams is not only possible but as simple as following the correct practices. It is not magic, but science...with a dash of art. Simply put, ANC is unparalleled tactical interventions that transform

painful emotions, behaviors or circumstances into catalysts of professional victory and success.

ANC is, by nature, a non-clinical methodology designed to invoke radical mental and behavioral change using principles from the fields of education, marketing, arts, business, medicine, social service, ministry, and other professions. It focuses on altering lifestyles through the “rewiring” of neural pathways that then create new perceptions, innovative conceptual strategies, and empowered implementation of very specific action plans. Before going further, I want to express that this book was written with the intent to be not only conversational but also basic enough for a variety of disciplines to understand its concepts without the burden of over-technical detail. So, while an addendum outlining Accelerated NeuroConversion’s principles and evidence base can be found at the conclusion of this book along with a bibliography, researchers may find this discourse somewhat less than academic. But that’s okay; I’m not writing to the scholars. I’m speaking to everyone that can benefit from ANC in a language that is intentionally relatable. Though the techniques may seem complex, understanding the method is not. You are hereby invited to embark on this journey of exploration with me, and in the crossing to discover the path to your destination: a staircase of ever-expanding possibilities that transcend your limitations, shattering them as you ascend. Let us begin.



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Terminology

Accelerated: Maximization of neural transformation through intensive and multi-dimensional application of conversion principles.

Accelerated NeuroConversion Strategy: A multidimensional strategy of Neural Cluster modification developed weekly, implemented rapidly and cumulative in impact as interrelated motivations and interventions are applied to the neural target.

Client: A person involved in the ANC process who actively implements the strategies developed by the ANC facilitator.

Cues/Triggers: Anything that prompts a multi-dimensional response.

Dimensions: The four primary areas of human functioning that underlie all conscious experience: Biological, Psychological, Social, and Spiritual/Existential.

Extant: Existing or currently present.

Facilitator: The trained and certified provider of ANC services that develops the ANC Strategy in coordination with the client and who works directly with them to implement it.

Motivation Type: One of the primary ten perceived influences of human response.

Neural Pathway: A series of connected nerves that are associated with specific thoughts or actions along which electrical impulses travel.

NeuroConversion: The Oxford Dictionary defines conversion as, "The process of changing or causing something to change from one form to another (i.e. metamorphosis)." Neuro is likewise defined as, "Relating to nerves or the nervous system." Thus, NeuroConversion is the transformation of neural pathways in the brain from one state to another, thereby affecting thoughts, beliefs, emotions and behaviors. In particular, NeuroConversion refers not only to individual neuron pathway changes (also called *neuroplasticity*), but entire clusters of neural pathways shifting to function in novel adaptive capacities that are stable over time.

Neuroplasticity: The ability of the brain to form or reorganize synaptic pathways.

Novel: New or modified.

Reward: Something small and immediate that strengthens a response preformed.

Support Person: Someone close to the client, such as a family member or friend, that is located near them and agrees to serve as an accountability partner, encouraging, reminding, and supporting their change as well as coordinating with the facilitator in the event of crisis or emergency needs.

Target/Neural Cluster: A grouping of interconnected neural pathways all focused on the same automatic response but related to multiple areas of functioning such as associated interpersonal pathways, thought pathways, identity pathways, and behavioral pathways.

Chapter 1

Danger, Autopilot Malfunction

"People may outlaw driving cars because it's too dangerous. You can't have a person driving a two-ton death machine."

-Elon Musk

Tragically, in March of 2018, a 38-year-old Apple Software Engineer "driving" a Tesla Model X operating on autopilot was killed in a fiery crash due to the system colliding with a highway divider. This is not the only case of death or injury due to issues with Tesla's autopilot, either. Hopefully, the technology will one day be safe for consumers but these incidents underscore the danger of trusting in an automated process that stands a high chance of pushing one headlong into destruction.



Photograph: AP

Examples of technological automation are prolific in our society, from the factory production line to the passenger jet airliner. There's little doubt that automation, in and of itself, is an incredibly useful and efficient tool. That is, when it works properly and is automating the correct process. Turning our gaze from the technological frontier to another form of electronic automation, we find very similar programming in the neural synapses of our very brains.

Like the electricity flowing across silicon computer chips, our brains consist of a vast network of neurons that operate by releasing chemical messengers called neurotransmitters across the synaptic gap, stimulated to function by electrical signals coursing across the dendrites of our nervous system. One could easily compare the function of a neuron with the function of a computer chip. Likewise, the grouping of interconnected neurons that perform specific functions is similar to that of a circuit, which operates according to a program. It is these integrated neurological circuits that concern us when considering lifestyle transformation. In its most elegant form, Accelerated NeuroConversion is the reprogramming of brain pathways, thereby shifting beliefs, attitudes, feelings, and actions.

Neural Pathways in Action

Steven drove an older model Ford with a large V-8 engine. On cold winter mornings, he would climb into his truck and head off to work. The engine took about five minutes to warm enough that the heater would blow hot air. So, to avoid blasting himself with a frigid breeze by turning the fan on too early,

Steven would always drive for five minutes or so and then turn his heater on. He did this for several years until, having saved up enough money, he bought a new vehicle: a fuel-efficient sedan. Because of the smaller engine and its different mechanical layout, his car would warm enough to blow hot air in only two minutes. Even so, day after day, Steven would head off to work, not engaging his heater until five or more minutes had passed. He never thought about this; it was an automatic action of which he was entirely oblivious. As a result, he lost three minutes of warm air every morning. Steven had a programmed behavioral habit.

We've probably all heard the story of the young woman who would cut her thanksgiving turkey in half and place each half into a small pan before cooking both in the oven. Every year, she did this faithfully, until one year her husband asked her why she cut the turkey in half. Her response was that it was a tradition passed down by her mother who did the same thing. So, her husband asked his mother-in-law the reason for cutting the turkey in half. Her response was that it was a tradition handed down from her own mother. Naturally, he next asked his grandmother-in-law the reason for this family tradition, to which she laughed and said, "Honey, I only did that because I didn't have a pan big enough to put the whole turkey on." It then became obvious that this "family tradition" was nothing more than a belief, or cognitive habit.

Jonathan's friends all played basketball in his neighborhood growing up. He would spend hours practicing 3-pointer shots and defensive dribbling when he

wasn't enjoying a competitive game with his buddies outside one of their garages where the hoop was hung. In high school, most of Jonathan's friends joined the basketball team and played for their school. Instinctively, Jonathan signed up for tryouts and joined the team also the moment the opportunity presented itself. He never really gave a thought to doing anything else, it was just natural to play ball with his friends. Jonathan demonstrated a social habit, one tied directly to his peer group and social relationships.

Cindy grew up intensely interested in politics. She chose courses in school about the history of government and the electoral process. In college, she organized her own campaign to obtain votes for a position on the school council. Cindy felt that part of being a good citizen was being informed about political issues and researching the views of local, State, and Federal candidates for office. She would often read books about political tactics and developed staunch beliefs that aligned with her political party. It was common to see her becoming agitated when watching unsettling political stories in the news or debating her co-workers whenever politically-charged topics arose in conversation. She did this automatically, with no thought to its effect upon her relationships. Cindy identified with the culture, routines, and practices of her likeminded political allies. She had an existential habit, one flowing directly from her values and the identity with which she associated.

Multifaceted Minds

The examples above point to various aspects or “dimensions” of a person’s life experience and the way they interact with their world. Within the brain, there are specific pathways associated with one’s behaviors, thoughts, relationships, and value systems. In any of these domains, if a particular pathway is expressed repeatedly, it strengthens the neural connection and becomes an automatic response, an “autopilot” function. We call these automated responses “habits.” The brain does this to improve the efficiency of action, freeing mental capacity for new or complex tasks by automating common ones. Think about the first time you learned to put on makeup, operate a chainsaw, learned a process at work or cooked a particular meal.

Chances are, that first experience required a lot of conscious thought and effort on each of the particular tasks involved. However, once you had performed that task over and over again, it became natural and could be executed effortlessly and without much thought, if any. This is the brain automating a system by strengthening a neural pathway and activating “autopilot.” This is critical in many ways, most importantly because if you had to devote concentrated attention to everything you did throughout your day it would be exhausting and hinder you from learning new skills or new lifestyle responses. The downside to this is that, once formed, the autopilot takes over whenever you are presented with the triggering circumstance and so you react to it instinctively. If the automated system is a hindrance to growth or harmful

to your wellbeing then it's considered a "bad habit." But regardless of good or bad, it is simply the brain's way of making what you do an automatic process whether you want to continue carrying out that particular response or not. To make matters worse, after a certain point, you don't even realize that you are doing it and the neural pathway becomes invisible and therefore difficult to identify or change.

Most of us have experienced what it's like when trying to change a bad habit. Maybe it's a certain way of thinking that's no longer useful, or a nail-biting behavior that is unsightly in public, or simply a routine you fall into when around your friends. Often, changing this habit is extremely difficult because you are fighting the autopilot and the brain's neural pathway is so established that it overpowers the new reaction you are trying to execute. Most people attempt to overcome their pattern by addressing just one pathway, for example, not performing a behavior, or thinking differently, or considering a new perception of who they are.

The problem is that, when you take this approach, you are only altering one neural pathway, only one dimension of the entire circuit that makes up your lifestyle response. As a result, you have one or more other pathways fighting against you and overwhelming you by staging a battle against your will across multiple fronts. This is why, even if someone succeeds at changing for a moment, over time, they tend to revert to their original default programming. You see, when using this single-pathway method, the Neural Cluster (the

multi-dimensional interconnected circuit of neurons) operates synchronously and is only partially hindered from operating. This means any changes made could take a long time to surface and likely won't be permanent.

Accelerated NeuroConversion defeats this mechanism by aligning all dimensions (biologically, psychologically, socially, and spiritually) into one "target" that is systematically reprogrammed, changing your internal autopilot into whatever enhanced pattern you prefer. It "accelerates" the process of change and embeds it deeply into your neurological wiring. This allows for the erasure of harmful or fruitless practices as well as the supercharging of existing positive ones to produce even more effective outcomes. Through the implementation of ANC, those that are struggling against self-sabotaging actions or emotions find freedom and healing while those that already have successful lifestyles skyrocket to new heights of prosperity and influence.

CHALLENGE ONE

Take a moment to consider your lifestyle and the possibilities that would arise if you were able to transform an automated response (either erasing a negative pattern or boosting a positive one). List the top three changes in thinking, actions, relationships, and/or beliefs you would make and why.

- 1.
- 2.
- 3.

For many years, I didn't know the secrets of how to accomplish such radical change although I'd been trained and licensed as a psychotherapist to help people overcome life problems. It wasn't until I discovered the power of linking

certain techniques to isolate, unite, and focus my energies on all dimensions of a Neural Cluster at once that I was able to unlock the intensity of this metamorphosis for myself. Then, over the years, I began to incorporate these principles into my clinical practice and observed the dramatic positive effects it had upon my patients as well.

It was in this way that Accelerated NeuroConversion was born and refined into a practical set of strategies that apply across a broad range of situations even beyond just the mental health field. In fact, these principles don't require the use of standard psychotherapy techniques at all to be effective and, in most cases, are actually more effective than those traditional interventions at resolving non-disordered issues. I'll explain this in more detail in the coming chapters as well as discuss a particular kind of ANC that does amplify the impact of clinical techniques for those with diagnosed conditions. The beauty of standard ANC is that, when applied to persons that already have fairly healthy automated responses, it activates unknown potential and results in massive personal growth, professional development, and business productivity.

For instance, consider Samuel. He was a successful entrepreneur, having launched and sustained several joint-ventures. However, his thinking was rigid when it came to adjusting to shifting market trends, his actions toward his staff were often confrontational rather than collaborative, he saw himself as a lone wolf in the world, and his acquaintances tended to gravitate toward manipulation and coercion, which then prompted him to compete with and

antagonize them, leading to frequent gridlock or the loss of lucrative opportunities. As a result, his business plateaued and he couldn't seem to find sustained financial growth or satisfying personal interactions. He'd tried making changes by using sheer willpower, taking seminars, and speaking to self-help "gurus," all to no avail. Now, it seemed his business and personal life was doomed to stagnation and frustration. What was he to do?

Chapter 2

The Power of Harnessing Mental Automation

"Habits are important. Up to 90 percent of our everyday behavior is based on habit. Nearly all of what we do each day, every day, is simply habit."

-Jack D. Hodge

Samuel

Had Samuel been in the orange juice business, he would have failed because he couldn't concentrate. Such was his current dilemma, lack of capacity to channel focused energy into resolving his personal and professional shortcomings. Unfortunately, his autopilot kept crashing him into business highway dividers of inflexibility, aggressiveness, and isolation. It wasn't that Samuel lacked the skills or acumen to overcome his obstacles. No, he simply continued doing the same things expecting different results, a common definition of insanity. But Samuel wasn't insane. He was just out of control and blinded by the illusion that his actions were more than impulse.

As his business' bottom line sank deeper and deeper into the red, frustration turned to desperation and desperation to despair. It was then he abandoned the unfruitful attempts he'd made of attending webinars and hoping the latest book he'd read regarding "insider tips to greater profits" would miraculously change his life. Head knowledge succumbed to heart performance. It was when he began seeing his everyday lifestyle patterns rather than external events as the source of his problem that change became possible.

Rain was pattering against my office window on a Thursday afternoon when Samuel called. With distress in his voice as apparent as his New England accent, he explained overwhelming fears of his business' demise and the hope that rewiring his responses was something attainable. I deliberately slowed him down and came alongside his exasperation. Working in tandem, we began to unravel the essence of his business roadblocks, the pain this caused him, and precisely what needed to happen for his situation to improve.

From his application, I could tell he was prepared to put forth significant effort as well as that he was eager to make the logistical and financial sacrifices necessary to utilize Accelerated NeuroConversion services with great success. As a result, I accepted him as a client and we began the work of overhauling his detrimental responses. His ANC Strategy evolved weekly, stacking new and enhanced neural rewiring upon each automated response established. Rigid thinking and paralyzing analysis gave way to creativity and seizing cutting-edge

market trends. Aggressiveness and seclusion shifted into collaboration and dynamic partnerships.

His business took on a new vigor and liveness, for it was always but a reflection of its founder. Within months, he not only punched through his glass ceiling, braving new frontiers through innovation and leveraging the capital of his associates, but he tripled the return on the investment he made in ANC. Samuel even used the principles he'd learned to identify additional neural targets for enhancement he then incorporated in the following years, launching him further and securing his financial future.

Victoria

Victoria approached me during break at a conference for professional advancement. She was a mid-level manager at a growing company that was extremely unpolished and simplistic when she first joined its ranks. As the company grew, so did her staff and everything around her including offices, policies, equipment, processes and, of course, politics. In time, the professional environment shifted, opening opportunities in the ever-expanding projects her employers were developing. Sophistication crept into the system along with complexity and more rigorous performance demands.

To keep pace with her department's needs, she had to fill these newly created positions in collaboration with her supervisor. Now that the company wasn't struggling to balance profit and loss upon a razor's edge but was instead thriving due to several lucrative income streams, it was able to offer salary and

benefits attractive to top talent in the field. Victoria soon found herself surrounded by colleagues under her management that were more qualified and educated than she. Feeling incredibly intimidated about this, and recognizing that tasks she once mastered were becoming increasingly difficult, Victoria took a defensive stance and attempted to achieve job security by passively undermining her office staff.

Her attitude became almost hostile and she was quick to perceive challenges to her authority or disloyalty to her position even when no genuine affront existed. Her mind fixated upon fears around every corner, personnel seeking to demote or fire her, and imagined slights that blossomed into scorching resentment. Naturally, her staff reported the chilly environment and their need to "walk on eggshells" when in their manager's presence. They also pointed back to the source of poor performance when required departmental tasks went unmet or were completed below company standards.

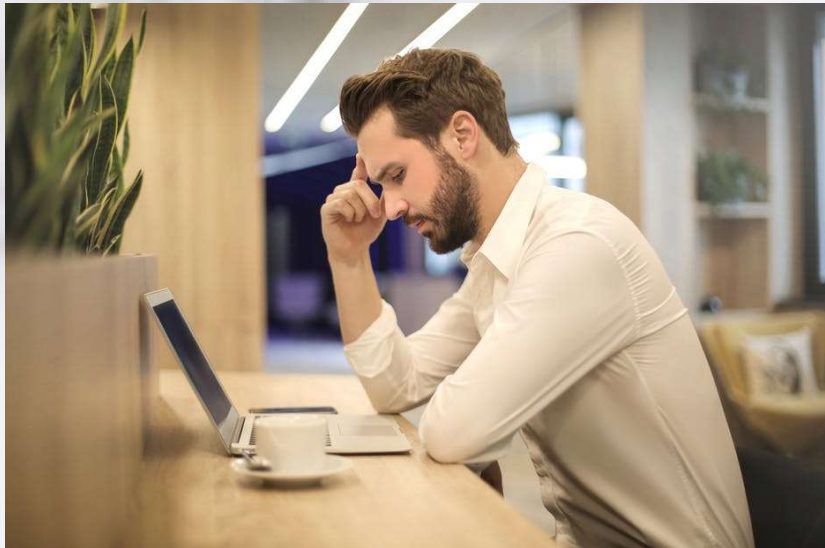
As one would expect, her supervisors began to take notice of the situation and monitor her behaviors. In almost a whisper, she confided to me that her efforts at keeping her position were not working and she wanted new tactics to undermine the changing work environment and regain the status and respect she once had. No less transparent to me than her supervisors' awareness of her actions was the fact that her problem was rooted in long-entrenched thought habits.

Review of her application for Accelerated NeuroConversion services confirmed that she regularly defaulted to negative beliefs and attitudes when certain environmental cues were present, whether or not these cues were actually a threat. She anticipated praise and promotion without performing the work to validate them. Victoria fully expected the transformative techniques of ANC to be cheap and easily accessible. It stunned her to learn she would have to put "skin in the game" to achieve her life goals by investing a few thousand per month and working hard to facilitate change. She attributed her poor outcomes to other people's actions or to environmental factors, always perceiving herself as the victim. Worst of all, she was so guarded that it was extremely difficult to assist her with even developing insight into why her lifestyle was creating the very outcome she feared.

Her ANC Strategy locked onto these neural targets and reoriented her mental pathways through a rigorous routine of reformatting beliefs and thinking patterns along with reinterpretation of cues through environmental adjustment. The change was painstaking but dramatic. Recognizing that she was the author of her destiny through even the minutest automatic responses made each day allowed her to shift her approach from fearful withdrawal to passionate engagement.

Her team rallied as she shared what skills and experience she did possess, engendering an atmosphere of growth and affirmation. She took responsibility for her weaknesses and offset them through additional training and working

harder than her peers. Performance standards were not only met but surpassed as resentment faded into service of others. What's more, her new responses occurred with effortless automation and in equal intensity as her original, negative ones. This, too, did not escape the notice of her superiors. Victoria no longer manages her original department. Now, she is over three branch locations and is on the fast-track to becoming executive staff.



Photograph: Pexels

Matthew

Fond of reviewing reports or schematics from his laptop on the white sands of Mission Beach in San Diego, Matthew enjoyed flexible hours and all the perks of being a C-Suite executive. It was one such day, shortly before he savored his dinner at a cozy pub in Ocean Front Walk, that we conducted our phone interview after I'd reviewed his application.

Matthew already had all the trimmings of a successful career, the four-car-garage filled with new vehicles and other toys, a second home in Colorado and a modest but sleek yacht with a pithy name I'll not mention here. His children were attending prestigious universities and his wife liked to flaunt her Prada bags. From the outside, it seemed he could want for nothing and had achieved the pinnacle of success. There was only one problem.

Matthew was incredibly bored and unhappy. His vacations were pleasant but unfulfilling, his golfing partners were fun though uninteresting, and his job was profitable yet personally unrewarding. He suffered from "Shiny Object Syndrome," quick to seek solace in materialism and the latest trend or fashion. Automatically, he reached for his credit card, purchasing trips and suits and baubles that amused for a moment but ultimately left him feeling empty. As instinctive a response as breathing, he made investments and leapt at new opportunities in business or pleasure when the cue presented itself through email, dinner meetings, conference calls, conventions, or advertisements.

After exploring his issue for a while, Matthew summed it up simply as, "I feel hollow." Ironically, the more he exercised his behavioral habit of finding fulfillment in business or cosmopolitan distraction, the more he reflexively found himself disillusioned and disappointed. He expected ANC to be a "quick fix" he could throw money at and receive the benefit like a candy bar falling from a vending machine or, in his case, a valet appearing with his Porsche. I made the timeframe clear by explaining that the ANC process required a

minimum of ten weeks to be fully effective due to the biological limitations of structural changes occurring in neural tissue. His insistence of "speeding this along" by increasing his monetary offer could not change this fact. Accepting that some things take time, particularly in the realms of mentorship and cerebral metamorphosis, was his first step toward achieving his goal. It was also the method that would sustain it, as he soon discovered.

We began his course of Accelerated NeuroConversion by examining his motivation types and then applied the primary ones to his neural target of finding lasting fulfillment. In the end, Matthew discovered that what he lacked was not more success or more worldly pleasure but a sense of legacy. As he executed the ANC Strategy with this focus applied across all areas of his life, sharing his knowledge with others, passing on various skillsets, and helping those with similar interests hone their craft, he discovered a new sensation emerging that permeated every dimension of his lifestyle: contentment. Through ANC, Matthew reformatted his brain's hard drive from placating himself to fulfilling others and, in the process, found the ultimate satisfaction of establishing a legacy with lasting impact.

Sarah

Nearly three years ago, Sarah completed her degree in Early Childhood Education and found a job as a teacher in her local school system. A year and a half into it, however, she was burnt out and quit, opting instead to be a stay-at-home mom and homeschool her three young children while her husband

provided for the family. When we met, she described her life as bankrupt and miserable. Sarah had a wonderful family, she readily admitted. Her husband was kind and fun. Her children were, for the most part, well-behaved and adorable. Her home was warm and accommodating. But something was wrong and she couldn't put her finger on precisely what.

She tried speaking with a life coach, taking some online courses in pediatrics, dabbling in being a part-time real estate agent, and reading eBooks about operating an online arts & crafts business. All were short-lived. Sarah constantly found herself becoming quickly agitated. Her temper flared with her children when they "irritated" her and she would sometimes lash out in anger. Never abusively did she do this, but certainly with harsh words and sharp criticism, particularly those aimed at her husband. More than once, arguments had erupted between them that threatened to destabilize their very marriage.

Sarah would start a project or pursue an interest in the hopes it would lead to blissful harmony only to find herself rapidly indifferent and frustrated at the failed attempt. The flames of her passion were frequently quenched by the waters of her conflicting emotions. It was this that bothered her the most. She felt there must be something wrong with her, that she was deficient or broken in some way because happiness continually eluded her.

