

BOARD TECHNICAL BULLETIN
12 AUGUST 1969R

Remimeo
Class VIII
DN Course
DN C/Ses

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CANCELS
HCO BULLETIN OF 12 AUGUST 1969
DIANETIC C/S SECTION
SAME TITLE

DIANETIC CASE SUPERVISOR ACTIONS

This is the Dianetic Case Supervisor section of HCOB 12 August 1969 "Case Supervisor Actions". The full bulletin is issued to Class VIII Auditors only as it is confidential. This Dianetic section is issued to Dianetics Auditors as well as Class VIII Auditors.

The following are basic Case Supervisor actions.

It is to be noted Symptoms are double lettered (AA, BB) and the Directions to Auditors are numbered (1, 2, 3). When more than one Direction applies to a Symptom, a letter is added (1A, 1B).

In the future if a related Symptom is added, it will go to a triple letter for the same Class (BBB, JJJ).

In the future, for a triple letter, a Direction will be numbered as hundreds, (BBB 200, BBB 200 A).

Thus we have a system which can expand and be refined which can be charted and *boxed*.

A chart can be drawn up of Symptoms. This chart gives the numbers for Directions.

To save himself from writing, the Case Supervisor can get the slips run off separately in quantity.

These slips can be packaged in envelopes. Or go into a covered wooden box with pigeon holes. The door closes over the holes, the chart is on the inside of the door, the whole thing can be padlocked. The pattern is that of a flag locker in which signal flags are kept. Each pigeon hole is numbered.

The C/S then simply looks on his chart, deals out of the C/S locker a number of slips, staples them, puts on auditor and pc, uses a time/date stamp and he is very much in business.

His comments to the auditor can be made on a blank sheet stapled in front of the separate slips.

He then has his locker, he has his independent copy of this HCOB for separate reference. He will have his chart.

His only real problem is how to keep himself supplied with slips of Directions. It is probably best to cut these all of a piece on mimeo stencils and get them run off in batches.

Good Luck.

L. RON HUBBARD

DIANETIC CASE SUPERVISOR INDEX

NAME SYMPTOM No. DIRECTION No. PIGEON HOLE

SECTION A. STD. C/S INSTRUCTIONS

Starting PC

Health Form and R3R

Item found last session

Item given to Examiner

Trouble with specific area

Reassess existing lists

Reassess last session list

SECTION B. DIANETIC C/S REMEDIES

PC physically ill	(D)AA	(D)1	D8
Stuck in this life	(D)BB	(D)2	D9
Drugs or alcohol	(D)CC	(D)3	D10
Out of valence	(D)DD	(D)4	D11
TA high or – low, bad indicators	(D)EE	(D)5	D12
Chains left unflat	(D)FS	(D)6	D13
Anaten	(D)GG	(D)7	D14
Goes to sleep in session	(D)HH	(D)8	D15
Child, not running well	(D)II	(D)9	D16
Child, not running well	(D)II	(D)9A	D17
Child, not running well	(D)II	(D)9B	D18
Child, not running well	(D)II	(D)9C	D19
PC unable to go earlier than this life	(D)II	(D)9D	D20
PC unable to go earlier than this life	(D)II	(D)9B	D21
Physical condition	(D)JJ	(D)10	D22
“Something” not handled	(D)KK	(D)11	D23
	(D)KK	(D)110	D24

Re-Interiorization	(D)LL	(D)12	D25
Unstable exteriorization	(D)LL	(D)12A	D26
Out ruds. ARC Break	(D)MM:	(D)13	D27
Out ruds. PTP	(D)MM	(D)130	D28
Out ruds. Withholds	(D)MM	(D)130A	D29
Auditor remedy	(D)NN	(D)14	D30

STANDARD DIANETIC CASE SUPERVISOR FORMS**SECTION A****STANDARD CASE SUPERVISOR
INSTRUCTIONS FOR PC RUNNING WELL****CASE SUPERVISOR FORMS**

The two principle forms used by a Dianetic Case Supervisor are as follows:

DN C/S 1 is for new, unaudited PCs or for old ones who try to be psychoanalytical cases or who don't catch on or who have never had a C/S 1.

DN C/S 2 is for cases who have or have not been given a Medical Examination and who have had auditing.

NOTE: All PCs begin Dianetic auditing per HCOB 28 JULY 71, C/S SERIES 54, DIANETICS, BEGINNING A PC ON.

SEA ORGANIZATION**STANDARD DIANETICS C/S NO. 1**

PC: _____ Date: _____

1. Do a standard C/S 1 per BTB 8 JAN 71R, AUDITING C/S 1 FOR DIANETICS AND SCIENTOLOGY.

C/S: _____

Reference: HCOB 28 JUNE 69, C/S HOW TO CASE SUPERVISE DIANETICS FOLDERS.