She expected me to wave the "magic wand" of ANC over her life and transform it into perfection as though such an enchantment truly existed. I cautioned her not to consider this process as though it were one of her quickly

abandoned attempts at self-fulfillment. True success was an unfolding progression that required tremendous work and always came at a cost. Before we could proceed, she first agreed to follow the process, seeing it through to its full conclusion. She chose to engage the discomfort until a new "normal" comfort zone surfaced.

Her difficulty was not in any of the ventures she set about or in her family or even in her behaviors. Sarah had a deep existential habit of expecting the worst and believing she was a failure. Her value system supported this identity and, as a result, her thoughts, emotions, and behaviors flowed from it, leading automatically and inevitably to self-sabotage, defeat, and dissatisfaction. This was a neural pathway of spiritual origins, finding its root in her dissonant life purpose and bearing fruit in her physical actions.

To eradicate it, we pulled all related life dimensions together and shifted the entire Neural Cluster into a new series of pathways that aligned her dreams with her identity. Once complete, her thoughts and emotions synced with her redefined self-concept and automatically produced behavioral responses that supported the new direction she had chosen to take. In Sarah's heart of hearts, she deeply loved children and wanted to be a caregiver and teacher; she was just hindered by a set of unhealthy mental programs that disrupted her prior efforts, creating chaos. Now whole, she has returned to the school system and, at last report, has a strong and thriving family life with her husband and children.

Kenneth

Kenneth came from a very close-knit home, where the expectation was that everyone put the needs of the family first rather than those of the individual. Relationships were emphasized and boundaries were blurred. Unspoken rules about who did what where when and how with whom abounded. These rules also carried stiff penalties for their breakage, which was yet another unspoken rule. Kenneth knew his role and excelled at conformity. The home he grew up in wasn't a bad one by any means, it just stifled individuality and personal self-expression.

If was from this environment and neural programming that Kenneth approached the world, quickly enmeshing himself with his friends in school, adopting their mannerisms and preferences so long as they did not conflict with those of his family. Later, when he graduated high school and obtained a job at a small diner on the outskirts of Pensacola, he continued this lifestyle pattern, demonstrating extreme loyalty to his boss, his co-workers, and his minimum wage paycheck.

All of Kenneth's friends and family members were also blue collar workers, content to comply with the social norms of lower to bottom-middle class interactions and preferences. There was nothing wrong with this, except Kenneth had higher aspirations. He tried to fulfil them and longed one day to obtain a professional job that commanded greater pay and, with it, a higher standard of living. But each time he attempted to move in this direction, his

friends or family would discourage the effort, pulling him back down and shaming any act of non-conformity.

Kenneth's automatic neural social response was to submit to these relational interactions and default to the domestic standards with which he was familiar. Unfortunately, his was a lifestyle replete with aspirations of underachievement that included pursuing comfort above excellence. We began by targeting Neural Clusters associated with these types of social interactions and then progressed to linking them with higher motivations and goal-oriented value systems and behaviors.

Significant effort and hard work was required of Kenneth, but he completed all assignments (written and actionable), while maintaining his loving relationship with his family although, at times, he was forced to distance himself from negative influences. Kenneth's new social interactions included forging relationships with educated peers his age, assisting and being mentored by professionals in the community, and purposely moving in circles of greater socioeconomic status. Day by day, these interactions became more natural and reshaped his automatic behavioral responses.

By the time he was ready to terminate ANC, Kenneth had been offered a job as a sales representative that provided on-the-job training, catapulting him into a solid upper middle-class bracket with associated pay and lifestyle. Naturally, he was made aware of the job, and given a recommendation, by one of his new friends in that same social class. By reformatting his social habitual

programming, ANC opened the doorway to a new socioeconomic status not only for Kenneth but (by him one day passing on this enriched neural programming) for his future children as well.

CHALLENGE TWO

Answer the following questions thoroughly. This exercise should require considerable thought and reflection.

1. From Challenge One, think about the automated responses you would transform if you could. Now think back to when you were a child and the dreams you had for your life and your future. In what ways are the responses you would choose to change similar to the dreams you had as a child?

2. Consider the moment in your life when things began to change, when the dreams you had as a child and the accomplishments you hoped to achieve seemed far away or impossible because of life circumstances or the daily choices you were making. Describe that moment when, as most people do, you settled for less than perfect.

3. If you could undo that moment and recapture those dreams, what would your life look like today?

4. What would you be willing to sacrifice, spend, believe, or do to make that a reality?

Chapter 3

Why ANC in a World Filled with Counseling, Coaching, Self-Help and Motivational Gurus?

"The best way out is always through."

-Robert Frost

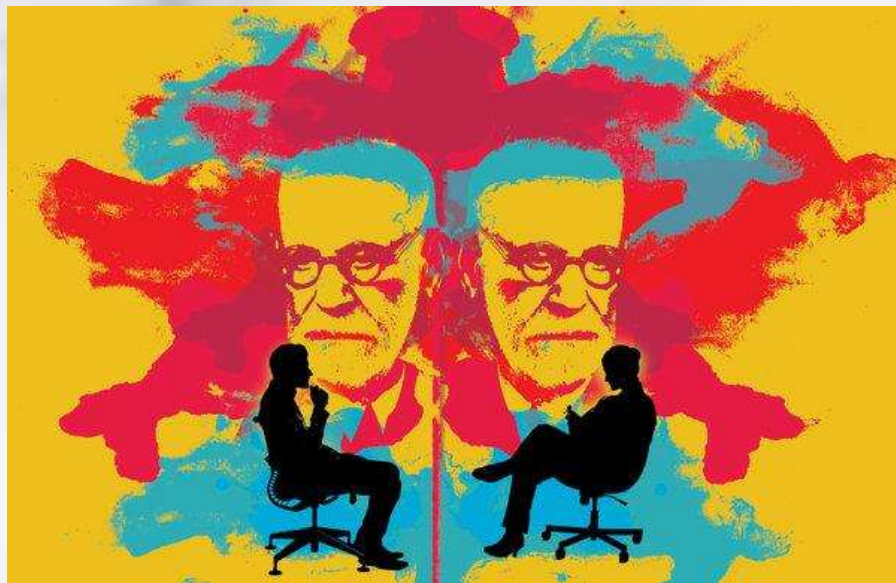
Psychotherapy and Medical Interventions

Counseling sucks. That may sound odd coming from someone who is, in fact, a board certified dually-licensed mental health and addiction clinical psychotherapist that has built a career by "sitting in the chair." But I'll say it again, counseling sucks. Now, before I insult my colleagues, profession, and all the clients I've labored with throughout the years, please allow me to explain.

Have you ever tried to hammer a nail with a screwdriver or tighten a bolt with a saw? If so, you should probably seek counseling yourself. Naturally, I say this to make the point that not every tool is right for the job at hand. Unequivocally, clinical counseling is a powerful means of invoking life change and it is necessary for disorders that require specialized interventions to achieve relief or elimination of clinical symptoms.

But the process of counseling is intricate and painstaking. It enters the realm of medical practice and intersects with legal and ethical guidelines, rightly so. It is precisely this quality of clinical counseling that fashions it into an instrument much like a gun. A gun is not intrinsically good or bad. It is a

tool and, as such, can be used for either virtue or evil, to protect or to harm. Thus, it must be regulated, monitored, and utilized only under very controlled conditions. So, by nature, clinical counseling is limited in its scope. It is also often mentally-draining to the practitioner and emotionally painful to the patient. Much like a surgeon, the therapist makes their incision and lays open the soul of their client, proceeding with the delicate task of setting right the internal mechanisms in need of repair or transplantation. There's nothing painless about such an undertaking, and it involves a high degree of risk.



Sigmund Freud. Photograph: Shonagh Rae, New York Times

I hope I've made a graphically apparent distinction between clinical counseling and other types of helping relationships. It could be simplified thus: on one hand you have a practitioner-patient relationship, on the other you have a mentor-peer affiliation. In the former category you find doctors, psychotherapists, and other healthcare specialists; in the latter you see

personal trainers, life coaches, nutritionists, massage therapists, and non-professional counselors (such as pastors or other religious clergy which, by the way, provide the most utilized form of “counseling” today). Each has its place and Accelerated NeuroConversion belongs in the latter category.

Why do I say “counseling sucks?” I’m glad you asked. Simply because the standard form of clinical counseling cannot achieve what ANC is designed to do because its approach, methods, and techniques differ. You would not ask your surgeon to replace your carburetor. This does not diminish the importance of the doctor nor the mechanic. Each has their place and it could be quite disastrous if you interchanged the two. As a counselor, I designed ANC to be a tool that reaches a much broader population, eliciting powerfully-rapid results in the hands of those properly trained to wield it. Both the physician and the technician may utilize it if appropriately trained but neither should attempt it if not.

Beyond this, conventional clinical counseling presents numerous barriers to implementation of Accelerated NeuroConversion. One such obstacle is that clinical counseling is, when the client is insured, governed by insurance companies. Despite the lip-service given to practitioner autonomy in the client care relationship, the reality is that, by regulation, the insurance company calls the shots. A provider may recommend a particular course of treatment as beneficial for the patient but the insurer can easily reject this option in favor of a cheaper course, even if it is less effective.

To receive payment approval for a preferred length or intensity of treatment (and, in some cases, even a particular intervention), the provider is often required to jump through numerous time-consuming and logistical hoops involving frequently unnecessary tests, forms, processes, and review panels. Even then, when the guidelines set forth are met, the insurer may still deny payment at their whim even after the service has already been performed. During my practice, I once had a pregnant woman who was addicted to heroin seeking treatment. Although she clearly needed residential services, her insurer wouldn't even approve an intensive outpatient level of care without an intense fight for authorization. The struggle is real. I realize that executives in the health insurance world may be deeply offended at this sharing of my experiences. If so, good.

Accelerated NeuroConversion is free from these constraints, being a non-medical and non-clinical method of dynamic lifestyle change situated in the non-professional counseling camp. Other obstacles it circumvents include invasive incursions into a person's emotional wounds through mandatory psychosocial assessments or probing inventories. ANC does not require diagnosis or treatment of disorders and it does not fall beneath the scope of regulations that could "brand" its clients with stigma or loss of personal rights in some jurisdictions due to diagnostic labels. It does not mandate medication or treatment compliance at the risk of making reports to governing bodies or losing one's healthcare benefits and it does not require face-to-face sessions

within limited regions, thereby drastically expanding convenience and accessibility. To further elaborate, I've included a table outlining some of the differences between clinical counseling and Accelerated NeuroConversion.

Attribute	Accelerated NeuroConversion	Clinical Counseling
Evaluation	Session One Checklist	Biopsychosocial Assessment Battery
Organization	ANC Strategy	Formalized Treatment Plan
Documentation	Session Checklists	Therapy Session Note
Tests and Screeners	One inventory only: A Modified Version of The Verplanken Habit Index	Numerous psychiatric tests may be deployed and their results recorded in one's permanent record
Approach	Neuro Cluster targeting and transformation via universal behavioral and ANC proprietary techniques	An array of techniques corresponding with Psychoanalytic, Cognitive-Behavioral, Solution-Focused, Family Therapy,

		Humanistic, Gestalt, Existential, Adlerian, Dialectical, Mindfulness, Expressive, Affective, Transactional, Interpersonal, Narrative, Motivational, Reality, and other psychotherapy theories
Intensity	Non-invasive, similar to an outpatient visit but in the privacy of your own home or office	Depending upon medical necessity, level of care intensity ranges from hospitalization to aftercare
Length of Service	Typically 10 weeks per target	Ranges generally from one month to several years
Interaction Format	Collaborative. Clients are expected to meet a specific level of performance to continue	Expert/professional. Clients are "met where they are" and direct the

		course of services with therapist assistance
Client Acceptance	Clients must apply and are accepted based upon their potential to effectively utilize ANC principles	Clients are typically pre-screened during admissions process and are accepted based upon medical appropriateness
Triangular Implementation	ANC utilizes an identified Support Person as an integral part of the service provision	Typically the counseling relationship is confined to therapist-patient sessions unless outside persons are brought into session (i.e. Family Therapy)
Referrals Offered to Unsuitable Clients	Yes	Yes
Diagnosis	No	Yes
Mental Health Disorder Treatment	No	Yes
Medication	No	Yes



Crisis Services	No	Yes
Format	Online Video Session	Typically Face-to-Face
Insurance Involvement	No	Yes

As outlined above, working with a trained facilitator to achieve life change and problem resolution absent medication, medical procedures, or constraining health insurance hassles is not only possible but, in many instances, preferred. Accelerated NeuroConversion provides this solution through its unique interventions and approach.

Life Coaching and Non-Professional Counseling

Life coaches, also known as motivational gurus, personal development coaches, transformation coaches, health and wellness coaches, human performance coaches, mindset coaches, success coaches, personal mentors, executive coaches, motivational coaches, and so forth are another form of non-professional counselor. While there's certainly no lack to the creativity in this field's nomenclature the fact is that a rose by any other name...well, you get it. The reason there is epic diversity in what the provider is called is because, unlike professional counseling, there typically isn't a specific governing board that sets qualifications and monitors compliance of a uniform "life coach" profession and corresponding official title. Granted, there are private sector "boards" and certifications one may obtain but none of these are officially sanctioned or regulated by a State or Federal governing body thus far. Another

reason is the entrepreneurial spirit and seeking to “set oneself apart from the crowd” by being unique and having a special life coaching “edge” through using a distinctive name.

Again, there is certainly a place for life coaching (as it shall be referred to universally hereafter) although the techniques and method of transformation utilized with these clients is somewhat ambiguous and differs from coach to coach. According to lifecoaching.com, “Life Coaching is a profession that is profoundly different from consulting, mentoring, advice, therapy, or counseling. The coaching process addresses specific personal projects, business successes, general conditions, and transitions in the client's personal life, relationships or profession by examining what is going on right now, discovering what your obstacles or challenges might be, and choosing a course of action to make your life be what you want it to be.” One might consider life coaches “generalists” in the sense that they assist people to make improvements in broad areas of their life without venturing into the realm of giving actual medical, legal, or other forms of advice that are regulated by those respective fields.



Tony Robbins. Photograph: David Paul Morris/Bloomberg

At first glance, it may appear that Accelerated NeuroConversion falls into this category, but there are significant differences. In many ways, ANC challenges the conventional wisdom of life coaching. For example, life coaches often instruct their clients to aim to change only one habit or life issue at a time whereas ANC targets a core issue aligned with a prioritized motivation associated with that issue and then enacts changes in all dimensions of a person's life related to the problem. A person struggling with procrastination that engages ANC would, therefore, restructure not only stalling behaviors but also beliefs, recreation habits, diet, relationships, faith practices and any other identified neural pathways associated with the target intervention.

Another example is the common advice to "take baby steps and not try to do it all at once." Diametrically opposed to this view, ANC promotes taking massive action and throwing everything one has into the transformation

process. The client is encouraged not to eat the elephant “one bite at a time” but instead to intentionally bite off more than they can chew, stretching themselves past their comfort zone and into the area of difficulty where growth and development of new neural pathways in the brain occurs. Comfort-seeking never leads to lasting success or the implementation of modified Neural Clusters.

Life coaching, like clinical counseling, is often open-ended, with the process ongoing until the client feels they have achieved whatever goals are specified to their satisfaction. This is usually a subjective impression. Accelerated NeuroConversion courses have a set timeframe with specific interventions and outcomes defined at the onset of service engagement. Success is measured objectively, with clear indicators and a numeric score of whether the objective was attained or not and to what degree progress toward it was made.

Most importantly, life coaching generally relies upon the giving of advice rather than research-supported techniques, with change occurring within the context of the relationship between the client and the coach. Contrasted against this, ANC does not utilize subjective advice or “tips” given to the client based upon the opinions or past experiences of the facilitator. Its techniques are evidence-based and rest upon established neurological and behavioral principles set forth in research conducted in the social science, education, business, military, medical, marketing, and other fields.

Now, don't get me wrong. As with counseling, I have tremendous respect for the field of coaching and use many of their techniques myself. I have referred clients to coaches when appropriate and shifted to a coaching model myself once primary ANC targets were achieved. This industry's meteoric rise over the past thirty years is due in large part to the fact that it swooped in to meet needs arising from imposed limitations on professional counseling. If you are not a clinician, then you have no idea of what I speak and, if you are, you know all too well. But I digress. The primary tenet that sets ANC apart from life coaching and underscores its value is the fact that its impact does not flow from personal recommendations or positive thinking but actual brain-state modification elicited through proven methods of neurological change.

Training Courses, Meditations, and Other Self-Help Methods

A question I sometimes encounter is, "Why can't I just do this myself?" At the risk of sounding facetious, I'm forced to respond, "If you could do it yourself then you already would have and wouldn't be paying me to help you." Of course, I phrase this much more professionally. It's true that many people successfully achieve personal development and growth by reading self-help books, attending seminars, taking training courses, practicing positive-thinking meditations, and other similar methods. There's nothing wrong with that and it's actually encouraged in Accelerated NeuroConversion. A major principle of ANC is that the client actively practices massive personal development through

not only the methods described above but also specific developmental assignments provided by the ANC facilitator.



Photograph: Blake Cheek on Unsplash

But a drowning man was never helped by being handed a book about swimming. Likewise, clients that continually hit roadblocks to personal growth have generally already tried resolving the problem on their own to no avail. It is in those moments that a life preserver becomes vital. ANC serves this purpose in three ways. First, the ANC facilitator is specifically trained to identify areas that are causing the client's difficulty on a deeper level than is normally perceived. One of their tasks is to bring this insight to the client's awareness so the two of them can collaborate regarding resolution through the provision of specific neural transformation strategies designed by the facilitator.

Secondly, during attempted implementation of these strategies, the facilitator serves as a guide to recognize and troubleshoot areas where the client is unable to fully or successfully complete the strategy. Finally, ANC utilizes a triadic format wherein the client, the facilitator, and the client's support person all work together to hold the client accountable for change and assist in its execution. With Accelerated NeuroConversion, no one ever has to attempt a difficult neural transformation alone.

Ideal Clients and Contraindications

I'd be remiss by failing to explain the population for whom Accelerated NeuroConversion is designed. It is not for everyone. Ideal clients are those who already have a measure of lifestyle success and the capability of building upon existing strengths. Although its techniques are truly life-changing, ANC cannot magically transmute someone who has crippling functional problems and is incapable of fully applying its principles. No structure can be built without a strong foundation being first established. Likewise, the building itself is only as resilient as the footer upon which it is framed.

For this reason, individuals who have lower intellectual functioning, debilitating medical conditions, and/or severe mental illness are neither advised to engage nor appropriate for ANC services. In these cases, necessary medical care and conventional psychotherapy should be sought first. Because ANC does not diagnose clinically-disordered behavior, it cannot serve as treatment or symptom alleviation. In an upcoming chapter, I will discuss

Clinical Accelerated NeuroConversion (C-ANC), which may be a potential alternative for clients of this nature. However, C-ANC is only utilized by at least Master's-level clinicians that are licensed to practice. Moreover, it is governed by the same laws and regulations of the mental health field at large.

Traditional counseling techniques are utilized with persons in early recovery or who are very disordered to bring them back to a baseline of minimal functioning. For those already at baseline functioning or above, ANC accelerates them to peak performance and higher levels of personal success. The requisite characteristics of ideal candidates include strong drive and motivation, the capacity to endure difficulty or discomfort, willingness to complete assignments and take massive action in all areas of life, possessing the technical equipment and skill necessary to use teleconferencing services online, having at least one reliable individual in their life that can serve as their support person, and willingness to commit to the ANC process: seeing it through until completion.

Prior to the start of any type of ANC course with any facilitator, clients are required to complete a brief application to determine their appropriateness for ANC or C-ANC services. Once suitability is established, the question then becomes, "What kind of life transformation are you seeking?" Since ANC generates dramatic neurological upgrades that ensure success, we must explore the various areas in which this success can occur. The depth of the list may surprise you.

CHALLENGE THREE

Answer or complete the following questions and exercises.

1. Think back to a time when you used either clinical counseling, non-professional counseling, or self-help to solve a problem or improve your life circumstances. Did you achieve the results you were seeking? Explain.

2. Describe your experience of these methods, whether positive or negative.

3. In what ways could Accelerated NeuroConversion fulfill any measure of success these past attempts (or even new future ones) are lacking?

4. Identify an area in at least three life dimensions (biological, psychological, social, or existential) in which you would like to experience even greater achievement. Explain.

Chapter 4

Limitless Opportunities to Transform Chronic Struggles Into Enduring Victories

"Good habits, once established are just as hard to break as are bad habits."

-Robert Puller

The deadline approaches. Unexpectedly positive reads the pregnancy strip. Your company just posted the upper-tier position you've been waiting on for years. The life support is removed and your loved one's death is imminent. That employee that constantly bungles critical assignments just did it again. The child you dressed in diapers is leaving home for college. All at once, the market timing is right for you to wade into the waters of entrepreneurship. The doctor just announced that if you don't overcome obesity it will surely kill you. Your alarm clock resounds and, struggling to get out of bed, you realize there's no inspiring purpose for doing so.

These are but a handful of situations that appear without warning, forcing one to recognize a change must be made, though you know not how. This is the mystery and the agony of life, the crossroads between victory and destruction, the seemingly insurmountable challenge upon which your destiny hangs. We have all been there. We have all gazed into the mirror seeing hollow eyes staring back as silent declarations of how inescapable the situation has become. It is here, where the next decision determines the next destination,

that we all too often stumble, caving beneath prior programming that is certain to shatter the possibilities of glorious transformation a situation presents into a thousand pieces of failure and regret. Almost robotically, we permit fear or pain to compel our surrendering of magnificence for the comfort of automation. Are we doomed to forever repeat this pattern, or is there a better way?

In your computer, whether a desktop, laptop, tablet, smart phone, or otherwise, any action that occurs happens because it was written in a source code. An operating system then loads the program into memory and moves control to the entry point of the program. At this stage, the program is executed, running until it ends or crashes. As the user, you have no need to know the source code or to guide it through each of the binary steps in order to receive the outcome. All you have to do is hit "run," which could be manually typed, swiped, selected as a button, or any other method that appears as a "cue" or prompt. The same is true of your brain.

There is a source code buried within in it designed to execute a series of cognitive and behavioral neurological responses automatically. You may have deliberately written this response or it may have been "imprinted" upon you through observations of others. Or it may have been intentionally forced upon you in childhood in the form of training or environmental shaping. Whatever the case, you are programmed to hit "run" and execute the sequence when the corresponding life prompt appears. Unfortunately, the program may automatically run to a destructive and extremely counter-productive end. Ask

anyone who grew up in a dysfunctional home, experiencing domestic violence, neglect, drug addiction, or toxic interactions and they will readily tell you it is true. The brain moves forward regardless, operating autonomously on the programming installed within it in the past. It knows not whether that programming is for good or ill.

Take, for instance, a simple life transition such as joining a different employer or finding a new romantic partner. This involves a degree of risk for it's a natural human response to fear change. What if the new job or person has horrible qualities? What if it doesn't work out and you've left behind something that was better after all? What if abandoning all your previous investments of time and resources isn't worth it? As a precaution, these diversionary lines of code are built into most people's internal matrix so that when the prompt appears (since new opportunities in life are perpetual) a failsafe program runs with the general conclusion to avoid risk and secure safety. Granted, one can "manually override" this program, but usually only with great difficulty and emotional discomfort. This is, of course, all because the initial program runs automatically when the cue occurs.

Now, combine this with a network of risk aversion software all striving to maximize comfort, steering a person toward the "path of least resistance" and you have a recipe for, at best, a very mediocre life experience and, at worst, a series of life decisions that sabotage personal growth and achievement of

highest potential. By the way, they're all as invisible as the source code behind the button you click to "buy now." Fortunately, the program can be rewritten.

The "run" command is capable of leading not only to a conclusion of paralysis or detriment but also positive action and achievement. The difference between the "haves" and "have-nots," the successful and the unexceptional of our society, can be understood simply as the different forms of programs running within their psyche. Enter Robert Kiyosaki's "Rich Dad, Poor Dad" among other illustrative examples. If this is true, then there's hope yet. One is not necessarily predestined to maintain their current station in life; we do not have to settle for what has always been. For this reason, a broad horizon of breathtaking opportunities are all still entirely within reach. Here are some of these possibilities for you to ponder.

Life Transitions



Photograph: Pexels

Managing life's priorities can be like a juggler atop a unicycle tossing flaming torches, bowling pins, and swords into the air. In fact, it could be said that performing this juggler's act is much easier than the feat of trying to balance work, friendships, school, hobbies, parenting, marriage, finances, and personal development with equal levels of achievement and satisfaction in each area. One instance of poor timing, one miscalculation of applied thrust, is a setup for calamity. Have you ever noticed in these instances that when one item is missed, they often all tumble to the ground? Accelerated NeuroConversion provides the brain pathways necessary for automating this difficult task to alleviate stress and reduce the potential for miscalculations.

Try as we might, no one can ensure their future is painless or free of soul-crushing circumstances. No amount of financial savings, preparation, or careful planning defends against the inevitable blow that is unseen. Reverting to isolation, overeating, angry outbursts, drinking, or other unhealthy means of handling grief can sometimes be a "default setting" when we experience a loss, particularly the death of a close friend or family member. Resetting this reaction to more effective and safer default programming makes a tremendous difference in the face of intense pain.

Think back to a time when you saw your child or another person's child perform a verbal or behavioral response identical to that of one of their parent's. The common prod of the other parent is often: "That is *you*," usually

with a pointed finger and sarcastic grin. Realistically, it *is* the parent's programming, imprinted through observation onto the neural pathways of the developing child. Family roles are engrained into humans from their home of origin. Consequently, we tend to revert to the examples we were provided of what it means to be a husband, wife, son, daughter, sibling, and so forth along with all the potentially unhealthy patterns of interaction and unspoken rules associated with that role. Adjusting your perception of it and, particularly, your cued responses, is possible later in life. You do not have to continue to repeat the cycles of your upbringing. Upgrading this programming can lead to a dramatic enhancement in the quality of family relationships and daily interpersonal dynamics.

Sometimes it becomes apparent that one's current livelihood is not securing them the stability or success they desire, so making a professional shift is necessary. Transitioning from one career to another, from a lower to a higher-ranked position within a vocation, or reinventing yourself and transferring this positive adjustment to the field in which you work or the team you lead is a powerful way to achieve greater professional satisfaction and success. But we all know "if you do what you've always done, you'll get what you've always gotten." Therefore, navigating the change without setbacks or derailment requires reformatting entrenched neurological responses (or actively developing new ones for novel experiences). This is particularly relevant in the event of

major life transitions such as retirement, "empty nest," or planning for end of life.

Effective Living



Photograph: Pixnio

There are many areas related to healthy living where old or unhelpful neural patterns keep us from maximizing longevity and happiness. Internal mental processes diminish self-esteem, hamper a sense of self-worth or respect, and undermine confidence in business and personal interactions. Altering these pathways is a simple process through the use of Accelerated NeuroConversion.

Roughly 50% of all marriages end in divorce. The primary reasons for this are #1: lack of commitment, #2: infidelity, and #3: conflict/arguing. Other factors involve financial problems, substance abuse, and domestic violence. All of these are related to automatic responses and mental/behavioral pathways that damage rather than support a couple's unity. Marital satisfaction is

diminished when patterns of selfish behavior or insensitive communication undermines intimacy. Rewiring these undesirable responses into enriching and uplifting ones is a simple way to tie them into standard marital cues so their execution is automatic, leading to highly pleasurable and strong marriages. A significant part of this is developing and maintaining intensely rewarding sexual practices amplified by intimacy enlargement and environmental stimulation.

Likewise, parents frequently “become their mother/father” and play out the programming set before them when growing up. This points back to the previous discussion about “neurological imprinting” that occurs in early childhood. Some of these source codes are hurtful or otherwise detrimental to the healthy development of children. What’s worse is that, by utilizing them during the very impressionable ages of a child’s development imprints the faulty circuitry upon them, perpetuating generational deficits. When given the choice, most parents opt to forego unhealthy discipline and detrimental teaching styles in favor of ones that optimize their children’s chances of lifelong success. It’s self-evident that maximizing productive reactions through ANC has repercussions that cascade well beyond just the recipient’s personal achievement.

Along these lines, failure to demonstrate positive methods of self-care including deployment of non-destructive coping skills, adequate nutrition, ample exercise, and intellectual fitness not only limit the impact you can make

upon your family but also on society. Consider the example of “Larry” (fill in the name with that of someone similar you may know). He’s prone to explosive outbursts. His business dealings are dishonest and sometimes cruel, not to mention he is noncommittal by wavering after making decisions and failing to complete the projects he begins. It’s not a stretch to recognize the prosperity of his family and acquaintances are not far behind his own abysmal levels. Interconnectedness extends beyond families into peer groups, business associations, and society at large. If we are only as strong as our weakest link then the reinforcement of that link multiplies the power and potential of the network as a whole. In this way, Accelerated NeuroConversion magnifies its effects when viewed through the prism of interrelated components. Improving your performance actually enhances everyone else’s, just like the small ripples from a stone tossed into a pond grow larger the farther away from the point of impact they spread.

Performance Upgrades



Photograph: rawpixel on Unsplash

Of course, not everyone is a professional, corporate executive, or business owner. While Accelerated NeuroConversion principles enhance key areas of anyone's life regardless of their current level of success, it is in high-performance areas where it truly excels and the difference is most noticeable. Those with demanding careers are often subject to the greatest pressures and most complex obstacles, leading to higher than normal levels of stress and frustration. This is especially evident when one has built a career using certain patterns of navigating difficulty or managing anxiety that may be less than healthy simply because they had to "soldier on" and "get the job done."

Once upon a time, two men set about chopping trees into firewood in a certain section of a dense forest, armed with only their axes. Their foreman had

set a firm quota for them both and it was a spirit of competition as well as the fear of reprisal that motivated them to do their very best. The first worker, George, was a brute of a man, his body bulging with muscles and sinews as thick as the beard pasted across his lumberjack face. The second, Bill, was not quite as virile or large but he was an intelligent fellow who went about every task thoughtfully.

The day began with George attacking the trees with bullheaded determination. His pace was nearly twice as fast as that of Bill's, amassing a pile double Bill's size in a flurry of shattering bark and splintering branches. Bill was equally resolute but rather than charging with full force he paced himself, stopping often to catch his breath and allow his weary back to rest. Each time he paused, Bill would take out his stone and sharpen his axe, bringing it to a razor's edge while his body recharged.

George would taunt him every time he stopped, for the giant had scarcely halted long enough to eat his lunch. Interestingly, by noon, the men's wood piles were nearly even in size. Bill encouraged George to work smarter, but his words were ignored and, sometimes, even laughed at. George said he had no time to stop and that, to meet the quota, he had to just power through, giving it all he had. As the sun began to slip behind the tree line, casting long shadows across them both, George heaved and grunted, hacking away with a dull axe beneath trembling arms weakened by constant exertion. When he noticed Bill's pile had grown even with his, he labored all the more, throwing his weight

behind every blunted blow. Once, at last, the foreman came to inspect their work at day's end, Bill was commended for his greater productivity and larger wood pile. Bill simply smiled and headed back to camp, leaving George behind to wheeze and stagger in the dark to finish his task.

It's sadly common to see how often professionals scurry about in the same way as poor George, conditioned to punish themselves when, in reality, working smart produces greater (and far easier) results. ANC facilitates this along with the elimination of disruptive habits such as smoking, gambling, obsessive action-taking, and inappropriate fury. It is rather foolish to sacrifice wars to win battles but this is precisely what we do when we destroy our bodies and sacrifice the pleasure of the moment for a distant goal that may never even materialize. Enjoying the satisfaction of the journey and the simple pleasures of progress is paramount to burning out chasing the carrot of a narrow-minded objective that often morphs with the shifting sands of market trends and business directives.

One of the distinctive qualities of Accelerated NeuroConversion is that it transcends the boundaries separating dissimilar life pursuits due to supercharging the person within them rather than just addressing the task at hand. The author limited by regimented thinking that struggles with writer's block and the sculptors that have relegated themselves to certain medium because they operate automatically from the ideas with which they are familiar both find new potential for masterpiece creation when neural hindrances are

lifted. ANC helps all manner of artists to perfect their craft alongside thinkers in industry, philosophy, and the sciences, thereby promoting the expansion of creativity, logic, and graceful expression.

A product of the people with whom we associate, humans tend to adopt the negative mindsets and practices of others, thereby limiting the heights of our own potential. This is remedied by severing or containing detrimental relationships while cultivating inspiring ones. Finding and emulating rather than being the smartest or most skilled person in the room is a certain path to growth. And doing so is subtle programming. Chronic relapse to unhealthy behaviors and attitudes is generally the result of "default" neural pathways, as is "failure to launch" when it comes to leaving your parent's basement or getting your business venture off the ground. Are these things not simply the logical outcome of patterns of thinking and acting that inhibit achievement? Sometimes the most profound issue ANC addresses is not failing to accomplish a goal but failing to have the correct one.

When automated responses reveal deficiencies due to an inadequate skillset or knowledge base, Neural Clusters are established to promote education, experimentation, and aptitude expansion. Boundary setting is often needed so one is capable of ensuring balance with technology and other forms of "over-connectedness" as a method of improving productivity. Similarly, when self-absorption and obtrusive ego leads to interpersonal conflicts, rewired targets promote healthy channeling of "alpha" responses. It's true, ladies, the dashing

brigand that stole your heart can learn to be well-mannered and suave while retaining the vigor that captivated your attention. Gentlemen, "game" as it is so ineloquently titled in both sexual and commercial competition is not something innate, but learned. These programs are available and downloadable for all.

For those of the investigative bent, boosting action-prompting pathways and linking them to opportunity cues overcomes analysis paralysis. For the Star Trek fans, imagine the intellect of Spock combined with the commanding presence of Captain Kirk. This is but a simple operation involving Neural Cluster splicing. Delving a bit deeper, sometimes the hindrances that beset you are not born of academic or behavioral deficiencies but rather from core distortions of personal values and identity. Enhancing not only this, but also spirituality, ANC serves as a means of exploring and embracing life purpose, which reenergizes and catapults driven individuals into destiny. I could go on, but these are just a sampling of ways Accelerated NeuroConversion transforms chronic struggles into enduring victories. Again, it is not for everyone, and ANC comes at the cost of high investment in exchange for profound value, but the results are apparent when grasped. The question you may now be thinking is, "How exactly does this thing work?" You would be right to ask...and to explore the answer.

CHALLENGE FOUR

Complete the following exercises.

1. Identify your hidden programming related to life transitions and discuss ways it could be enhanced.

2. Identify your hidden programming related to effective living and discuss ways it could be enhanced.

3. Identify your hidden programming related to performance and discuss ways it could be enhanced.

Chapter 5

Some Nuts and Bolts and a Glimpse Into Your Brain

“Sow a thought, reap an action; sow an action, reap a habit; sow a habit, reap a character; sow a character, reap a destiny.”

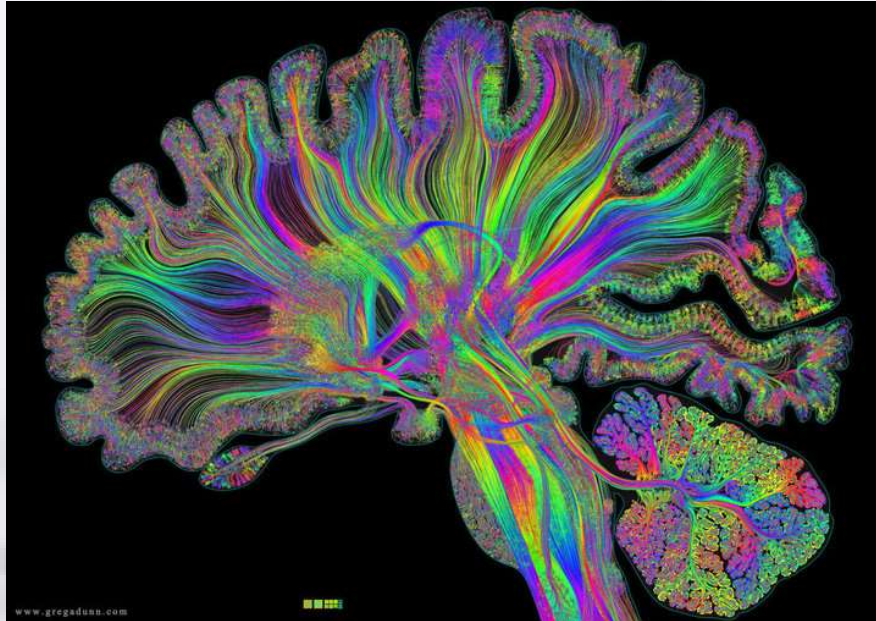
-Stephen Covey

Let's be clear that when it comes to shattering homeostasis and making cerebral changes it's a risky business. The brain is a sensitive thing, prone to implement actions and execute functions with resolute resistance to alteration of existing circuits. Couple this with the challenge of removing the emotional consolation of a consistent sense of balance in everyday routines and the potential for regression or new forms of neural dissonance emerges. True, we're

not facing anything life threatening or capable of "burning out" the interconnected neurological pathways that make consciousness possible but feelings of confusion, discomfort, fatigue, discouragement, and frustration are all very real possibilities, and all acutely common to the process.

So, the facilitator of Accelerated NeuroConversion is, like all who accept the daunting challenge of transforming another human being's life for the better, braving dangerous seas knowing they must be adept at their function and skilled at each task along the way to goal completion. Likewise, the client must recognize that there is no mystical incantation that can be spoken over them to bring about the dramatic metamorphosis described herein. They, too, must be willing to risk the inherent aching and strain that accompanies all growing pains. But as delicate as neural tissue is, it is also resilient and beautiful. Our lives are made of the fabric of choices resulting from interactive neural software processes, a tapestry woven of a lifetime of experiences and lessons learned. For those bold enough to submit beneath the tailor's scissors and needle, hope blossoms. Fulfilled dreams are the patchwork product of such mental quilts.

The Evaluation Process



Photograph: Greg Dunn and Brian Edwards

As with a new pair of shoes, utility depends largely upon fit. So it is with Accelerated NeuroConversion. The screening process begins with potential clients completing an application for candidacy that is reviewed by the ANC facilitator. Based upon the responses given, the candidate is either disqualified as ineligible and unsuited for services or offered a time to schedule a phone interview with the facilitator. During this conversation, further screening is conducted. Should it be determined that the prospect is better suited for an alternative service, a referral is offered by the facilitator and the contact is terminated at that time. If, in fact, the prospect is an ideal candidate that could benefit from utilization of ANC, the client is accepted and provided with the initial documentation necessary to start the process.

After the client completes this orientation packet, which includes identification of and consent to involve their support person, a confidentiality statement, an explanation of services, and new client instructions, then session one is scheduled. The first assignment (included as part of the client's orientation to services) involves completion of the client's "Life Story." This is a narrative of the major events of a client's life across functional domains used by the facilitator to identify patterns in thinking and behavior.

During the first session, this assignment is discussed prior to the facilitator and client transitioning into a collaborative effort of highlighting the client's top three goals or desires. These are then prioritized into order of importance. Next, the facilitator assists the client with development of insight into hidden programming and identification of detrimental automatic responses. A baseline score including frequency, duration, and/or intensity of the neural pathway is established for lifestyle domains. Likewise, positive or healthy neural responses are isolated to designate existing strengths.

A key facet of this process is the facilitator's techniques of recognizing how neural pathways related to the goal persist in psychological, social, behavioral, and spiritual dimensions. Once known, they are grouped together into a categorical "Neural Cluster," which is the expression of a neurological response across perceptual states. This is the first "target" of the Accelerated NeuroConversion course. Intrinsic to this grouping is another prioritization technique that surveys the client's primary motivations for executing the

program from ANC's distinct ten sets of motivation types. The initial intervention focuses upon the most powerful type and gradually expands to encompass all others relevant to the objective.

Development and Implementation of the ANC Strategy

The opening session assesses the client's level of commitment and presents motivation-enhancing procedures when needed. The facilitator and client then outline the specific ways they will interact with and include the support person in their ANC course. This may involve intentional disclosures, agreements related to accountability, activity assistance, and periodic inclusion in weekly sessions if needed. Clients further outline the lifestyle changes they will make to free up time or reorganize their daily routine for completion of exercises and assignments conducted outside formal sessions with the facilitator.

Featured prominently in session one is education regarding the mindset necessary to succeed using ANC principles. This is combined with exercising deep commitment to the change process, a refusal to make excuses or perceive oneself as a victim of circumstance, as well as developing rapport with the facilitator and trust in the methods. The importance of achieving deadlines set on the ANC Strategy, completing all assignments with high consistency, and of working hard are all highly emphasized. Resilience is requisite. Clients learn to endure discomfort and ignore external as well as internal criticism.

The core element of each week's session is the development of an Accelerated NeuroConversion Strategy for the upcoming week. This is done by linking the

current primary motivation type with both extant and novel cues across the four integrated lifestyle dimensions. For each item of the strategy, a rating is obtained through the Modified Verplanken & Orbell Habit Index. This score serves as both a baseline for existing functioning as well as a way to track the progress of adapting to improved Neural Clusters.

The session is concluded when the client voices a clear understanding of the strategy for the upcoming week, pinpoints ways to access the resources necessary to accomplish it, and demonstrates a confident determination to follow through in accordance with the tactics set forth. Instructions are provided regarding ways their support person will be involved in the process along with expressed means of how to communicate this to them in ways that assure their assistance. Lastly, assignments related to that week's strategy are provided by the ANC facilitator and the next week's session is scheduled. Clients continue to provide MV&O progress ratings at each session's start for facilitator review.

Neurological Metamorphosis



Photograph: Shutterstock

Often, when people approach me wanting help with their life they are simply wanting to change a behavior but are struggling to do so. They come with requests like, "I want to stop screaming at my kids," or "I'm not closing enough sales at my job," or "I want to quit drinking too much at business dinners," or "I want to better communicate with my spouse." These are all fine goals but they are ultimately surface level. Yes, they can be addressed at that stage but more profound change occurs when you dig deeper into their psyche to uncover the motivations and programming that generate the final "output" of their executed programs: the observable behaviors they want to adjust.

A wise practitioner always asks, "What's beneath this behavior?" Further excavation reveals that beneath the behavior lies an emotion. You scream at your children because you FEEL frustrated. The issue could thus be addressed at an emotional level. But we can go deeper than this still. What is beneath the

emotion? It is a thought, usually an automatic and unconscious one, a programmed "thought habit." It might go something like this: "My child isn't following my instructions." What is beneath the thought? Hitting bedrock, we find that the thoughts flow from an underlying belief. In our example, the belief may be, "Parents deserve respect and anything short of absolute obedience is a challenge to my authority." It doesn't matter from where the belief or value system originated. The fact that it exists triggers the automatic response corresponding to their programmed pathway.

The dominoes fall thus, "I believe in absolute submission, I think I've been challenged and insulted when complete obedience doesn't occur, so I feel frustration and anger, and I justifiably scream at the victim deserving my wrath." We could work our way down this program, trimming the tree so to speak, or we could lay the axe to its root. Change the faulty belief and everything that flows from it (the thoughts, feelings, and actions) must also inevitably transform. Crushing a foundation topples the building. Interestingly, just as (in the above example) it makes sense to start an intervention at the deeper existential and cognitive level, it is important to point out that this pathway is non-linear, meaning it can be modified in reverse with mirrored effectiveness. One may eliminate either the chicken or the egg and obtain undeniable results regardless of the starting point. No chicken, no egg. No egg, no chicken.

Paradoxical as circular causality appears, the explanation is, again, found in neural circuitry. Just as you lay the foundation for programmed dominoes falling in a particular route through your intrinsic value system and beliefs, you may also alter your value system and beliefs by performing an antithetical behavior. It works both ways. Take Jill. She grew up in a home of laborers that highly valued the principles of sacrifice, exertion, striving for excellence, and an ethic of working very hard. This worldview was imprinted upon her neurologically, causing corresponding thoughts, emotions, and behaviors to spontaneously surface. But when she came into a large inheritance and had no need to work, she spent her days lounging by the pool, going shopping, and watching her favorite reality TV shows. This caused certain protein changes to form in the DNA of her neurons that were contrary to the existing pathways of her pre-inheritance brain tissue.

Months of repeating this behavior strengthened the association, forming a resilient automated response of luxurious lounging. Because this behavioral pathway was linked with other pathways involving emotions, thoughts, and beliefs, these too began to change until the entire Neural Cluster was now geared toward her persistent automated response of NOT working hard. Thus, the new behaviors overwrote the original programming of the surrounding systems. Micro-evolutionists could consider this process adaptation.