STANDARD DIANETICS C/S NO. 2

PC: _____ Date: _____

1. Make a list of any occasional or current illnesses, unwanted sensations, aches, pains, disabilities, tiredness feelings, misemotions, fears, dislikes. This is done with a Health Form.
2. Assess for longest read.
3. Check pc's interest (don't audit unless pc is interested in it.)
4. Do R3R on it – Flow 1.
5. If it goes more solid, or is not erasing after going through it twice, go earlier, asking for “an earlier incident with similar (somatic, ache, pain) etc.”
6. Erase basic on the chain.
7. End off on that chain if you get an F/N, erasure, cognition and good indicators with TA between 2 and 3.
8. Then run flow 2 and 3 (and 4) to EP.
9. Reassess, repeat R3R on new item. Run triple/quad to EP.
10. End off session only on very good pronounced GIs.
11. Return folder to me.

C/S: _____

Reference: HCOB 19 MAY 69, REVISED 22 JULY 69 PASTORAL COUNSELING HEALTH FORM
HCOB 19 MAY 69 HEALTH FORM USE OF A BRIEF DESCRIPTION OF AUDITING
HCOB 28 JUNE 69 C/S – HOW TO CASE SUPERVISE DIANETICS FOLDERS

NOTE: All pcs begin Dianetic Auditing per HCOB 28 July 71, C/S Series 54, DIANETICS, BEGINNING A PC ON. When a pc is ready for Health Form, this C/S can be used!

STANDARD DIANETICS C/S NO. 3

PC: _____ Date: _____

1. Run _____ (item found in last session) by R3R triple/quad, each flow to EP.

C/S: _____

STANDARD DIANETICS C/S NO. 4

PC: _____ Date: _____

1. Run _____ (item given to examiner) by R3R triple/quad, each flow to EP.

C/S: _____

STANDARD DIANETICS C/S NO. 5

PC: _____ Date: _____

1. List all AESPs in _____ (area of body giving trouble) (separately, A, E, S, P).
2. Take largest reading item. Run R3R triple/quad, each flow to EP:
3. Reassess. R3R triple/quad, each flow to EP.
4. Repeat 3 until list exhausted.

C/S: _____

STANDARD DIANETICS C/S NO. 6

PC: _____ Date: _____

1. Collect all existing Dianetic lists in folder. Reassess all items not previously run. Add any items not previously run.
2. Take largest reading item. Run R3R triple/quad) each flow to EP.
3. Reassess. R3R triple/quad, each flow to EP.

C/S: _____

STANDARD DIANETICS C/S NO. 7

PC: _____ Date: _____

1. Reassess list from last session. Add any items that pc volunteers.
2. Take the largest reading item. Run R3R triple/quad, each flow to EP.

C/S: _____

STANDARD DIANETIC CASE SUPERVISOR FORMS**SECTION B - REMEDIES****CASE SUPERVISOR (D)AA**

Physically Ill

Symptom

Pc physically ill.

CASE SUPERVISOR (D)1

PC: _____ Date: _____

1. Medical Examination.
2. Medical care.
3. Dianetic Auditing as follows:

List all AESPs connected with the illness (separately).

Assess the list.

Run R3R on the largest reading item – triple/quad, each flow to EP.

Continue to assess the list and run R3R on items found.

Add to the list any new items connected with the illness.

The main point is to exhaust the entire list of all reading items.

An illness contains many somatics, feelings, emotions.

As a PC who is ill is easily made an effect, the auditing sessions should be smoothly done and each session relatively short, completing each session on the first erasure that gives the pc an F/N and a win (Erasure, Cognition and VGIs,)

If the PC is on antibiotics, give heavy doses of vitamin B1, B complex and C before auditing.

C/S: _____

REFERENCE: HCOB 9 AUG 69, CASE FOLDER ANALYSIS, DIANETICS
HCOB 24 JULY 69, SERIOUSLY ILL PCs

CASE SUPERVISOR (D)BB

Stuck in this life

Symptom

Pc stuck in this life.

Unable or unwilling to go back in time track to previous lifetime.

CASE SUPERVISOR (D)2

PC: _____ Date: _____

1. List "What attitudes would make one unwilling to go earlier than this life?". Get the reads as the pc lists.
2. Take the largest reading item. Run R3R triple/quad, each flow to EP.
3. Exhaust the list.
4. Repeat steps 1-3 listing emotions, sensations, pains – separately and in this order.

C/S: _____

REFERENCE: BTB 3 OCT 69R, DIANETIC REMEDIES

CASE SUPERVISOR (D)CC

Drugs or alcohol

Symptom

Somatic shut off.

Pc has history of drugs or alcohol.

Pc has troubles running engrams.

CASE SUPERVISOR (D)3

PC: _____ Date: _____

Program the pc for drug rundown per HCOB 15 July 71, Issue III, C/S Series 48R, Drug Handling and per the current Grade Chart. See HCOB 15 July 71, Issue III C/S Series 48R, Drug Handling and also BTB 25 Oct 71R The Special Drug RD.