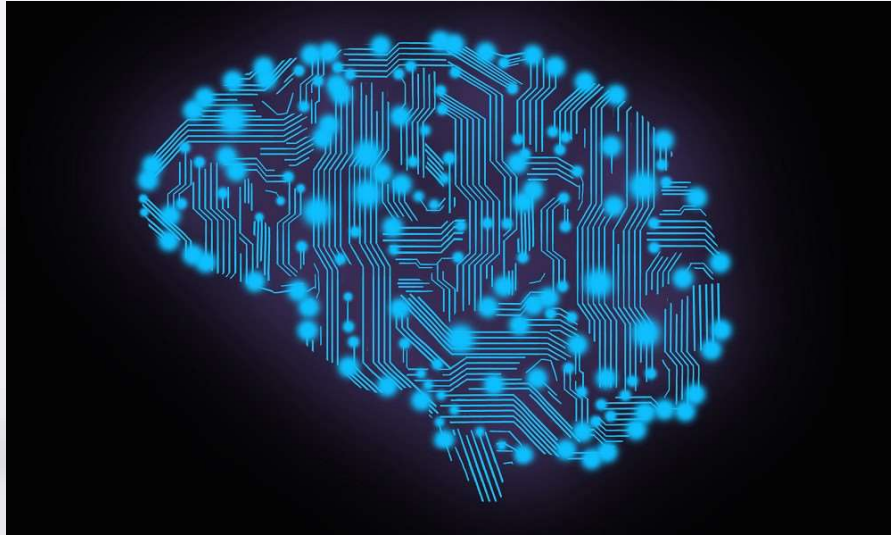
At this point, Jill began to believe that working hard was irrational, felt repulsed at the thought of breaking a sweat, and thought the life she was living

was superior to that of her blue collar family's. NeuroConversion had occurred. Had Jill deliberately and simultaneously focused every associated pathway upon the new habit, bringing circuits of relationships, spirituality, emotions, and her idle behaviors intentionally to bear upon the cluster in question all at once, its conversion would have been accelerated.

So we see that the pathway can be intersected and rerouted at any juncture. Change a belief system and the dominoes fall in the direction stacked, terminating in behaviors and lifestyle. Change a behavior or lifestyle and the dominoes again fall in the new direction, cascading back to altered existential roots through which life is perceived and understood. But combine all dominoes falling in the same direction simultaneously and the neural circuitry establishes itself rapidly and with great strength in the direction of the targeted change.

The method of setting off this chain reaction is a complex process of modifying environment, refocusing values to fortify identity, establishing consistent cues, and engaging the basil ganglia to elicit programmed responses that require little or no conscious effort once fully reinforced. While this is explored in greater detail in this book's addendum, I trust this simple explanation leaves the power of deployed ANC self-evident, particularly when habitual actions are not haphazard but harnessed to maximum positive effect by design.

Troubleshooting, Strategy Refinement, and Gain Consolidation



Photograph: Shreyas Parab, Health Transformer

Now that Jill has foolishly squandered her windfall she finds herself in financial difficulty, needing to return to the workforce but depleted of the drive and determination she once had. She is constantly beset by lethargy and habitual laziness as her brain executes its programming. Moreover, she is at odds with her family since their value systems now clash. She feels an odd mixture of remorse and resentment, disgusted with herself while relationally isolated. When her desperation reached its apex, she sought relief through the aid of her Accelerated NeuroConversion facilitator.

Does her facilitator begin with her altered identity, her emotional discomfort, her physiological reactions, her spiritual angst, or her social dysfunction? The answer is a resounding, "yes." Leveraging primary motivations and grouping the primary Neural Cluster across dimensions into a neural target, he sets

about developing a strategy for rebooting the system and rewiring the pathways so they align with her desired automated outcome.

This strategy evolves week by week, delving deeper into additional motivations and drawing in other related neural targets, compelling them to synergize and direct mental energy as one until the system is tightly linked and self-reinforcing. At last, the desired outcome emerges clearly dominant though effortlessly natural. Jill's lifestyle has changed and she now flows in the automated programming of an ambitious work ethic more driven than ever before. Along the way, regressions or failure to implement the strategy precisely as intended as well as struggles with the discomfort of the growth are addressed by her ANC facilitator who constantly troubleshoots and adjusts course as her support person undergirds each layer of the transformation.

When her primary goals were first identified during the ANC evaluation, her prioritized neural target was simply restoring her work ethic. She has not even begun to generate the multifaceted neurological adaptations that would result from undergoing the same process for her other goals of finding a sense of purpose in her career and using her interests to build a vibrant social network. Nevertheless, she is determined to advance or lose all by moving on to the second ten-session course of Accelerated NeuroConversion.

The difference she sees from modifying the first neural target is so profound that she can't believe she once struggled with responses that now flow instinctively and with ease. Jill ponders the realization that she feels addicted

to the change. It's compulsory, unavoidable, and essential. Her brain has relieved her of effort but assumed full control of the process. There is a mixture of fear and ecstasy as the realization sets in that free will has its limits. Ironically, that leads me to the fact that you, dear reader, are an addict...and so am I.

CHALLENGE FIVE

Complete the following exercises.

1. Describe a time when you developed a belief or identity that changed your usual behaviors. Was the change beneficial or detrimental? Why?

2. Describe a time when you developed a series of behaviors that changed your previous thoughts, beliefs, or self-concept. Was the change beneficial or detrimental? Why?

3. Do you believe it's possible to rewire your brain to dominate your environment rather than allowing the environment to dominate your thoughts and actions? If so, what are the potential repercussions of such reprogramming?

Chapter 6

Let's Face it, We're All Addicted

"Good habits are as addictive as bad habits but much more rewarding."

-Anonymous

And that's when it broke me. Like fog dissipating before the rays of a sun freed by passing clouds, my consciousness returned and I could feel the hard concrete beneath my back. The air was thick and loud with angry shouts. I had soiled myself. Waves of confusion rolled like an endless tide of regret, crashing against dawning hope, but I knew why I was there. Adrift in a sea of derelict souls and yet utterly alone, I reached out for help, mustering the very last of my strength, undeserving but daring to risk the impossible. Then I died.

Alas, I'm getting ahead of myself. Let's backtrack from that moment a decade or so. I suppose it all started when I was a child. It is in the tenderness of youth, and then the cyclone of adolescence, that the brain forms its most critical pathways, establishing personality, perception, and patterns of living that persist often until the grave is sealed and to dust we return. It was then, in my developing prepubescent mentality, that I was forced to make sense of something wildly nonsensical: trauma.

I will refrain from sharing the details but simply know that it was acute, repeated, and damaging. Children are incredibly resilient, though. I continued to function, the only telltale sign of internal injury being the sprout of

something poking through the soil of my soul, something bearing the gnarled leaves of anxiety and fear. Its roots probed deeply, intertwining with thoughts and emotions and beliefs and potential. Soon, it vined, snaking across relationships, worldview, and everyday behaviors. Obsessive, I became, compulsively performing actions that were as difficult to understand as they were to resist. But doing them relieved the tension, if only for a moment. Later in life, the first fruits appeared, hanging heavy on the vine in the form of diagnosed Post-Traumatic Stress Disorder in all its splendor.

Over the years, as this parasite festered in the raw core of my humanity, I learned other ways to curb its appetite and stave off its sting. My very first abuse of drugs began a love affair with them that was fated to end in destitution and agony. More passionate than Romeo to his Juliet, I advanced in pursuit of my lover, forsaking family, friends, education, livelihood and, ultimately, sanity. As if driven by some translucent monster steering the reins of my soul with a hellish remote control, I stumbled from injury to heartbreak, from unfulfilling pursuit to terrible sadness. It was quite automatic. It was quite natural. It was quiet desperation, a suicidal bent not my own but fueled in surges by the damage and faulty wiring of my brain...until that day.

That day, I discovered my escapes were actually traps; my comforts were really poison. I realized that the only way out was *through* and that the only way to live in a new reality was to die to the old, relinquishing it completely. My programming had executed its purpose flawlessly, catapulting me into a

shattered life, legal trouble, and the multifaceted consequences of self-sabotage. It was when I found my faith that I found my redemption. He showed me the software encoding and its logical conclusion but He also highlighted another way, another path to a different destination. Truth sets free. I accepted the challenge of reorienting all life domains in accordance with this new discovery: physically, emotionally, socially, and spiritually. I became a new creature for the old had gone and the new had come.

Oh no, I assure you it did not happen as swiftly or effortlessly as this may seem. I'd like to say I experienced a glittering explosion that launched me immediately from the cocoon upon silky rainbows of warm ecstasy, but in truth the change was gradual, difficult, filled with setbacks, pain, and surrender. It is a lot like, well, dying. Indeed, the journey is ongoing, a continuous pursuit of restoration and elevation. But each death is the opportunity for fresh life, like the acorn that falls and dies trampled into the ground, only to break through the soil and rise into the sky...dropping acorns back to the earth throughout its ascent. Now, there's much that could be said of my adventures in discovering the perpetual unfolding of life's mysteries and the incredible majesty of transformation they hold. But my purpose here is instead to draw attention to a principle necessary for understanding how Accelerated NeuroConversion operates. That principle is addiction.

Cunning, Baffling, and Powerful

What exactly is addiction and how does it relate to habit transformation or neurological reprogramming? The answer to that is as complex as it is mystifying, a mashing of art and science, with the explanation being different depending upon which expert is questioned and which part of the elephant they are examining beneath their magnifying glass. Initially, addiction was not considered a medical malady. Almost universally, it was considered as a moral failing, a character flaw and sinful behavior that required spiritual deliverance. While matters of personal values, identity, existential beliefs, and life purpose certainly play a role, as evidenced by numerous research studies and the success of programs such as Alcoholics Anonymous, which has a heavily spiritual component, addiction is much, much more. But this view prevailed for centuries and is still a point of contention as demonstrated by the social stigma associated with substance abusers today.



You will either step forward into growth or you will step back into safety.

Abraham Maslow

www.thequotes.in

Photograph: www.thequotes.in

One of the earliest acknowledgments of addiction being a neurological problem (i.e. a brain disease) was voiced by American physician Benjamin Rush, a signee of the Declaration of Independence. He argued that it was less a choice than a “palsy of the will.” His views weren’t widely accepted until advanced medical practices and research supported the theory from 1956 to 1967, at which time the American Medical Association officially designated alcoholism and, by extension, addiction in general as a “disease” with predictable signs and symptoms, functional impairment, etiology, progression, and so forth. Despite this recognition and its inclusion in the listing of mental disorders codified by the American Psychiatric Association’s Diagnostic and Statistical Manual (II) in 1968, insurance companies still would not pay medical claims for addiction treatment nor would professionals medically “treat” the condition apart from detoxification or emergency life-saving procedures.

The result of this was the emergence of a class of non-clinical “peer-driven” approaches to treatment such as AA, NA, support groups, therapeutic communities, educational rehabs, and an entire field of non-professional interventions. Pastoral care, volunteer ministries, and inevitable involvement in the court system were overwhelmingly common approaches due to the lack of conventional mechanisms to address the issue. In the 1970s and 1980s, technological advances allowed providers to study the internal workings of the

brain to confirm damage and deformities associated with addiction, leading to a wider acceptance of addiction as a disease process. In turn, this led to an influx of federal funds for evidence-based and standardized treatment in the form of grants and other programs.

In 2010, legislation was passed requiring insurances to recognize and reimburse claims made for services that treated addicted Americans according to the guidelines set forth in State and Federal regulations for evidence-based practice provided by licensed or certified professionals. For the first time ever, insurance-supported access to addiction treatment achieved parity with that of mental health treatment. By this point, however, addiction had already reached epic proportions in America, culminating in the "opioid crisis" and passage of the 2018 Opioid Crisis Response Act that intensified funding for clinical interventions designed to combat the disease that caused roughly two hundred Americans to die every single day in 2017 due to overdose alone. For that year, addiction-related-deaths in America totaled an estimated 72,000, which is greater than the number of deaths from guns, car crashes, and HIV/AIDS combined. Put another way, it was more deaths than all US military casualties from both the Vietnam and Iraq Wars. Research shows in the years to come these numbers are likely to increase. Clearly, the neurological mechanisms within addiction that drive people to execute programming with fatal outcomes is cunning, baffling, and powerful.

Within the field of addiction treatment, debate continues concerning the most effective approach. Some camps adhere to strict peer-driven and Therapeutic Community models, with a heavy emphasis on environment, relationships, and social learning. Others endorse the medical model, focusing on research-supported techniques and pharmacological interventions such as Harm-Reduction and Medication-Assisted Treatment (MAT). Many maintain that the issue is rooted in characterological deficits and lack of spiritual development, leaning heavily upon religious and faith-based approaches. Psychologically, therapists conceptualize that addiction results from distortions in thinking or drug-seeking behavior that serve as a survival mechanism for coping with the overwhelming pain of mental health disorders like severe anxiety or chronic depression.

In society at large, many people still feel that addiction is simply a choice and, therefore, that it cannot be a disease process but is instead something to be addressed punitively through the justice system. Ironically, many well-accepted disease processes are caused by and are often prevented from entering remission due to personal choices. For example, eating excessively, consuming large amounts of sugar, and living a sedentary lifestyle are choices known to contribute to the development of diabetes. Likewise, when diagnosed and in recovery, failing to take insulin as indicated, failing to exercise, and failing to maintain a healthy diet are also choices that exacerbate and perpetuate diabetes' clinical course. Similar examples could be made of cancer,

heart disease, and other conditions. The fact that human choice plays a role does not dismiss the very real presence of the disease. Nor does the presence of the disease excuse one from making necessary life-sustaining choices.

Got Confusion?

If so, you're in good company. It's quite perplexing to consider how someone can willingly perform a harmful behavior until the continued performance of that behavior morphs into unconscious action beyond one's control. As the old proverb teaches, "First the man takes a drink, then the drink takes a drink, then the drink takes the man." Even more unnerving than this paradox is the frightful consideration that humans possessing freewill are capable of making choices that initiate biological processes that ultimately strip one of their power of choice. Research into addiction treatment is ongoing and there are still mysteries to unravel. Because of this, even the definition of recovery or treatment success is somewhat elusive.

A simple definition is the achievement of sobriety. But does the cessation of a behavior mean recovery is evident? Can a person "white-knuckling it" and fighting the constant urge to do something through the misery of gritted teeth and a person that effortlessly moves down a different path, content to happily execute new lifestyle choices be rightly compared as equal in their recovery? For this, the term "dry drunk" is juxtaposed against that of a "recovering alcoholic." It is therefore apparent that recovery and transformation are richer and far more intrinsic than simple abstinence. At the risk of waxing

philosophical, the behavior is less a product of choice than it is of the kind of person one has become.

Moreover, what this recovery looks like is difficult to describe, since its measurement varies depending upon the perspective of the one enacting the change. A socially-oriented provider might view recovery as a change in environment and the replacement of addict friends with sober ones. A psychologist might view recovery as the resolution of underlying mental disorders that contribute to drug cravings. A minister might view recovery as conversion to their faith. And a physician might view recovery as replacing risk taking behaviors such as injecting heroin through dirty needles with a more sanitary use of long-acting opiates monitored by a healthcare professional. Which is correct? How does one put a ruler against them all and find common ground let alone uniform results? Or do we turn to client self-report, their subjective opinion of managing their addictive lifestyle? The ever-present factors of denial and delusion rear their heads, dashing our optimism of the client's accuracy.



Photograph: Kkolosov/iStock/GettyImages

Before wading into deeper waters, I want to take a step back and point out that I'm merely presenting ideas for consideration. Namely, that the interplay of choice and neurological programming is potent, that the way to address faulty neurological programming is varied, and that the measurement of its success is challenging. Many volumes have been written about addiction, and I can only hope to scratch their surface during this chapter. So, please understand my musings to be an extreme simplification and jumping-off point for further discussion about the workings of the brain and ways to manage its myriad complexities.

Momentarily, I will discuss neurological processes in addiction and how they parallel the development of standard habitual action. Before I do, I want to point out that, while concepts of addiction treatment can be harnessed to great effect for lifestyle improvement by accelerating automatic processes, they alone

are not sufficient to address all the issues arising from chemical dependency. The most prominent feature of inundating the brain with large quantities of a toxic substance over a significant period of time is that brain damage will inevitably occur. This brain damage can be seen in the death of neurons in the hippocampus as well as other regions. When brain damage occurs, invariably, brain dysfunction follows. This dysfunction is present not only at the point of intoxication or withdrawal but also long after sobriety has been achieved. It generally results in a syndrome known as Post-Acute Withdrawal (PAWS) that can last for several years after cessation of drug use.

Noticeable features of this form of brain damage include impairment in memory, judgment, conceptualization, problem solving, psychomotor coordination, emotional regulation, and other key functions. Anatomical changes in the structure of the brain also occur such as deficits in the connection pathways within the inferior frontal lobe and visibly reduced gray matter volumes in the amygdala bilaterally. Twin and adoption studies have consistently demonstrated the genetic and inheritable nature of addictive predispositions. Brain abnormalities are present and observable through irregular P300 brain waves that occur not only in alcoholic men but also in their sons who have never consumed alcohol, similar to the known pathological marker of elevated Monoamine Oxidase occurring in the prefrontal cortex. These and other features of chemical addiction require specialized clinical treatment interventions and distinguish it from the changes Accelerated

NeuroConversion elicits. However, the common denominator between the two is perhaps the most significant element in addiction treatment, for it persists outside the realm of substances and is prevalent in additional forms of compulsive and automated behavior such as gambling, video game, sex, and other non-chemical addictions. That common element is dopamine and the brain's reward pathway.

Before explaining this, I feel it is important to conceptualize an effective way to measure success and recovery. Otherwise, we are woefully limited to subjective interpretations and skewed analysis. To this end, I'll briefly point out a model I find to be superior. Abraham Maslow outlined the widely accepted *Hierarchy of Needs*. In this model, human beings move from the fulfillment of basic needs to higher and more sophisticated levels of functioning. These include progress from biological to safety & security to love & belonging to self-esteem and finally to self-actualization (achieving one's highest potential). Logically, if movement up the hierarchy indicates greater functioning and health then moving down the hierarchy reveals regression into dysfunction and unhealthiness. I dovetail this with my *Need-Reduction Model of Addiction*©, which highlights an addict's dysfunction being rooted in a maladaptive cycle across domains of physiology, social connection, mental health and spirituality.

Rather than limiting the scope of intervention to one area, all are equally addressed so the addict is able to meet their needs in every dimension, leading ultimately to a newly established recovery lifestyle. By inverting Maslow's

Hierarchy of Needs, I have revealed in other written works the *Hierarchy of Maladaptive Functioning*, which is a descent into the levels of decline, destitution, degeneracy, depravity, and self-destruction. With this construct in place, we find a universal and cohesive way to measure recovery progress throughout each of the ten levels: *The Composite Hierarchy of Recovery*© (see Fig. 4 in addendum). Since this can be used to obtain an accurate cross-model measure of success in overcoming chemical dependency, a similar cross-dimensional technique and analysis tool is easily adaptable for Accelerated NeuroConversion, which is precisely what has been used. When engaging ANC, clients are therefore not limited to relying on their own subjective ideas about progress nor on the opinions of their facilitator. Instead, they are able to track, measure, adjust, and monitor their achievement throughout the ANC course with clarity and precision.

Leveraging Addiction-Breaking Strategies to Accelerate Personal Transformation

I truly appreciate you chasing the rabbit of addiction with me down into its hole. Since you're likely wondering why, please allow me to explain. One of the most nefarious contributors to the addictive process is the release of dopamine when a psychoactive drug is consumed. Dopamine (commonly called "dope" on the street) is a neurotransmitter associated with pleasure. It is linked with the brain's reward center and released when a person does something good for

their survival or health. This motivates the continuance of that behavior and reinforces the neural pathway so it is performed again and again, becoming instinctive and automated. You get a slight burst of dopamine when you eat, when you rest, when you achieve, when you develop relationships, when you have sex, and so on. This makes you want to do more of those things, just like your nervous system's pain system generates physical or emotional discomfort when you perform an action detrimental to your health or the survival of the species so you'll do that action less. Now, organic dopamine release is just a small burst of the neurochemical injected into the synaptic gap over a relatively short span of time (seconds to minutes), but it happens often throughout your day like breadcrumbs on the trail that encourage staying on course through repeated action.

Here's what happens when drugs enter the picture. They artificially generate a massive spike in dopamine that lasts for a significantly longer period of time (often hours). Repeat this enough and, since your brain links dopamine with survival, it will become hijacked and cross-link the drug as something so necessary you can't live without it. The corresponding unhealthy behaviors of not eating, not resting, social isolation, abandoning responsibilities, and even lying and stealing or committing acts of aggression therefore follow because, imbedded in the new neural programming, is the compulsion to do whatever is necessary to acquire your chosen survival substance. That's the bad news, but can this system be harnessed for good?



Photograph: Ivanacoi, Pixabay

As I mentioned earlier, we're all addicted. If addiction is understood as something we can't live without then every human being has an oxygen addiction. Likewise, how many of us would be willing to completely give up even coffee, sugar, or chocolate? These are also addictive chemicals. In fact, chocolate increases serotonin levels and also contains small amounts of phenylethylamine, which acts like an amphetamine that stimulates your brain cells to release dopamine. And don't get me started on our relationships, our pursuit of money or happiness, our favorite television shows or movies and, dare I say, our internet connection and smart phones? How many completely automated habits do you have that were bred from the initial fun, nurtured by the dopamine release, strengthened by the repeated action, and now have become completely ingrained into who you are, affecting areas of physical health, relationships, thoughts, emotions, and even core beliefs? Hmmm.

The good news is that some of the basic principles in the field of addiction can be applied to general lifestyle and habit change to supercharge success in all areas. This improvement can likewise be objectively measured through the ANC system. It may sound odd to apply addiction recovery techniques to better navigating a business merger or adopting an early morning exercise routine but a fluid pump is a fluid pump. It matters not how it is used, whether in a basement for water or in a truck for oil. So it is with our brains. Just as they can be hijacked to powerful negative effect by drugs and alcohol, so can they be harnessed to generate extreme positive results through ANC principles. A word of caution is requisite, however. If reversing the neurological automation process by reprogramming the system is grueling and uncomfortable work for the addict, be aware that making these changes using the principles of Accelerated NeuroConversion will be equally challenging for you. Again, there is no magic wand. Only a wrench if you are so inclined to use it under the facilitator's guidance. But let's be clear that if you're not willing to grapple with the pain, venture outside your comfort zone, and endure the rigors of

uncompromising commitment to achieve your goals, then you should stop now.

Read no further. Freedom is purchased with sacrifice.

CHALLENGE SIX

Complete the following questions and exercises.

1. Name at least three things to which you are addicted. This could be anything, not just drugs or alcohol. These are things (items, ideas, behaviors, etc.) that if you had to give them up today you would feel significant discomfort or might "relapse" and return to them due to the difficulty of the change. Be honest.

2. Do you think you would need help if these were things you needed to eliminate? What might that help look like?

3. If you could be addicted to any new positive or healthy thing, doing it easily or automatically, what would that be? Name at least three.

Chapter 7

From Faith to Faith and How to Stack Successes

"If your habits don't line up with your dream, then you need to either change your habits or change your dream."

-John Maxwell

Ever made a dumb decision of epic proportions while thinking you were brilliantly clever? I have. It was my introduction to real estate investing, the purchase of my first home. At the time, I was young and just far along in my career to have enough income that I could blunder into poor financial choices. Newly married and driving a considerable distance from our current rental home to my job, I decided it was time to purchase a house closer to my work and impress my wife with keys to our own castle, a 3-bedroom quarter-acre starter house.

Unknown to me at the time, I had neural programming regarding these types of purchases that was doomed to sabotage my efforts; it was inevitable. A bit more complex than my description here, and interlaced with other faulty brain pathways, my mental software could be summed up in the following erroneous executive functions: "If a business person is friendly and seems to go out of their way for me, they must have my best interests at heart." "Since I'm losing money by not taking action, the timing isn't important and I should act now." "Impressing my wife, family, and co-workers is worth the commitment I am

making.” “Liking the property and seeing several positive aspects of it means this must be the right one for me.” “The banking system has safeguards to prevent inappropriate loans and those working for me will warn me of pitfalls in the decision.” I could go on, but you’re probably detecting the calamitous pattern already.

The net result was purchasing a home at its maximum market price in a less than desirable neighborhood with which I was unfamiliar. I failed to perform due diligence and require a thorough home inspection before agreeing to the purchase, leaving me ignorant of hidden issues and costs. I was impatient and “fell in love” with the investment to the point I did not objectively evaluate it against similarly priced real estate to make the best selection possible. And I did not negotiate the best rate and terms of the purchase, nor put appropriate skin in the game. Available “down payment assistance” at no cost sounded great until, after the fact, I realized I was starting out with a second mortgage on top of the first. There were other mistakes but I trust I’ve embarrassed myself enough. Even the realtor was personal “hunting buddies” with the seller and was also married to the mortgage broker that handled our loan. To be clear, I’m not saying there was any malfeasance but it should have been a red flag that I may not be getting ideal terms given the flow of commission and sales proceeds, with my interests being at the bottom of this perfect scenario for the players involved. But we tend to remember the lessons learned when paying “stupid tax,” don’t we?

My response, after the initial shock and anger of going deeply in debt on a property that declined in value the day I took possession, and which was utterly unsellable at the terms of my purchase (better properties were more competitively priced, the neighborhood since experienced several foreclosures, driving down the value of all homes within it, and as my equity declined the taxes and insurance continued to increase), I determined to never repeat the same mistake. Away I went to Barnes & Noble, buying several books about real estate investing along with overpriced coffee. As time went by, many more textbooks, videos, manuals, and training courses followed.

It began with understanding the business of real estate investing, the nature and trends of the market, and recognizing ideal properties with potential as well as those to be instantly avoided. I learned about property types, tax strategies, loan options, and methods of generating income from flipping homes or renting. I discovered ways to instantly increase equity along with negotiation tactics for securing investments at rock bottom prices. I considered the pros and cons of single family rental homes vs. fee per night vacation destination properties vs. duplexes or quads vs. college student fee per room homes located near active campuses.

Once I'd learned to navigate the MLS listings and monitor trends locally and nationally for "up" or "down" markets, I set about identifying potential properties that would be good investments. This led me into understanding the business of being a landlord such as legal procedures, necessary



documentation, and capital safeguards. I fleshed out my own application forms, screening and background/credit check procedures, methods of showing units, new renter packets and lease agreements, forms during residency, move-out inspection processes, and vacancy execution including any unpleasant proceedings involving eviction or substantial damage that may occur. Later, I was fortunate to be mentored by a real estate broker who managed a multi-million dollar portfolio. He was extremely kind and gracious, giving of his time to teach me about rental market analysis, advertising, available industry resources, sustaining positive cash flow, forced appreciation, tax benefits, and maximizing leverage.

The Beauty of NeuroConversion

One day, several years of preparation later, a “blip” appeared on my radar that the perfect opportunity had arrived. The asset was not a quad, but a unique piece of land with a single address that contained four small houses. Being independent homes, they would rent for much higher than attached apartments within a single building, but would not require four separate purchases to obtain them. It was far better than a quad, located right off a major highway and priced phenomenally! The reason for the low cost was that one of the small homes was fire damaged, another had a flooded basement, and the last two needed refurbishment, along with roofs and other items required for all. I'd learned some tricks on how to conduct significant repairs cost-effectively from my studies of flipping houses. So I locked the property up



on contract and rallied a parade of contractors to provide estimates (competing against each other) on framing, drywall, cabinet installation, tree service, fencing, roofing, painting, waterproofing, appliances, and electrical work. I conducted market surveys on the rental income of similar homes and developed a list of costs, potential income, and a working budget.

My mentor helped me draft a financial statement that included assets, liabilities, income, expenses, and all the other necessary components to demonstrate a financially beneficial investment for the lender. I was tentatively approved for the loan with a six month advance of deferred payments to allow for rehab completion and being fully operational when the first payment came due. The structure of the investment was such that after accounting for debt service, ongoing maintenance, and insurance, I would have a positive cash flow of \$550 per month at full occupancy. I could afford to let one house sit completely vacant and still pay everything without personal loss. Moreover, the estimated repair total was \$27,500 below the cash available for construction factored into the loan, leaving a comfortable cushion for any repair costs going over budget with the likelihood I'd pocket \$10k or above the moment the first payment was required. My GRM was an attractive 5.54, ROI of 41% (anything above 25% is considered excellent) and my margin was a safe 31%. Everything was set to go when I received notice from the bank that there was a problem with the appraisal.

Devastated, I drove to the city park and found my usual spot on a rustic bench beneath a shade tree overlooking the lake. With a sigh, I proceeded to pray about and meditate on the situation. I'd spent months of time and a significant amount of personal sacrifice on this project already. To lose it would be beyond discouraging. And so, mustering all the humility and spiritual fervor churning in the turbulence of my soul, I asked for a sign. It was at that time that a large bomb of unusually runny bird crap splattered across the left shoulder of my suit coat, dribbling down my lapel. I'd received my sign. The property didn't appraise out, the bank withdrew the loan offer and the entire deal fell through. Ironically, I noticed another investor bought the property and proceeded to rehab it in accordance with my plan just a few months later.

However, what appeared to be tragedy was, in fact, a blessing in disguise. The rental market in that area was heavily influenced by the influx of military personnel to the nearby Fort Knox base. When the U.S. government announced they were downsizing the base, the entire housing and rental market in the area took a tremendous hit. I was saved from what could have been the bankrupting situation of being saddled with freshly renovated rental homes in the absence of renters. But the true blessing in all this was that, during my efforts, I had inadvertently performed NeuroConversion on the investment and business pathways of my brain. There was nothing efficient or accelerated about it, though. It had been a long, slow learning processes filled with trial and error and a steep curve of gradual reprogramming. Sloppy as it may be, it

had still given me eyes to see opportunities and act unconsciously upon them with precision and skill.



Photograph: Getty Images

Roughly a year later, this process activated and I secured a fantastic real estate investment. Looking back, it was a whirlwind of rapid action and obstacle conquest, all with an energy expenditure that was effortless compared to my previous attempts. I had already laid the mental foundation and only needed to execute it. My programming provided me with a new home, this time with double the square footage, five acres of land and upgrades in every area of the layout. I did so by purchasing it as a foreclosure with a less than desirable rate at 5 years fixed and 25 variable. I then conducted \$5,000 worth of key renovations, reappraised it after their completion to gain \$25,000 in instant equity, refinanced with a new company after two years and locked in terms at a

lower rate for 20-years fixed. I even re-pocked my \$5k rehab expenses plus an additional \$5k while maintaining a lower loan cost due to the reduced rate and drop in terms from 30 to 20 years. The beauty of it all was, after NeuroConversion, it was EASY.

So What Do You Need Converted?

You may already be a successful professional, investor, or business owner. If so, then I'm sure you know the tremendous amount of hard work, pain endurance, and determination it required for you to reach any position of success. And you probably also know that tides shift, markets are fickle, and trends wane. Politics and the favor of the influencers above you can either make or break your ventures. These are unsettling facts to consider but consider them we must. Ask any seasoned professional the key to sustained success and they will inevitably point to vigilance and maintaining their edge. That edge might be in the form of sharpening existing skills or obtaining new skillsets. It might even mean the difference between treading water, sinking, or moving to the next level of growth and success. Whether you're a seasoned professional or someone looking to become one, I'm confident that any person reading to this point has within them the potential to achieve great things. But the one thing we all have in limited supply but is essential to reaching new heights is time. So, what is it that you need to be more effective, faster, stronger, and groundbreaking in your career or business venture? Perhaps Accelerated NeuroConversion can be that shortcut for you, the automated edge

that allows you to reach farther and grasp firmer. Honestly estimate how much the months or years spent waiting for the breakthrough are actually worth to you and the vision may come into greater focus.

I don't know what it is you need or what you came to find. Perhaps it is greater communication skills and, with them, the ability to persuade decision-makers or garner favor. It may be real estate or other investing as I described above. At some point, most everyone considers ownership of land and its benefits. Or it could be the ability to effectively market and brand yourself or your product, expanding your dreams in the marketplace in unprecedented ways. For some, it is a desire to innovate and express creativity, bringing into existence profitable ideas, technology, or processes others cannot yet imagine. Naturally, the ability to deploy sales skill is vital regardless of one's niche. Whether it be swaying a potential employer on hiring you as the right candidate during the interview, a prospect on buying your product, a vendor on reducing price, a romantic interest on dinner for two, or your child on eating their vegetables, closing sales is a necessary talent. Maybe its emotional intelligence that could be sharpened: the innate capacity to recognize body language, understand motivation, or use tonality, diplomacy, and empathy to maximum effect.

It's possible you have a scarcity mentality, the thought that there is never enough so you must hoard more than is needed due to fear of loss. Accelerated NeuroConversion can help reprogram these pathways to make philanthropy a

natural occurrence. Most millionaires are avid givers, knowing that money loves flow and velocity, along with the recognition that prosperity is a mindset rooted in radical generosity and trust in provision. Organization and flexibility are further skills important to process and incorporate into one's neural repertoire. Developing systems that are fast and efficient never spring from haphazard messiness or poor preparation. It's possible you suffer from weak leadership skills. Procrastination, excessive doubt, and low self-confidence can cripple not only a business but an industry, and strong teams march upon the heels of passionate leaders. Did you know that money management skills derive from attitudes and beliefs about money and its handling? It's true. Mental processes shape why the affluent know their bank accounts at all times and why the poor often haven't a clue of the amount despite owning less to count. ANC provides outlets for developing wise fiscal habits such as recording expenditures, monitoring income, calculating taxation, and the increase of wealth through neuroconverting money beliefs. Whether you're trying to end negative mental processes like low productivity, procrastination, and sloppiness or build the positive ones of goal setting/planning, networking, time management, public speaking, negotiation, publication, conflict resolution, or even stress management, the possibilities are limited only by what you are willing to engage through the principles of rapid neural reprogramming.

Not a Step

Do you recall the ever-present warning at the top step of any folding ladder? It says with definite finality, "Not a step." The implication is that you can climb only so high, but no further. What if, when you reached the final rung, you could stretch out your arm and grasp another, and then another? What if the "Not a step" was only an illusion in our minds designed to keep us "safe" from scaling true heights? Now think about those who have done just that, those who were told in their job position, in their industry, in their business aspirations that they had done all that was possible and they could go no higher but still did so like a rocket streaking through the sky. Ever wonder how that happened? They ignored the top step.



Photograph: blevinsfranks.com

The best investment you can make is in yourself, hands down. There is no other investment so certain to provide benefits with so minimal a risk. True, investing in yourself, especially through Accelerated NeuroConversion, requires an unwavering commitment, a mindset of victory over discomfort, difficult work and consistent action, but it is an investment that cannot be lost. One of the essential features of the ANC course is using objective measures to track each tactic, consolidate gains, and then celebrate advancement. Small, immediate rewards provide dopamine boosts that prompt pressing further in and further on until the top of the ladder is reached.

It is then that one reaches out and grasps the next invisible rung and hoists themselves higher than they've ever been. Scripture describes the revelation of power as a progression "from faith to faith." It requires faith to envision a ladder to the celestial and the tenacity to ascend it "from glory to glory" despite obstacle or setback. Likewise, moving from one rung to the next is the constant upward progression of those who utilize NeuroConversion principles to stack skill upon skill, success upon success, until their vision of maximum potential is fulfilled. In practice, this might look like "Sam" reprogramming self-destructive tendencies of impulsivity and unpreparedness. Upon that foundation is built another refined neural target, the establishment of innovation and business skills. Upon that rung we hang another transformed neurological cluster of pathways, the formation of marketing finesse and leadership skills, and on and on.

Do you see how this person's top rung ended but they continued climbing? Now, the upward trajectory their enhanced brain state will take them in life is leagues beyond even the wildest hopes of their unchanged mentality. But this isn't mysticism. And it shouldn't be taken lightly. It is supremely important that you consider the dangers of leaving behind traditional methods of life change taught in society at large, along with the safety of doing the same things everyone else does. These results require greater investment and that means greater personal sacrifice in the areas of time, sweat, tears, money, relationships, comfort, beliefs, ideas, and routines. In this regard, I wasn't entirely factual when I said self-investment was low risk. In a sense, it's as high-risk as it goes. You alone will have to count the cost.

CHALLENGE SEVEN

Complete the following exercise.

1. Design a "roadmap" for climbing above your personal "top rung." This map should include what you know you need to change that is negative, what you want to add that is good, and the motivations behind each. Then, prioritize the series of changes you need to make along a trajectory of lifestyle or dream achievement. Lastly, imagine you have achieved all changes and are living that lifestyle. Describe yourself and it in detail. Handwrite or type your roadmap and post in a place you can review it daily.

Chapter 8

Extracting Explosive Value from Mundane Routines

"We are what we repeatedly do. Excellence, then, is not an act, but a habit."

-Aristotle

John enjoyed his periodic trips to the, well, john. He'd pop a squat and spend the next five to ten minutes mindlessly playing games on his iPhone. He was a busy gentleman, a shot-caller at his work, and a diligent family man. Between the two, he had no time to pursue his dreams of starting his own business or any personal development at all for that matter. He'd convinced himself that carving out time to read a book about entrepreneurship or marketing tactics just wasn't possible given his hectic schedule. So he routinely and habitually used his pottytime to visit FarmVille or simply squat and surf the news. Tapping into this automated response and reprogramming it was a simple matter of linking the cue (that churning in his gut) with a chained routine that culminated in reaching for his phone, and then substituting the final sequence with an eBook instead of the games. Viola! He now had time to dependably spend 10-20 minutes daily preparing for his future (depending, of course, on the duration of his...efforts).

I trust you can see that this is an extremely oversimplified example. Combining this NeuroConversion with adjusting all the similar neural networks hindering his progress led to dramatic results in short time. Here, I've

demonstrated this with only a bathroom habit example. Imagine if we targeted something even more compelling? Just don't imagine too hard, this is a restroom example, after all. Let's use better scenarios. Please bear in mind that these are extremely condensed vignettes that highlight the transformation in neural processes for the purposes of this book and are by no means all-encompassing breakdowns of the multi-faceted interventions involved in bringing about automated neural changes. Moreover, they involve only one target (one Neural Cluster) adjusted over the standard 10-week course.

Scenario A: Sluggish Consultant (Thomas)

The client was an operations consultant for a prominent firm that helped businesses improve their sales and production performance. He was overweight and gravitated toward lunch meetings that, after the drive time to and from the meeting, the meal, and doing any necessary paperwork afterward, resulted in the better part of his day being spent on only one prospect at a time. But Thomas especially liked the ribs. He was somewhat depressed, being single and lonely, so the food and conversations helped ease his melancholy. Excessively tired, he believed he had no time to devote to his social life. Consequently, his values and self-worth centered on making enough money to live comfortably and enjoy watching movies alone at night in his loft. He wanted more income and a better lifestyle but felt he had no time given his one-to-one daily client ratio and current habits.

Scenario B: Counterproductive Entrepreneur (Kelly)

Kelly was doing everything she could to get her business off the ground, with her perceived problem being the lack of customers needed to offset her expenses. Although highly motivated, she sabotaged her efforts by being aggressive and pushy, driving prospects away. She saw the world as a hostile place where every encounter was a struggle. Her beliefs of victory by conquest guided her combative nature, leading to strained work relationships and frequent confrontations with her friends. Even her family perceived her as being often distant and cold, so narrow-minded in her pursuits that she made no time for family fun. Beyond this, Kelly was hard on herself, pushing forward without sleep and eating irregularly, which took a toll on her health and led to unnecessary stress-related sicknesses. And still she pressed on, cold-calling prospects, knocking tirelessly on their doors, and carpet-bombing their vehicles with insistent flyers, all to no avail.

Scenario C: Struggling Author (Randy)



Photograph: rawpixel

Groaning, the client expressed he was nearing his deadline with less than half his book completed due to writer's block. All efforts at overcoming it had failed. Intelligent and creative, Randy was also extremely introverted, seldom leaving the safe confines of his home, and then, only to venture out for basic groceries or a carton of cigarettes. His mind was fixated on the need for safety and security. Danger lurked around every corner, especially as it concerned other human beings, which led inextricably to an anxious knot that permanently resided in his soul. He was undisciplined and amazingly disorganized, except when it came to handling the few friendships he'd managed to hold on to from college. These, Randy gripped like a spider monkey, clingy and needy, to the point his self-centered attitudes and manipulative approaches created a distance he couldn't seem to bridge. And so

the cycle repeated. Hunkering within the safety of his home office, he'd smoke and worry, bored and despondent with his only consolation being the stories written upon the glowing screen of his computer. Surrounded by piles of disordered notes, dog-eared books, and empty pizza boxes, he stared at the screen with his mind as empty as the next chapter.

Supercharged Potential

Scenario A: Sluggish Consultant (Thomas), Post Accelerated NeuroConversion

Thomas began by booking multiple prospects for the same meeting, which occurred at a small bistro rather than a full-course restaurant. He limited both his food intake and his time allotted for the meeting and chose locations close to his office. By doing this and becoming more efficient with his preparation time and his paperwork, he freed up his schedule, which allowed him to use his late afternoons for working out at the gym. Thomas hired a personal trainer and selected a work-out area that was bustling with activity, forming friendships along the way. At night, he read inspiring stories and strengthened his consulting skills along with completing his ANC activities, reducing his TV time to accommodate the tasks required. His energy level increased along with his confidence while his physique improved. His sadness waned due to having new friends and even a few romantic interests. By the course's conclusion, the changes he made with great effort became automated and his new lifestyle reinforced itself. He shifted from the one-to-three group meal ratio to a one-to-

fifty ratio conference venue, now emboldened and excited about his profession, multiplying his daily revenue in the process. This, in turn, allowed time and funds to make even more positive lifestyle changes.



Photograph: www.good.is

Scenario B: Counterproductive Entrepreneur (Kelly), Post Accelerated NeuroConversion

Kelly initially shifted her approach by simply backing off the throttle. Although desperate for clients, she focused instead on recognizing the goodness around her. She accepted that victory might be best achieved by cooperation rather than domination. She dipped into her savings so she could spend more time with her loved ones, going on family outings and sharing her thoughts with her husband during long walks through their neighborhood. She paused to breathe, took better care of herself physically, began sleeping well, and even joined a spa for regular massages. This helped her approach her work

colleagues with greater patience, showing empathy for their needs. Rather than viewing everything as a competition, she began taking a collaborative approach, striving instead to practice patience, acceptance, and a willingness to help others achieve their own goals. As a result, her networks expanded and she began contributing her thoughts as a guest on podcasts and by providing free public speaking at conventions. She published a short book about her business and its vision and made it available online at no cost. Soon, she had positioned herself as a helpful influencer that gave compassionately to her marketplace. As a result, she no longer needed to seek prospects. Now, they sought her.

Scenario C: Struggling Author (Randy), Post Accelerated NeuroConversion

It began with putting on a coat and walking downtown for something other than his usual cup of coffee or package of instant noodles. This time, Randy braved the ambling pathways of the local park, doing nothing more than watching the fall leaves swirl upon the breeze in an array of intricate colors. He joined an elderly gentleman for a game of chess and then crossed to the museum for an evening of contemplating its touching works of art. Venturing outside of himself and his refuge, he learned to embrace a joy that could only be found in the freedom of trusting others. Randy learned that intimacy was a path to security more gratifying than that of manipulation. His friends were receptive and began to join him on his excursions. The mess of his heart was reflected in the disarray of his office so, in time, it too began to shake off chaos

and reveal order. By accepting others as they are and responding to feedback rather than trying to control it, he found a discipline rooted in liberty that eased his anxious mind. More new experiences followed and, with them, creativity. He noticed there was inspiration to be found in nature and in dancing and in laughing with his buddies over a bowl of nachos. Quite naturally, the blockage dissipated and words began to flow. The second-half of his book was finished in a third of the time the first-half had taken, and its quality was incomparable.

Who Brainwashed You?

The point of these examples is to demonstrate that, often, barriers to greater success and achievement lie not with the issue that seems most obvious. It was not lack of time or lack of prospects or lack of ideas that caused these professionals to stumble and fall short of their incredible talent, it was the hundreds of daily habits in all areas of their life, performed automatically due to faulty neurological programming. A more robust prospecting strategy or a book about time management would not solve the problem if Kelly's degenerating relationships or Thomas' loneliness and physical self-indulgence were not first addressed, just like it was not Randy's eloquence that prevented his progress but rather his crippling existential beliefs. Understanding the neural network as a whole across all dimensions of these persons' being and then altering their detrimental components simultaneously was the key to

accelerating reprogramming and solidifying true and lasting change. So it is with you and me.



Photograph: Spiral Design

The question then becomes, “How did we get our synapses twisted in the first place?” There are many answers to this. The first question springing to mind is a debate about nature or nurture. Some say that our genes predetermine our personality, traits, and attitudes. Others argue that we are shaped by our environment, experiences, and social culture. Without digressing into a scientific analysis, I’ll say simply that both hypotheses are equally correct. There is no denying (look at any parent and their offspring) that we inherit a multitude of the characteristics that make us who we are. But if you have a moment to study epigenetic markers, you’ll see that the

expression of these traits (their intensity or lack thereof) depends significantly upon our environment and how we interact with it.

That being said, you have neural programming that was handed down to you from your ancestors and also from the conversations you overheard as a child around the dinner table. You were programmed by the television shows you watched on TV, by the books you read in school, by observing the successes or failures of others, and by experiencing your own. You formed beliefs based upon what was modeled before you, based upon what you were told you should believe (or that you adopted by default), and based upon gaps in information your developing brain tried to bridge with the information available. Some of your automated pathways were the direct result of these beliefs playing out in thoughts that produced emotions that prompted behaviors. And some of your behaviors were repeated so often that your thoughts, emotions, and beliefs formed around them. Whatever the case, I think we can all agree that some of this neurological programming was beneficial, and some not so much.

Fortunately, there is hope, for neuroconverting those associated pathways optimizes your chances of success in a very challenging world. You are not doomed to repeat the detrimental habits of your past. Of course, this does require me to bring up Dylan. He was very interested in retaining me for ANC, and I would have helped him achieve his goals through standard ANC, but he had mental health disorders...

CHALLENGE EIGHT

Stretch your creative muscles by completing the following exercises.

1. Name an unproductive **behavioral** habit you have and identify its link with your physiological (bodily/physical) dimension.

2. Name an unproductive **emotional** habit you have and identify its link with your existential (beliefs/values) dimension.

3. Name an unproductive **social** habit you have and identify its link with your psychological (mind/thoughts) dimension.

4. Get inventive and identify a new unproductive habit then ponder the link between it and dimensions you may have not yet considered.

Chapter 9

But what if I've got Issues?

"Don't let the best you have done so far be the standard for the rest of your life."

-Gustavus F. Swift

Reclaiming hope deferred, I told Dylan that there may be another way, another option... First, though, we must ask some important questions, namely, is there a difference between sadness and Major Depression, between

anxiety and Panic Disorder, between moodiness and Bipolar? Absolutely.

Accelerated NeuroConversion is designed to enhance unproductive neurological pathways in those with otherwise healthy brains. Clinical mental health disorders bring an additional dimension to the puzzle and complicate the methods necessary for success. Mental Disorder is a term used to describe abnormalities in the brain, marked by clinically-significant distress or impairment in functioning.

The causes of these abnormalities vary and may result from genetic or developmental dysfunction, injury and blunt trauma, infection whether viral or bacterial, degenerative disease, dementia, structural defects, chemical imbalances/maladaptive neurochemical processing, thought disturbances, functional deficits due to excessive stress, and damage resulting from drug and alcohol abuse, to name a few. Although there are many categories, some common disorders include Autism, Schizophrenia, Generalized Anxiety, Major Depression, Bipolar, Personality, Alzheimer's, Obsessive-Compulsive, Post-Traumatic Stress, Depersonalization, Sleep, Sexual, Impulse Control, and Substance Dependency.



Photograph: whatdoctorsknow.com

The presence of a mental disorder is determined after completion of a thorough biopsychosocial assessment conducted by a qualified mental health professional. It may involve testing as well as the evaluation of the patient's history and current symptoms. Just as physical conditions are diagnosed by a patient meeting the criteria of the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems, version 10* (ICD-10), mental conditions are diagnosed when a patient meets the criteria of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5) as of this writing (2018).

Depending upon the patient's presentation, multiple psychological, physiological, and addictive conditions may be present all at the same time, resulting in a phenomena known as co-morbidity. Once a diagnosis is established, the patient is identified as having a medical condition that requires professional treatment by a doctor, psychiatrist, psychologist, licensed

mental health professional, or any combination of relevant disciplines.

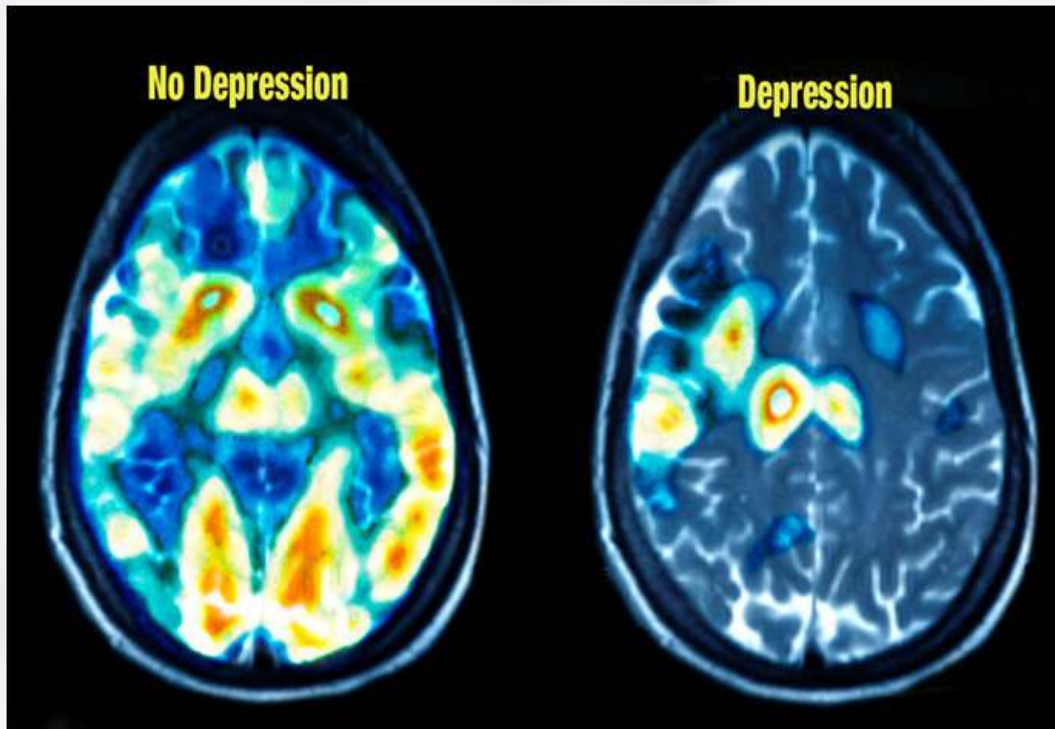
Contingent upon severity and medical necessity, treatment may occur at any number of levels of care such as inpatient, residential, partial hospitalization, intensive outpatient, or outpatient.

Clinical Counseling Interventions

The primary methods of treating mental illness are through the use of psychotherapy or psychopharmacology, and often a combination of the two. In addition to these, patients may receive “wrap-around” services as needed, which may include Supported Employment, Peer Support, and Targeted Case Management, among others. Psychotherapy is professional counseling provided in crisis, individual, family, or group format. Psychopharmacology is the prescribing of psychotropic medication to aid in alleviating severe brain symptoms such as psychosis or mania. When first initiating treatment, the provider will develop a treatment plan in collaboration with the patient and (when available and not contraindicated) their family or other collateral informants.

This treatment plan outlines the specific goals, objectives, interventions, modalities and timeframes necessary to resolve the current state of symptom acuity. Ideally, mental health conditions are resolved in a relatively short timeframe ranging from a few days for suicidal crisis to months for moderately severe disorders. In other cases, the condition is chronic requiring lifelong treatment interventions. To date, many mental health disorders have no known

cure. Fortunately, the most common disorders like anxiety and depression have a high rate of successful treatment.



Photograph: webmd.com

It is important to note that brain function is largely the result of electrical impulses and the passage of neurotransmitters (chemical packets of information) across the synaptic gap. An excess or reduction in these neurochemicals, as well as deadening or hypersensitivity of their receptor sites, play a significant role in symptom emergence or remission. For example, the condition Major Depression is known to be related to low levels of the neurotransmitter serotonin in the brain. Some antidepressant medications block the reuptake of serotonin, thereby increasing its availability and reducing symptoms. Similarly, the psychotherapy Cognitive Behavior Therapy (CBT) has

been shown in clinical trials to also elevate serotonin levels in the brain. In tandem, they are a powerful means of combating this disorder's effects.

Comparatively, traumatic or anxious disorders such as Panic Disorder result when the brain's "fight or flight" response becomes hyperactive. When this occurs, the Sympathetic Nervous System (SNS), which regulates survival responses, causes the release of neurochemicals such as adrenaline, glucocorticoids, and endorphins (among others) into the bloodstream. Their interaction creates anxious and panic states with the accompanying psychosomatic symptoms of rapid heartbeat, shallow breathing, and muscle tension (the prototypical "panic attack"). This response can be deactivated or "manually overridden" through the psychotherapy REBT as well as utilization of grounding, deep breathing, coping, and relaxation skills. Anxiolytic medication also has a sedating effect and can curb this type of neurological response. To prevent its reoccurrence, cognitive restructuring serves to eliminate the triggering belief while systematic desensitization diminishes the power of environmental stimulus.

Clinical Accelerated NeuroConversion (C-ANC)

In the case of someone like Dylan, who has a mental health disorder but is also seeking ANC services, Clinical Accelerated NeuroConversion (C-ANC) may be deployed if deemed appropriate by the facilitator. In this event, psychotherapeutic techniques are used alongside Accelerated NeuroConversion techniques for maximum effect. In some instances, the mental health condition

is stabilized first and then ANC is applied like usual. This will, however, lengthen the standard course of the ANC protocols. In other cases, ANC and clinical techniques are combined simultaneously. It is important to note that C-ANC may only be utilized by a facilitator that is both certified in the use of Accelerated NeuroConversion and also licensed to practice mental healthcare.



Photograph: Pexels

Whereas ANC may be used internationally by those properly trained, in America, State regulations govern the use of psychotherapy. For this reason, the C-ANC facilitator must be licensed to practice in the State where the client is receiving services. This may require the client travel to the C-ANC facilitator's location in order to participate in treatment or else be referred to another C-ANC facilitator in the State where services are received, irrespective of telehealth methods used. Because psychotherapy is a healthcare service, there are additional requirements involving the completion of a Biopsychosocial

Assessment, development of a formal Treatment Plan, execution of treatment according to State guidelines, and compliance with HIPAA standards for medical records and confidentiality. Should you have questions, your C-ANC facilitator can answer them when made known. If your C-ANC facilitator is not a prescriber, they may coordinate this service with another physician who will monitor your medication needs. You may also be connected with additional support services in your community.

Some conditions are purely organic in nature, meaning physical brain dysfunction is the principal cause of the disorder. This type of condition is highly resistant to psychotherapies alone and is best treated primarily with medication. An example is psychosis and hallucinations or other distortions in reality that cannot be reasoned with through conventional talk therapies. As a result, not every mental disorder may be addressed by Clinical-Accelerated NeuroConversion. Your C-ANC facilitator will determine based upon your application and during the interview if this is relevant to you. If so, a referral will be offered for more appropriate care.

While the presence of a mental health disorder certainly complicates the methods of Accelerated NeuroConversion, adding to its duration and cost, there are powerful benefits to combining psychotherapy treatment with neural reprogramming. When properly utilized, ANC may intensify clinical effectiveness and reduce symptom remission times. Deciding to pursue this

option is something to consider carefully with your interviewing facilitator as well as any other healthcare providers with whom you are seeking treatment.

Whether you are seeking traditional ANC or C-ANC services for professional achievement, a key ingredient to success is being valuable and unique, possessing skills or properties no one else can match. In chess, there are many expendable pieces. The question in life and business therefore becomes, are you just another piece on the board or are you the king? If not, what if you could be?

Chapter 10

Skip the Clutter and Strike the Gold; King Yourself

To me, the function and duty of a quality human being is the sincere and honest development of one's potential.

– Bruce Lee

That which we persist in doing becomes easier – not that the nature of the task has changed, but our ability to do has increased.

– Ralph Waldo Emerson

I'm guilty of torture. A publication such as this probably isn't the best venue wherein to make such a scandalous confession, but it's true. I spent years perfecting this heinous craft, honing the ability to inflict pain, crush hope, and decimate willpower. I became so good at my task that proficiency elevated to mastery and mastery to automatic execution. I had only one victim: myself. But

I knew a thousand ways to hamper my success and conjure delusion. Sadly, I was my own worst enemy, though I knew it not. I'll give you an example.

Many years ago, in early adulthood, I surrendered my dreams and potential to my "lower self." As a child, I was alive with creativity, passion, and a longing to fulfil in life the pursuits that stirred genuine joy within my soul. I loved to write, to tell stories of love and loss, those star-crossed adventures where the hero won the battle, overcame hardship, and claimed the prize of glorious victory. I loved to lead, to rally my friends and devise all manner mischief and delightful escapades. Racing through the neighborhood on our bikes, we pedaled excitedly into winds filled with limitless possibilities. I loved to imagine, to envision what could be, and then find ways to make it so.

But somewhere along the way I succumbed to societal expectations and "realistic goals." I was a child of lower-middle-class socioeconomic status, one with no hope of attending Harvard or being ushered into golden opportunities upon the wings of family fortune and influence. I failed a few tests in school, was turned away at a few job interviews, and had my heart broken by a few high school crushes. I'm not sure if it was the behaviors that mangled the thoughts or if the beliefs formed my construct of viewing the world as impossibly difficult. Whatever the case, the result was a new neural programming imprinted upon the pathways of my brain that said, "Just survive, those lofty goals are far beyond you."

And so I obeyed, lowering my eyes and obediently pursuing a course in life that led to anemic standards, menial jobs, and “good enough” love and friendships. Quite naturally, this led to more pain, more failures, and more torturous inability to succeed at the things I longed for most. Downward, the spiral led me until addiction, arrests, emotional betrayals, scarcity mindsets, and crippling anxiety robbed me of the very purpose of living. But I discovered it did not have to remain so. I learned the downcast eyes could gaze upward again and that the scorched dreams could ascend from the ashes like a blazing phoenix. I realized that mental pathways could change and, with them, everything else. My trajectory shifted sharply after that. Victory upon victory followed. One of the greatest desires of my heart is to share this path with all willing to learn it. My mission is to guide fellow dreamers with childlike tenacity into constantly improving their quality of life.

What are the Obstacles within Your Business or Profession?

While, as a psychotherapist, I find deep fulfillment in reaching out to those who have hit “rock bottom,” those I resonate with who are incapacitated by anxiety, depression, addiction, and other soul-devouring disorders, my goal for Accelerated NeuroConversion is somewhat different. I developed this model and its techniques not to be a crutch for the broken but a supercharger for the successful. I only introduce it to counseling clients once they’ve built the foundation of stability and achievement necessary to implement it properly. After moving on from the depths of despair, I’ve been tremendously blessed to

experience significant success both personally and professionally. For this reason, I also understand the struggles and difficulties inherent in climbing higher. I speak now to the professional, the executive, the business owner: YOU are the person I'm inviting in this moment.

In the previous chapter, I compared life to a game of chess. In it, there are pieces of varying "value" or importance but one piece that is indispensable: the king. It is to this level of significance that I suggest ANC can elevate. But in chess the king is not a very powerful piece so let me shift the analogy to that of checkers. Imagine two men as though they were checker pieces moving across the black and red playing field of their lives. One follows a certain set of rules, a certain "programming" if you will. He moves forward, always in one direction only, always forced to position himself linearly whether this leads to a leaping success or whether it places him in jeopardy. He knows no other way and has no other capability. His outcomes and possibilities are limited.



Photograph: Anonymous

The other man has accessed an advanced set of rules and “programming.” He has reached the other side of the board and become “kinged.” This king now has an entirely new and more sophisticated array of strategies at his disposal. He can move forward and backward. He can advance and attack or withdraw into safety. He can circle around his opponents, back them into traps, and combine his power with that of his weaker allies or other kings. The chances of his survival have increased. Not only this, but his odds of personal success and the triumphant outcome of the game have both dramatically shifted in his favor compared to that of his restricted opponent. One man utilized the principles of Accelerated NeuroConversion and the other did not. For the former, tapping into its game-changing power has made all the difference. This is the reason



my company is called “Kinged.” It is what I do to those determined to and capable of crossing the board. I help them dominate.

The enemies in this “game of life” are not plastic disks, however. They are multifaceted, swift, and numerous. Doubly so for successful professionals navigating the treacherous playing field of business. It’s incredibly difficult adapting to fluctuating market demands and pivoting your corporate approach to keep pace. It may be the challenge of understanding the next commercial area to break into in order to scale your business and multiply its revenue that besets you. Some simply lack the necessary skillsets or perhaps the ability to attract and retain a team of talented professionals vital to ongoing success. Conversely, you might be one of those team members, feeling hemmed in by stagnant and counter-productive company policies or demoralized by the haphazard actions of short-sighted supervisors and arrogant upper management.

It can be daunting to feel the pressure of a “glass ceiling” and the inability to break through to the next level of productivity, income, or influence. Maybe you’re unable to put plans in place for steady growth and long-term sustainability. Even with meteoric success, it’s common to struggle with securing the necessary organizational resources to fulfill consumer demand and meet production deadlines. Only you know the difficulty of innovating and transforming what you do well into what you do better or more uniquely than

anyone else. Likewise, it's disheartening to experience the pain of struggling to maintain the inspiration and mission of your business during turbulent times.

Perhaps you're faced with the confusion of a critical juncture in choosing a new direction for your company or in changing professional roles or even your entire career. Risking remaining where you are or taking a chance on abandoning the comfort of temporary safety besets many professionals. Wanting to take more control of your vision's destiny rather than it being in constant danger of shipwreck by reckless or incompetent staff, investors, regulations, or executive boards is exceptionally stressful. Many mature entrepreneurs have felt the weight of rising production costs and unexpected expenses stifling the return on their hard work and risking the collapse of a fragile margin keeping them afloat.

It may not be an organizational issue attacking you but instead specific habits that sabotage your personal life, career, or business. There are few that haven't experienced the internal frustration and quiet desperation of inability to maintain a healthy balance between work and family. For some, overcoming workaholic tendencies seems a losing battle. Perhaps you are the creative heartbeat of your business or department but are limited by being only one person. Knowing when and how to build a team as well as methods of transferring your capabilities to them is essential if you are ever going to reach the next stage of growth. Some professionals struggle to understand the dynamic trends in the market along with strategies for securing ideal

customers. You may be gridlocked by lacking the guidance of market analysis or by being unaware of essential tactics that could overcome competition stalling your progress. It's equally possible that your battle is with tempering your own passion and impulsivity by knowing when to push ahead and when to wait cautiously.

Whatever the case, wouldn't you agree that a significant improvement in any area of your business would be worth the investment? After all, constant improvement should be the goal of any professional or entrepreneur. If this is true, then what kind of new reality would materialize if you experienced the dramatic transformation ANC provides? What would happen if the limitations were not only removed but changed into prevailing automatic strengths? Consider the possibilities of engaging a method that accelerates success in practically any area, a system that demonstrates proven and lasting results. Nothing available today is as unique or potent as ANC. If you want advice, seek out a consultant. If you want inspiration, hire a life coach. If you want emotional stability, work with a counselor. But if you want extraordinary and rapid results, then you need Accelerated NeuroConversion.

Would you Like to Eliminate Your Enemies by Making Them

Allies?

Abraham Lincoln once said, "The best way to destroy an enemy is to make him a friend." That expression eloquently captures the essence of ANC. The



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goal is not to simply grit your teeth and struggle against negative or unproductive habits bred of faulty neural pathways but to reprogram those circuits so they become the catalyst of highly efficient and positive behaviors instead. Honest Abe spoke of diplomacy while he conducted the Civil War and, like him, you need a cunning guide to navigate the battlefield of your own inner insurrection. I'd be honored to be your captain of the guard. Please allow me to share my credentials for such an imperative task.

A single glowing testimonial from an actual customer is worth more than a hundred self-promoting statements. You've seen something of these testimonials already but I'd like to marry the two in pointing out I'm living proof of the power of Accelerated NeuroConversion, which is why I stand behind it. As such, my resume is also my testimony. I've mentioned already my rather destitute start in life, beset by traumatic experiences, anxiety disorders, addiction to illicit drugs, social dysfunction, and legal conundrums. From then to now, I'm a very different man. I obtained my Bachelor of Science degree from Campbellsville University with a double major in Theology and Psychology, graduating cum laude, in 2006. Throughout my bachelor's degree, I worked as a researcher and freelance mental health writer, publishing numerous articles for various websites, including Demand Media and Livestrong. In 2006, I was honored with the National Collegiate Education Award by the United States Achievement Academy. I was also inducted into the National Scholar's Honor Society. Upon completion of my bachelor's, I began work on my master's degree

in Clinical Counseling at the same university. While pursuing my master's, I launched my formal clinical career working as a residential therapist under supervision pre-licensure at the CRC in Elizabethtown, Kentucky. The Kentucky Counseling Association granted me a scholarship that aided in continuing my clinical education. I obtained my MSC in 2011 as well as board approval as a Licensed Professional Counselor Associate. I was also honored with the "Outstanding Graduate" award by the Carver School of Social Work and Counseling.

From that point forward, my ascent from being the most junior clinician at the Communicare Outpatient Clinic in 2011, to achieving one of the highest positions in my field (Clinical Director in 2014) was extremely rapid. During that time, I worked with a diverse population, providing counseling in the areas of severe mental illness, child and adolescent therapy, marriage and family therapy, play/art therapy, bereavement counseling, substance abuse, trauma, and group therapy. Working in a frontline agency, I was given the benefit of superb training opportunities and studied under psychiatrist Dr. David Mee-lee, developer of the American Society of Addiction Medicine (ASAM) criteria, Psychologist Terry Reams, former Chair of the Kentucky ADC Board, and Dr. Lori Rugle, President of the International Gambling Counselor Certification Board, sponsored by the Kentucky Lottery.

Next, I was selected as one of a team of only five elite therapists tasked with developing Substance Abuse Programs in the Hardin County Detention Center



through a contract with the Department of Corrections which later expanded to include additional contracts for creating SAP programs in IOP format for the outpatient clinics. This experience eventually led to me being offered the position of East Region Intensive Outpatient Coordinator. I accepted and assumed responsibility for launching and overseeing the success of multi-level of care substance abuse programs in Marion, Nelson, and Washington counties. While in this position, I cultivated and managed partner relationships with referral sources in community agencies, the court system, and state government. I also conducted numerous presentations, public speaking engagements, trainings, lectures, and educational seminars for clinical colleagues and partner agencies including Campbellsville University, Elizabethtown Community and Technical College, the Department of Juvenile Justice, Probation & Parole, and the Department of Community Based Services. My work as IOP Coordinator generated multiple new revenue streams for my agency and made a positive impact in the region.

It was this experience that allowed me to step into the role of Clinical Director at Isaiah House, a faith-based Christian addiction treatment center that was in the process of transitioning from a predominantly ministry model to a professional healthcare operation. While assisting executive staff in maintaining its core values, I developed the clinical documentation, policies, procedures, and programs necessary for it to achieve Behavioral Health Service Organization (BHSO) facility licensure and Joint Commission (JCAHO)



accreditation as well as, later, Commission on Accreditation of Rehabilitation Facilities (CARF) multi-site approval. This included expanding its providers from three to eight and then eight to eighteen in the course of assisting with the launch of multiple Short-Term Residential, Long-Term Residential, Intensive Outpatient, Outpatient, Aftercare, Adult Peer Support Specialist, and Targeted Case Management programs across six new sites in numerous counties over the course of four years. These new programs played a pivotal role in the budget increasing by over five million dollars from 2014-2018.

Honored to be serving in this capacity, I also continued my own professional development and separate practice. I am dually licensed in both mental health and addiction treatment (LPCC-S, LCADC) and hold autonomous status. I am Nationally Board Certified (NCC) and have obtained Advanced International Reciprocity Certification (ICAADC). Over the course of my career, I've managed providers from diverse disciplines, including Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Psychologists, Licensed Marriage and Family Therapists, and Licensed Certified Alcohol and Drug Counselors. I've trained (either in an administrative role, board-approved supervisory, graduate school academic supervisory, or as a public speaker/educator) hundreds of mental health, peer support, case management, academic, and medical professionals, including the administrative staff, executives and CEOs of various treatment agencies. In 2011, I formulated the *Need-Reduction Model*

of Addiction, which contributed greatly to the development of the Accelerated NeuroConversion theory and approach.



Photograph: Pixabay

Some of my executive duties included writing clinical and programmatic policies, implementing both a Unified Chart (as well as revision/development of all forms within it) and a centralized medical records department to oversee Utilization Review and regulatory compliance. Establishing cross-agency memorandums of agreement and partnerships as well as suicide/crisis response protocols were key tasks alongside developing custom curricula that incorporated evidence-based material as well as auditing and data collection procedures for all services provided.

I've completed over 6,300 clock hours of formal education and post-licensure professional training. I've treated thousands of patients diagnosed with all manner of disorders and I've served at multiple levels of care and medical

necessity, including jail triage and crisis services. I've solved hundreds of administrative problems and helped countless clients overcome debilitating mental health issues while making the agencies with whom I've worked millions of dollars. It is noteworthy that all of this was achieved (at the time of this writing, December 2018) in the span of less than eight years. I think we can agree that this degree of progress is extremely rapid, perhaps even "accelerated."

This brings me back to making enemies into allies. How exactly does a person who was once incarcerated go about receiving the keys to the jail (yes, I did have a set when working at the HCDC)? The answer is simply by embracing NeuroConversion until it transforms your life's circumstances...and faith, of course. You might be thinking, "Sure, that worked for you but my situation is different." But is it, really? Whatever you are facing, whatever obstacle, hindrance or tribulation, the problem lies not with your circumstances but with your perception and reaction. Both of these things are within the realm of your control. You only need someone to help guide your brain into a mode of thinking and behaving that produces a different outcome. Change the program and you change the result.

"Well, what if I've already made every change I can in this area but nothing works?" Good question. If your search for a solution has been ineffective, then may I suggest you are looking in the wrong direction? It may not be a matter of digging deeper into the hole you face but instead turning your gaze elsewhere.

New possibilities and pathways will emerge as you begin to link your neural circuits and convert entire clusters at once. Even those with perfect vision can't see through a blindfold. But you have to first recognize the blindfold to remove it. Or look at it this way: if you had a smudge of dirt across your face you'd have no way of knowing it was there while carrying on about your daily routines. Similarly, as we've discussed, faulty programming is often invisible until made known. The ANC facilitator cannot clean the smudge for you, but he can hold up a mirror and suggest some soap.

Even so, don't take it from me. Consider Samuel, Victoria, Matthew, Sarah, Kenneth, Jill, Thomas, Kelly, Randy, and Dylan. They, like so many others, discovered the secret to unlocking hidden potential and using it to blast through mental barriers, grasping the triumph of exponential growth. Wouldn't you agree that you have just as much right as they do to conquer the exasperating pain and setbacks that plague you? Why allow what you've become accustomed to continue stealing your joy and success?

If You Can Follow the Process, You Can Shape Your Future

There's truly nothing holding you back but yourself. It's entirely likely that, even now, as you read these words and consider their implications your brain is subconsciously overriding reason and generating self-sabotaging thoughts and emotions of doubt, denial, or fear. That's actually a good sign. It may be the first inklings of you challenging neural pathways that need to be overwritten and supplanted with ones that naturally trigger positive action. I

know it's neither easy nor comfortable, but it is necessary if you want to stretch beyond the levels of achievement you've reached thus far. The mind must be subdued, made to acquiesce, and then harnessed like a hydroelectric dam directing the flow of a mighty river. There is tremendous power in such discipline.

It does need to be made apparent, however, that Accelerated NeuroConversion has unwavering "rules of engagement." If you are expecting the facilitator to coddle emotional outbursts, accept excuses for lack of applied effort, or indulge notions that you are simply a poor victim of life's cruel circumstances then you are mistaken. Nor will they allow you to dictate loopholes or practice manipulation tactics, which undermine the process by escaping the discomfort of change. If these attitudes or behaviors emerge and the client refuses to humble themselves beneath the teachings and assignments that activate neurological change; if they argue or refuse direction, then the ANC course will be terminated and the session in which it occurs refunded. There are too many people in genuine need of this help to allow those unwilling to make the necessary changes usurp precious time.

Accelerated NeuroConversion raises the bar and sets clear expectations. Just as a fitness trainer or athletic coach pushes his student to the limit so their greatness emerges, so it is with ANC. You should know this up front. Resolute exertion is required and no excuses for poor performance are allowed. The facilitator is investing in the client, but will not work harder than they do. So,

isn't it fair that this partnership maintains 100% commitment from all parties if it is to accomplish what is needed? The facilitator has to be honest with you and sometimes rather blunt. They will tell you what will work and they will tell you what won't. Now, there's no intention of being offensive; it's simply a deliberate push to make you more effective at what it is you wish to achieve. The reality is that, when it comes to entrenched negative mental pathways, a firm hand is required to motivate change. So it is with Accelerated NeuroConversion. Direct confrontation is sometimes necessary. I know it was for me. I understand that this style of interaction is not for everyone. If your disposition is fragile or unwilling to accept respectful criticism, then Accelerated NeuroConversion is probably not right for you. There are many other options out there you can pursue instead.

One of the reasons for ANC's effectiveness is its capacity to draw upon multiple lines of research and practices across disciplines that promote neurological change and utilize them simultaneously to produce synergistic effects. This adaptability is an advantage that allows it to leverage diverse change principles and thereby achieve rapid results. Although activating new neural pathways may seem awkward at first, in time, the automated programming activates naturally, leading to instinctive attainment of success.

Few businesspersons would pass up an opportunity to receive high returns on an investment. The cost is inconsequential when weighed against the fact that the asset makes them more money in the long run than what was initially

spent. When value is apparent the fee is trivial by comparison. It's difficult to put a price on greater freedom, peak performance, and expanding ones horizon. And how much would one pay to eliminate pain or handicap? If you've ever been in that kind of situation (or perhaps are in that place of pain right now) then you already know the answer: "Whatever it takes!"

It may be, however, that the financial cost of utilizing ANC isn't problematic but rather the time commitment. This, too, is a valid consideration. Strictly speaking, if you engage Accelerated NeuroConversion services and truly give 100% to the process, it will cost you a significant amount of time. Besides the hour weekly session, you will have daily activities and periodic assignments including rating and tracking your progress. It will require making adjustments to your schedule and routines, but that's actually the entire point of throwing yourself into a process that reprograms your brain's previous automated responses. You should ask yourself, though, how much time will you lose if you don't make necessary changes? How long will it take you to reach the goal you desire or overcome the obstacles you're facing by continuing in the same unproductive patterns you've likely already practiced for years? Would things ever change? The truth is there's a reason you are reading this book.

Something is presently costing you productivity, time, money, and energy. Why have you read this far? The simple act of doing so means you've already started the time investment necessary for achieving your dreams and conquering your struggles. Why not see it through to the end?



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You might be thinking that, apart from time and money, if you begin this process and give your all without results that you'll lose face before family and colleagues, looking like a fool that fell for something too good to be true. That is a bitter pill to swallow, and perhaps you've been "burned" before. The reality is that I cannot promise you will see the outcome you envision. There are too many factors to predict this. It depends upon how realistic your goals are, whether you actually perform every assignment correctly and consistently (only you will know) and it may require several courses of Accelerated NeuroConversion, reprogramming several dysfunctional Neural Clusters in order to shift your mental state into peak performance status. So, here's what I can offer: if at the end of your ANC course you aren't satisfied with the results you obtained, I will give you a referral to another provider or life coach of your choosing plus \$1,000 towards the cost of working with them instead. I guarantee there's zero risk of you walking away empty-handed, that's how confident I am in this method of transformation.



Photograph: GhiblyCalimero, Pixabay

I can also tell you with certainty that ANC has much to offer:

- In depth exploration of your current neural patterns and an analysis of what deficits exist that are hindering your optimum potential.
- A customized strategy addressing all areas of your life that serves as a clear roadmap for making the necessary changes.
- Powerful tools, support, skill building, monitoring, and constant advocacy for success.
- Hard-hitting assignments and exercises designed with precision and accuracy to pinpoint the neurological pathways in need of transformation.

- Real-time scoring of the changes in your automated programming that you can track and examine for yourself.
- The convenience of online video conference sessions. You never have to travel across town or sit in a waiting room listening to screaming babies until your name is called.
- Flexible scheduling and international accessibility through your internet connection.
- Joining an elite class of professionals that have chosen to sharpen their edge and push their transformation to its furthest limits rather than settling as a worker drone grinding in a perpetual state of gridlock.
- The option to dive deeper and reshape additional neural targets, stacking success upon success until all areas of your life are molded into your ideal structure and performance.

Let's pretend you did take action and grabbed hold of the opportunity to live a better life, one in which your greatest internal adversaries were vanquished, allowing you to launch unrestricted into the skies of your destiny. What if attaining your highest potential were not only possible but something that could be carried out on a daily basis automatically and with relative ease? This is the golden ticket gleaming before you now. Even if you take no action toward receiving ANC services, it is my hope that this book has added value to you by helping you better understand the neural rhythms of your brain, recognize the habitual patterns that hinder your progress, and grasp the

intricacies of synaptic interconnection physically, psychologically, socially, and existentially. I'm delighted to have helped if this motivates you to contemplate the possibilities of harnessing your powerful autonomic capacity for achievement of full potential, to see your life and its difficulties in an entirely new light, one filled with the hope of change. But, let's be honest, you're not much better off knowing the issue and knowing how to resolve it if you don't make a decision to use what you've learned. Granted, this is an elite service that comes at a significant time, financial, and personal commitment cost. But what are the costs of not taking action?

Allowing the weights you've been dragging to continue burdening you into tomorrow and the day after and the day after that? Continuing to stare through the window of possibilities at a hope you cannot grasp? Resigning yourself to performing at standards below you or your business' potential, letting go of your dreams for something better? You're here because you believe you deserve a better lifestyle than that. You know there is more but just need the right tools to open the passageway into a bigger world and a brighter future.

So you basically have three options. Option number one: put this book down, give up on your dreams, and walk away. Option number two: continue to attempt to solve the issue on your own, enduring the difficulty and lost time of ignoring, at best, the optimal way to reach your next level and, at worst, a shortcut to more fulfillment. This is a perfectly valid option for those that are willing and capable of suffering long periods of feeling unsatisfied while



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working very hard at alternate methods of accomplishing their goals. Lastly, option number three: take decisive action and engage a service with proven results that identifies exactly which of your mental pathways requires transformation, designs a precise neurological roadmap for how to make that change, equips you with the tools necessary to succeed, significantly reduces the time required to flourish, and instills within you a new automated series of habits that maintain the gains achieved. The choice of which route you will take has always been yours to make.

I am currently taking new clients but may discontinue some or all of the promotional offers when my schedule is full. Please note that the per-session Accelerated NeuroConversion trial payment option, reduced-price when purchasing full-course payment option, and thousand-dollar satisfaction-guaranteed referral options are only valid if locked-in during the active promotion and, as such, their availability is subject to change at any time. Because my time is limited, thereby reducing the number of clients that can be served, only the best applicants will be selected. If you have the drive and determination to recognize your needs, commit the resources necessary to resolve them, and are ready to move to the next level of personal and professional success, then demonstrate it by taking action now. Click the link below or use your internet browser to navigate to the Kinged website and complete the application for ANC candidacy. While it is being reviewed, feel free to read the addendum to this book that explains the science behind



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FINAL CHALLENGE

Whether it is pursuing Accelerated NeuroConversion or by some other means, commit to taking MASSIVE ACTION toward achieving your dreams. Write your plan below or on a separate sheet of paper and set a deadline for implementing it. Delays and excuses end now. What are you waiting for?

Deadline Date: _____

ADDENDUM

Accelerated NeuroConversion (ANC) Theory and Scientific Principles

Summary

As promised, this is a super-condensed, minimally-technical explanation of the science behind ANC. The philosophy of *Accelerated NeuroConversion*[®] is that, through teaching clients the use of methodological techniques and monitoring/facilitating their implementation, the transformation of a person's existing automated neurological responses and core belief systems to higher, optimized ones is not only possible but achievable within a relatively short span of time. This is accomplished via their reintegration of a performance-enhanced value system alongside simultaneous implementation of behaviors that restructure existing Neural Clusters. These neurological enhancements then automatically support the mental and behavioral transformation. Holistic by design, *Accelerated NeuroConversion* incorporates augmentation of Biological Dimensions (neurogenesis and neurological changes within the brain's reward center), Mental Dimensions (development of new prefrontal cortex thought pathways), Social Dimensions (improved relational and environmental interactions), and Spiritual Dimensions (expansion or redirection of existential concepts of life purpose, identity, values, and faith)

synchronously. *Accelerated NeuroConversion* is the implementation of deep changes in how a person interfaces with their world. It is non-professional, by definition, and is thereby readily accessible to those trained in its usage across multiple disciplines such as business, education, social sciences, ministry, consultation, medicine, coaching, counseling, finance, and all other fields where such transformation is beneficial or desired.

Conversely, Clinical ANC (C-ANC) is the utilization of standard *Accelerated NeuroConversion* techniques by medically-licensed providers to clinically assist clients with mental, addictive, or behavioral disorders. It incorporates traditional clinical elements such as diagnosis, treatment planning, and clinical psychotherapy within the ANC transformation model. In accordance with this, ANC techniques are not typically employed until underlying mental health issues are first stabilized using standardized practices in the clinical field. C-ANC is not indicated for the treatment of severe mental illness or conditions that require psychopharmacological intervention or specialized psychiatric care.

Theory

The premise of *Accelerated NeuroConversion* is that the adoption of a simultaneous multi-dimensional strategy of targeting interrelated neural pathway changes increases the efficiency at which the human brain develops new automated processes across behavioral, cognitive, social, and spiritual domains. The combination of these interventions causes each to reinforce the

other, thereby creating a synergistic and lasting transformation in all dimensions.

Dr. Caroline Leaf is a communication pathologist and audiologist who has worked extensively in the area of cognitive neuroscience. Her research demonstrated that, rather than being static, the DNA of nerve cells in the human brain alters its shape as a result of changing thought patterns. This change in brain structure and function is referred to as neuroplasticity, which occurs after 21 days of altered thoughts/behaviors (this span is the length of time required for certain protein changes to form in neural tissue). However, for these changes to be automated (essentially a function of the "reward center" of the brain and of the basal ganglia) the cycle must be repeated three times. Thus, to form an automated thought/behavior circuit in the brain (a new habit), the novel responses must be maintained for at least 63 days. It is postulated that habits are a form of action, formed in the sequence of thoughts, then beliefs, and then behavior. Interestingly, while this is the process of developing novel automatic processes, once established, the brain functions in the order of beliefs (worldview) that produces thoughts, which generate emotions that then lead to behaviors. This is a positive view of human adaptability in that individuals are not merely the product of irresistible neural pathways in the limbic system but that the prefrontal cortex, through act of the will, can override the limbic system and generate new (healthier and more adaptive) automatic Neural Clusters. Thus, humans are not powerless before

fated biological and genetic processes, but in fact possess free will and can transform themselves either for better or for worse. *Accelerated NeuroConversion* serves as the scientific process by which persons are guided to harness this power and transform their lifestyle, shaping their automatic responses and future as a result.

The notion of neuroplasticity occurring after 63 days is very closely mirrored in research from Phillippa Lally (health psychology researcher at University College London) and her research team, who published their findings in the *European Journal of Social Psychology*. Their conclusion was that it takes an average of 66 days to occur. Clearly, this refutes the popular notion espoused by some generalist coaches, social media outlets, and self-help educators that a habit can be formed or changed in only 30 days. Moreover, for the change to occur, there is a specific process that must be followed. This procedure is amplified (accelerated) by the research-supported techniques and approaches of ANC.

Before delving into those details, however, it is necessary to first understand the particulars of what a habit truly is and its link with addiction. Generally speaking, most people associate drug abuse with addiction and, while this is true, the same processes that occur (and are so clearly pronounced as detrimental) in the brains of drug abusers are essentially the same processes that occur in sober, healthy persons' brains when habits are formed. The primary divergence is the neurotoxicity and brain damage substance abuse

causes. Addiction comes in many forms beyond chemicals, appearing in manifestations of compulsory behavior toward food, sex, money, power, aggression, sports “fanaticism,” workaholic tendencies, and so forth. Consider this statement from Jon Grant and his research colleagues concerning process addictions: “The essential feature of behavioral addictions is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others. Each behavioral addiction is characterized by a recurrent pattern of behavior that has this essential feature within a specific domain. The repetitive engagement in these behaviors ultimately interferes with functioning in other domains. In this respect, the behavioral addictions resemble substance use disorders. Individuals with substance addictions report difficulties in resisting the urge to drink or use drugs. Behavioral and substance addictions have many similarities in natural history, phenomenology, and adverse consequences.”

Unremarkably, the Oxford English Dictionary definition of a habit is (Noun) “A settled or regular tendency or practice, especially one that is hard to give up,” (Informal) “An addictive practice, especially one of taking drugs,” (Psychology) “An automatic reaction to a specific situation.” In all cases, this automatic response is a particular arrangement of neural pathways that contribute to (as previously mentioned) an involuntary and instinctive pattern of thoughts, beliefs, emotions, and behaviors. For this reason, *Accelerated NeuroConversion* provides a solution in that its methods transform these

Neural Clusters into new, healthy automatic behaviors. The purpose of this observation is not to suppose that ANC is a substitute for or superior to traditional addictive therapies. On the contrary, the observation is made only to demonstrate that topics common to addiction and the measurement of addiction recovery have a direct bearing and natural place within the framework of understanding habit change in general and the operating mechanisms of ANC in particular.

To this end, consider the underlying biological cause of substance abuse-induced addictive behavior and the underlying biological cause of common negative or unproductive habits: maladaptive brain structure and associated functioning. The brain is designed to “hardwire” repetitious thoughts or behaviors. The neural pathways that form are intended to make tasks easier and initiate a form of “autopilot” performed subconsciously. This frees up more brain power for conscious thought and long-term planning for the execution of complex tasks. For instance, the first time a person learns to brush their teeth or drive a car generally requires a significant amount of conscious effort to remember and perform each task exactly as it should be done. If this intensive focus continued for every new thing that person learned, their brains would constantly be struggling to handle every step throughout each day. Automating common repetitive tasks is a way for the brain to optimize performance and reduce stress. Problems arise when the automated habits are unhelpful or actually harmful and they are powerfully reinforced if an element of pleasure is

involved. Therefore, although consuming heavily processed foods or engaging in protracted television “binges” are clearly unhealthy activities when performed in excess, the pleasure factor reinforces them, making the neural pathways stronger and more difficult to resist when a person actually does want to stop. In these cases, as with chemical addiction, it can become a significant challenge to turn the subconscious autopilot off once the cycle of repetition has begun.

ANC takes this a step further and recognizes that neural pathways do not occur in a vacuum. The behavior of eating a “fast food” cheeseburger is not simply a behavior. There are social factors involved, thoughts and beliefs, physiological reactions, and even existential elements of values, purpose and identity. Taken together, although subtle and generally unnoticed during the automated response, each neural pathway combines into a multi-dimensional Neural Cluster. This is why, to convert the neural pathway, each dimensional aspect must be addressed concurrently, and not simply the behavior alone. Failing to convert the entire Neural Cluster and focusing on only one part will inevitably result in other related pathways reestablishing the automated routine. This is why someone who wants to (for example) become physically fit but highly values comfort and is surrounded by non-active friends, a person whose thoughts and beliefs view exercise as something negative and painful, will inevitably revert back to the automated state the combined cluster is pushing them toward despite effort made to break one of the neural pathways.

Biologically, the basal ganglia are the primary group of neurological structures involved in habitual action. Although they have many functions related to motor control, they are particularly involved in establishing frequent behaviors performed in the same ways or in accordance with certain environmental cues. Primarily, they operate unconsciously, activated by certain "triggers." Once a pattern is established, its features cannot be altered quickly because its performance requires no thought or attention if the cue is present. The basal ganglia allow the performance of the action to be rapid and effortless, operating based on past behavior as a guide to action. Moreover, the basal ganglia drives activity within the reward center of the brain. The reward center is a subconscious system running along the major dopamine pathways. It is responsible for ensuring survival by promoting healthy and positive behaviors. It does this by releasing dopamine, a neurotransmitter that produces sensations of pleasure, when someone performs an action conducive to health and survival such as eating, exercise, sex, achievement, and so forth.

Consequently, people tend to seek out things that give them pleasure and avoid things that cause pain or would be a detriment to survival. Conditioned behaviors associated with survival are very powerful and often automatic. They can be so strong that they are capable of completely overriding conscious thought. When a person abuses drugs, a massive amount of dopamine is released, causing a very pleasurable sensation. The problem inherent is that the reward center uses dopamine to link healthy behaviors with pleasure to

ensure survival. Overstimulation of the dopamine receptor-sites can result in the reward center becoming “hijacked” by the drug to the point a person’s subconscious brain believes the drug is something necessary for survival. In turn, the drug and drug-seeking behavior become the most powerful impulse in that person’s life, overriding other truly healthy activities that release less dopamine and provide less pleasure. When repetitive actions cause the basal ganglia to form automatic responses in conjunction with high levels of dopamine, breaking the cycle becomes particularly challenging.

Fortunately, the reward center of the brain is “counter-balanced” by the prefrontal cortex. This structure is responsible for humans’ executive conscious functions. It handles new or infrequent behaviors, initiates deliberate action and is informed by acquired knowledge and decision-making skills. It is adaptable to performing the same task in different ways and is guided by values, goals, and attitudes. Although its performance is relatively slow compared to the instinctive reward center of the brain, it engages through thought and attention and inhibits inappropriate responses from the primitive brain. If the basal ganglia is the throttle of a person’s actions, the prefrontal cortex serves as the breaks and steering wheel. It is, therefore, the key to rewiring and transforming the Neural Clusters of automated behavior imbedded in the brain’s reward center.

While the primary techniques and methods of *Accelerated NeuroConversion* are proprietary, their essence is the transformation of neural “targets.” Unlike a

treatment, performance, or academic “goal” that focuses upon one particular thought, emotion, or behavior, ANC targets embody the entire Neural Cluster of associated biological, psychological, social, and existential components inherent in a particular “automatic” habitual life process. Generally, transformation of a selected target is performed in sequence, with prioritization determined by the perceived strength of various motivational categories. The conversion occurs in dual synchronous stages, namely, the elimination of harmful or unproductive targets and the reestablishment of healthy and productive Neural Clusters in their place. While targets are subdivided into associated goals and objectives per each active dimension, multiple targets are never interrupted simultaneously. Maintaining this safety protocol prevents synaptic shock resulting from overloading too many Neural Clusters at one time. Only after a minimum 66-day period (a 10 week average intervention course) of target conversion has occurred is a new target and associated transformation Strategy engaged. This “cluster grouping” of equivalent targets across multiple domains brings about the acceleration and abiding effects of the neuroconversion process.

Evidence for the importance of holistic and multi-dimensional life change strategies is supported by the substance abuse addiction literature in general and, in particular, through *The Need-Reduction Model of Addiction*©. In 2011, this author developed a holistic model of substance abuse intervention that collated the core components of major models such as the Disease Model of

Addiction, the Harvard Model, The Therapeutic Community Model, and the Moral/Spiritual Models. Recognizing that, not only were these models not competing with but rather complementing each other and instead that they all contained a core component that addressed holistic deficiency, I concluded that addiction is a maladaptive attempt to meet unmet needs, as evidenced across domains in a broad range of literature. The result was *The Need-Reduction Model of Addiction* (Fig. 1). I used this model effectively throughout my practice and recognized, when considering a useful approach to measuring treatment outcome success, it could be further expanded to embody an evidence-based and holistic method of evaluating SUD recovery attainment.

The Need-Reduction Model of Addiction (D. Kingsbury, 2011)

- This holistic model acknowledges the reality of severe brain damage that constitutes the Disease Model of Addiction and it expands upon the Harvard Model of Addiction by adding the variables of biology, sociality, and spirituality to the psychological components inherent in self-medication.
- Effective Tx, according to this model, requires identifying and meeting various needs clients have that underlie their addictive Bx.
- "X" Represents Drug Usage

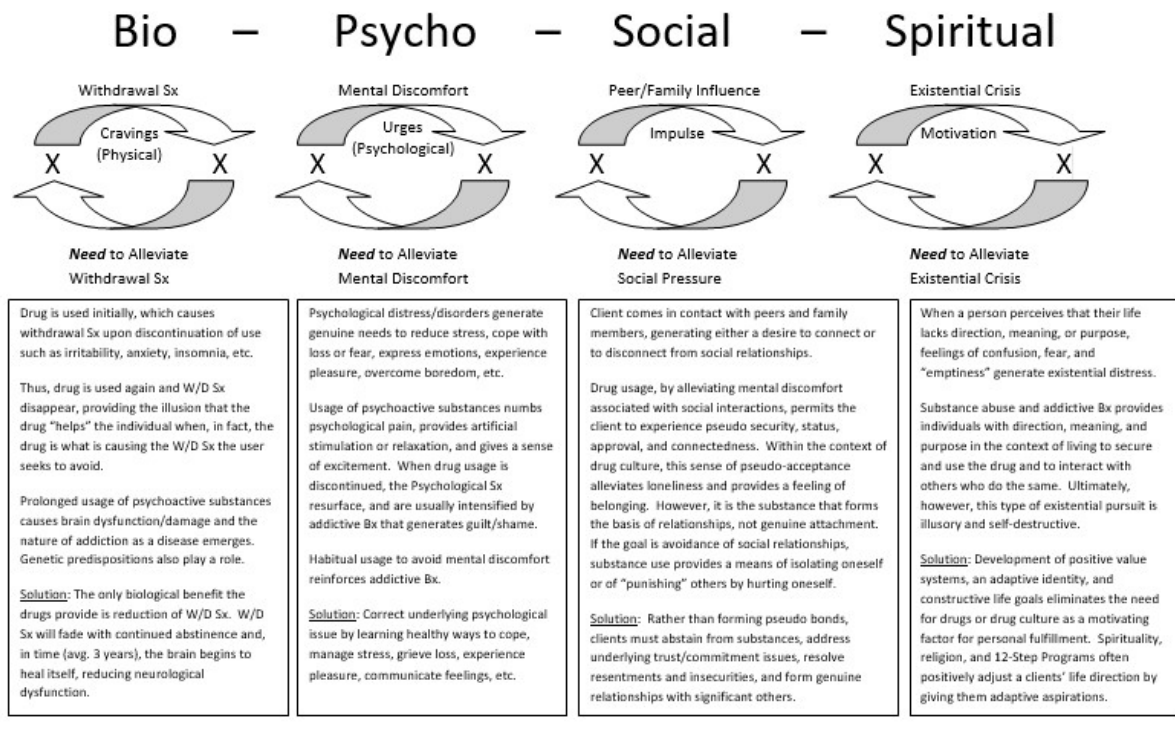


Fig. 1

All major models point to addictive behaviors stemming from core needs that are unmet. This is the basic premise of *The Need-Reduction Model of Addiction*, which serves as the focal point of understanding the therapeutic service approach necessary for driving addictive disease into remission. For example, the Medical/Disease Model of addiction looks at biological causes such as physiological cravings that drive addicts to abuse substances, thereby meeting the need of avoiding withdrawal symptoms. The Harm-Reduction Model

supports this premise. The Harvard or Self-Medication model speaks to the psychological factors that drive persons to abuse substances, such as a person struggling with depression utilizing a stimulant to elevate their mood, meeting (albeit maladaptively) the need to reduce psychological discomfort or manage a psychological disorder. Social models embrace patterns of learning, conformity, and interrelatedness, highlighting how addicts often abuse substances to alleviate or cope with social pressures or as a result of deficient social, communication, and coping skills. Again, the substance disorder surfaces as a means of meeting a legitimate need in an unhealthy way. Moral and Spiritual Models illuminate how substance abuse often becomes a means of addressing the need to solve an existential crisis wherein identity, values, and life purpose are in flux or underdeveloped. In all cases, recovery manifests as a client's capacity to turn from substance abuse as a destructive way to solve life problems and instead meet their legitimate needs through therapeutic, adaptive, and healthy means. This understanding allows us to view recovery as a multi-dimensional lifestyle change that is measurable in attainment. The measurement model itself is supported by the well-established *Hierarchy of Needs* by Abraham Maslow.

Rather than focusing on psychopathology and the deficits in health or success people experience, Maslow's theory of human motivation centered on a more positive understanding of human behavior by considering progress as dependent upon what is present instead of what is lacking. Maslow's interest

was in human potential and how it could be fulfilled. In sum, he posited that humans are motivated by a hierarchy of needs organized with a prioritization on basic needs before higher ones (Fig. 2). While the order is not rigid (meaning external circumstances, individual differences and multiple competing needs all play a role), people tend to progress to higher levels of health and potential once the more basic and critical needs are first met. Although Maslow later expanded his theory to include an eight-tiered model including cognitive, aesthetic, and transcendent needs, the summary five-tiered model is sufficient as a starting-point for translating his hierarchy into a recovery evaluation method.

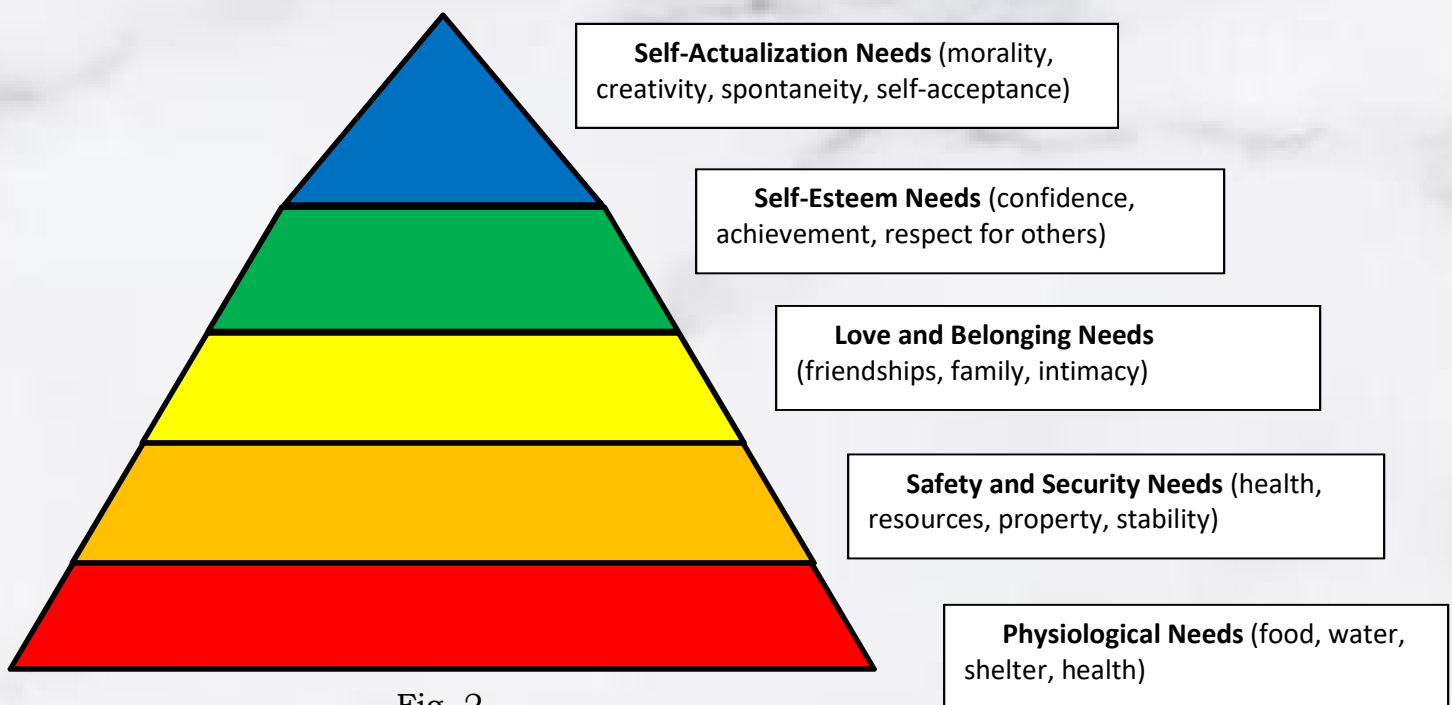


Fig. 2

Recognizing an operant hierarchy of need fulfillment as necessary for achieving greater levels of health and wellness allows for the conceptualization

of the inverse; namely, a descent into maladaptive functioning, distress, and self-destructive efforts to meet needs as observed in active addiction. Taking the above example, the reverse would appear as outlined below (note that each level serves as overlapping examples).

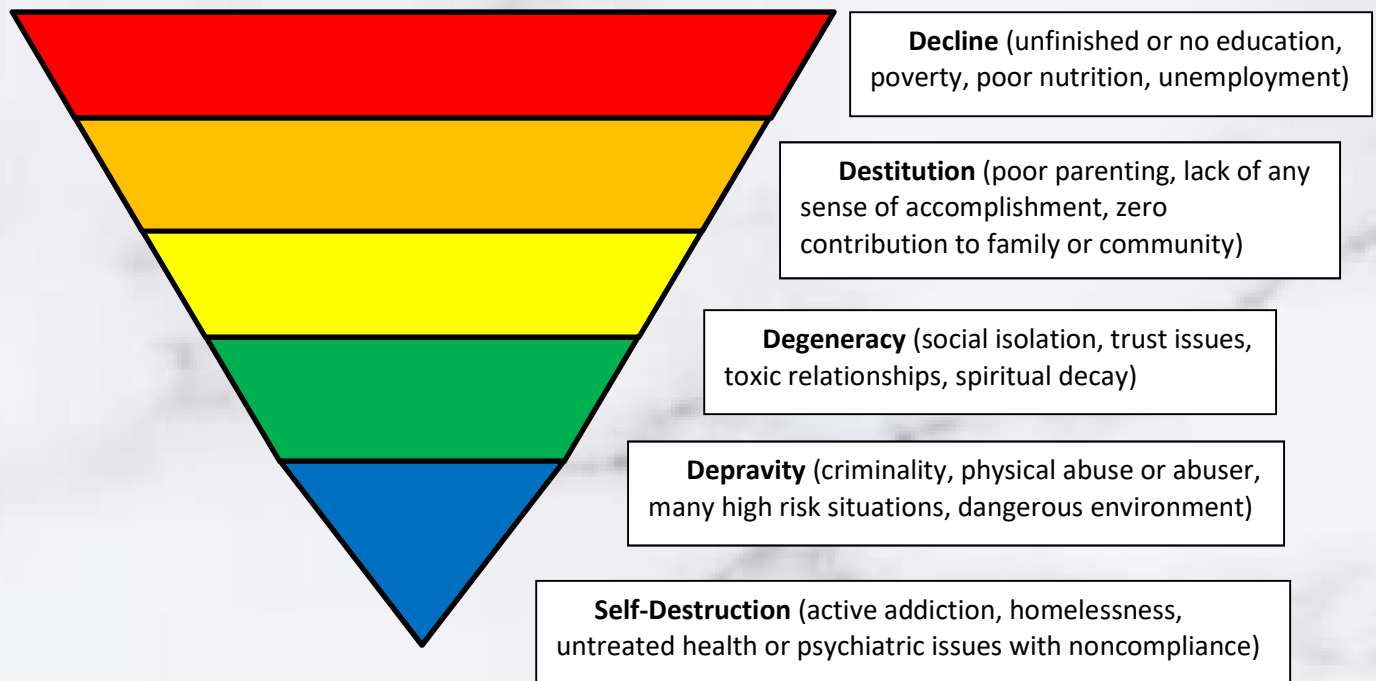


Fig. 3

Having a framework (based upon solution-focused need reduction) by which to evaluate an addict's climb from active addiction into recovery and self-actualization allows for the creation of an objective template on which to measure progress. This progress (or lack thereof) can then be converted into a recovery success scale (Fig. 4).

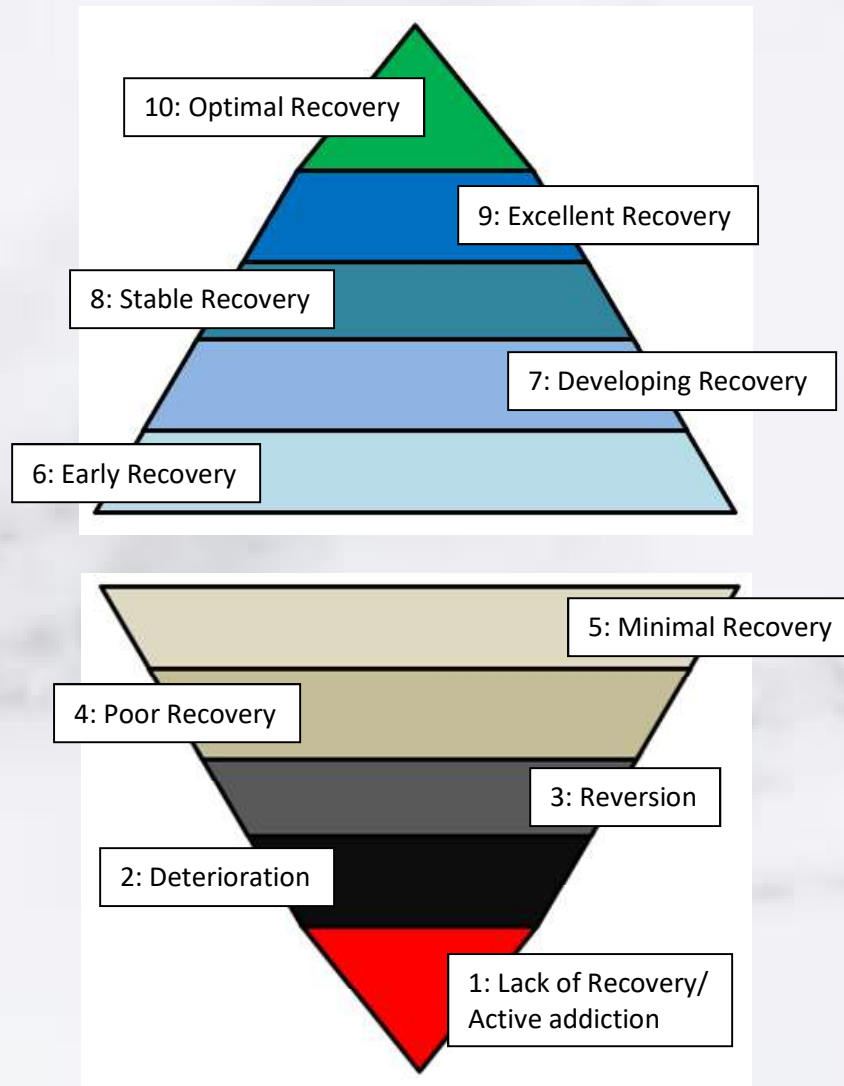


Fig. 4 (*The Composite Hierarchy of Recovery*©)

Although *The Composite Hierarchy of Recovery* is designed to serve as an objective evidenced-based means to gauge substance abuse treatment success (and to this end is outlined in other publications), the principles of addressing holistic dimensions of a person's problem apply beyond the psychotherapeutic field and into all areas of life change irrespective of discipline through the methods of *Accelerated NeuroConversion*. Given the complexity of chemical

addiction and mental health disorders, these should only be addressed by licensed clinicians or through *Clinical Accelerated NeuroConversion* (C-ANC). As a result, our focus clearly turns to ANC, a method of transformation applicable to any field and deployable by non-clinicians with great effect upon common unhealthy automatic neural targets so long as the facilitator is properly trained in ANC theory and methods.

Being uniquely qualified to conceptualize, treat, and measure the outcome success of addiction interventions, I recognized that the same mechanisms for combating substance abuse are applicable to other automatic behaviors. Similar multi-dimensional recovery techniques are especially relevant to the transformation of undesired automatic habits and lifestyles in all their forms. *Accelerated NeuroConversion* takes this a step further by focusing with laser-precision on a person's Neural Clusters to empower them to reach the next level in self-optimization. Average individuals grow through ANC, successful people become exceptional, and high-functioning individuals elevate to elite levels of productivity and potential fulfillment. Moreover, the oft ineffective and time-consuming approaches of standard motivational coaches or counselors are unnecessary when *Accelerated NeuroConversion* protocols are applied.

Abridged Inventory of Techniques Utilized:

Education concerning the mindset necessary to succeed using ANC principles is requisite for anyone beginning an ANC course. This includes exercising deep commitment to the change strategies, a refusal to make

excuses or perceive oneself as a victim of circumstance, and demonstrating trust in the process. The importance of achieving deadlines set on the ANC Strategy, completing all assignments with high consistency, and working hard are all highly emphasized. Resilience is vital. Clients learn to endure discomfort and ignore external as well as internal criticism.

Development of a learning environment where failure is not only accepted, but also encouraged is likewise deployed since it indicates the client is attempting something new and has engaged the growth process. Mindfulness and visualization exercises assist with diminishing unpleasant reactions to new behaviors or to enhance pleasurable reactions to those behaviors, thereby forming powerful subconscious motivational enhancement. Additional techniques include:

- Establishing new environmental “cues” for automatic prompting of novel behaviors.
- Utilization of a Support Person as an “accountability partner” and source of aid during difficulty or emergency.
- Troubleshooting issues by considering what the client has tried recently or in the past that didn’t work and then adjusting this to incorporate both enhanced and impactful novel experiences for acceleration of habit change.
- Facilitation and/or encouragement of tremendous personal development and self-education through a combination of audio,

visual, and tactile assignments designed to activate and synergize different areas of the brain. These assignments encompass implementing imaginal and real-world activities, physical/mental exercises, reading books, watching videos, attending seminars, etc.

- Celebration of the establishment of new healthier habits and consolidation of gains, “stacking” progress with each weekly ANC Strategy to create a highly fulfilling sense of achievement and growth.
- Emphasis on consistency and assistance with establishing it. The formation of any neural pathway requires that the thought or action occurs regularly, is cued by an environmental situation or internal stimulus, and happens without conscious thought. Clients are helped to understand and develop **cues** that lead to **action** that generate a small and immediate (or accumulated delayed) **reward** in the context of multi-dimensional activation of extant and newly targeted Neural Clusters. Clients are also assisted with identifying cues that are specific to external forces, internal forces, locations, items, social interactions, belief processes, and preexisting task-related habits.
- Progress is regularly and objectively tracked via recognition of goal attainment or lack thereof supported by successive inventory scores rating both novel and extant Neural Cluster alterations.

The phases of *Accelerated NeuroConversion* include 1) Automatic response evaluation across dimensions and integration of ANC philosophies into existing thought process, 2) Acquisition of new or expanded problem solving skills and behaviors, and 3) Practical daily application of developed skills with ongoing progress tracking and strategy adjustment. All three are non-linear, overlapping, and occur simultaneously throughout the program as new transformational goals are targeted until the client's preferred results are attained. The client terminates their ANC course either upon successful achievement of all desired targets, client abandonment of the ANC strategy, or facilitator termination of the client's course due to their lack of engagement and/or non-compliance with Strategy instructions. Should the latter occur, a referral to a more appropriate or alternate venue is provided. Each ANC "course" is, minimally, ten weeks per Neural Target/Cluster (or, similarly, 10 sessions at least one-week apart).

While the client is engaged in the ANC process, it cumulatively intensifies across all subsequent sessions/weeks, restarting when the original Neural Cluster is attained and a new Neural Cluster is selected by the client for an additional course of ANC. Final completion of the program is documented by the facilitator along with progress scores and any relevant observations. At this point, the client will have achieved peak performance for the targeted transformation via the establishment of novel automated biological, psychological, social, and existential neural pathways. They will also retain the

written ANC Strategy to revisit as needed in order to maintain gains. Not only should the newly established responses occur naturally and with minimal effort, but the client will also be able to view the data from their progress scores and observe the growth that has occurred. It is recommended that, should a client depart from their ANC Strategy or detect new Neural Clusters in need of transformation, they connect with their facilitator for follow-up sessions. Because gains are consolidated as the program progresses, new and more potent improvements become possible by building upon existing changes. This dramatic lifestyle transformation is limited in scope only by the client's engagement and exploration of areas for improvement alongside the ANC facilitator's guidance.

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