(Note: Objectives and the "Class VIII RD" would be done by a Scientology trained Auditor classified for these actions. If one is not available, follow Dianetics only Drug RD given in C/S Series 48B.)

C/S: _____

REFERENCE: HCOB 15 JULY 71, ISSUE III, DRUG HANDLING
BTB 25 OCT 71R, THE SPECIAL DRUG RUNDOWN

CASE SUPERVISOR (D)DD

Out of Valence

Symptom

- Pc not getting better with auditing
- Pc's manifestations and remarks never change
- Or pc becomes ill
- Or pc folder getting fat

CASE SUPERVISOR (D)4

PC: _____ Date: _____

1. Medical Exam and any treatment.
2. Straighten up all out ruds.
3. Dianetic auditing listing all somatics (AESPs) etc. in the area and R3R on all those read.

And when the pc has markedly recovered:

4. Fly a rud, GF 40 and handle every item that reads fully. And whether it reads or not, treat the case as Out of Valence and run LX3, LX2, LX1, each item that reads 3 way recall, 3 way secondary or engram. You finish up the items of LX3, then finish LX2, then LX1. Somewhere along the line the pc will change markedly before the auditor's eyes, goes into his own valence and that's as far as you go with the LX lists.

C/S: _____

REFERENCE: HCOB 9 AUG 69, CASE FOLDER ANALYSIS, DIANETICS
BTB 25 OCT 71R, THE SPECIAL DRUG RUNDOWN

CASE SUPERVISOR (D)EE

High or Low TA. Bad Indicators

Symptom

Dianetic session ended with
TA high or low and or bad
indicators at examiner.

CASE SUPERVISOR (D)5

PC: _____ Date: _____

- 1. Assess L3RD and handle to EP of the list.

C/S: _____

REFERENCE: HCOB 11 APRIL 71RA, L3RD DIANETICS AND INT RD REPAIR LIST

CASE SUPERVISOR (D)FF

Unflat Chains

Symptom

Pc has been having Dianetic auditing.
TA high.
Folder inspection shows chains left unflat.

CASE SUPERVISOR (D)6

PC: _____ Date: _____

- 1. General L3RD to EP of list.
- 2. When flattening a chain, orient the pc by naming the chain and date of last incident before continuing to run each chain.

C/S: _____

REFERENCE: HCOB 11 APRIL 71RA, L3RD DIANETICS AND INT RD REPAIR LIST

CASE SUPERVISOR (D)GG

Anaten

Symptom

Pc goes anaten in session even when assessment and R3R procedure correctly done and pc had sufficient sleep. No unflat chains evident by folder inspection.

CASE SUPERVISOR (D)7

PC: _____ Date: _____

1. List the pictures or masses the pc has touched in life or auditing and have been left unflat.
2. Take the largest reading item, get its AESPs (separately).
3. Run R3R, triple/quad on all reading AESPs. Exhaust the list.
4. Exhaust the list of pictures or masses.

C/S: _____

REFERENCE: BTB 3 OCT 69R, DIANETIC REMEDIES

CASE SUPERVISOR (D)HH

Goes to sleep in session

Symptom

Pc goes to sleep in session

No evidence of unflat chain.

CASE SUPERVISOR (D)8

PC: _____ Date: _____

1. GF to F/N.
2. Full overts he has committed on unconscious or sleeping persons. Earlier similar to EP.

C/S: _____

REFERENCE: BTB 3 OCT 69R, DIANETIC REMEDIES

CASE SUPERVISOR (D)II

Child not running well

Symptom

Child. Been audited on Dianetics,
not running well, doesn't go past
lives, tends to run by recall.

CASE SUPERVISOR (D)9

PC: _____ Date: _____

1. Fly a rud if no F/N.
2. Assess auditors, auditing, past lives, Dianetics, Scientology, time, preclear, erasure.
3. Prepcheck in order of largest read. Reassess, prepcheck.
4. ARC Straightwire 3 way. Float the needle on each leg. Clear the commands carefully.

C/S: _____

REFERENCE: HCOB 16 JAN 75, PAST LIFE REMEDIES
BTB 3 OCT 69R, DIANETIC REMEDIES

CASE SUPERVISOR (D)9A

Child not running well

Symptom

Jammed into fiction stories,
education, books, movies,
and runs these like engrams.

PC: _____ Date: _____

1. List for mental image pictures pc has seen in life (movies or books).
2. Take the best reading item, list its AESPs (separately).
3. Run R3R in order of read – triple/quad to EP.
4. Exhaust the list of pictures (movies or books).

C/S: _____

REFERENCE: HCOB 16 JAN 75, PAST LIFE REMEDIES

CASE SUPERVISOR (D)9B

Child not running well

Symptom

Jammed into fiction stories,
education, books, movies,
and runs these like engrams.

PC: _____ Date: _____

1. Ask “What book or movie are you particularly interested in?”
2. When pc gives it, then ask “Did you ever have anything to do with that sort of thing?”
3. Then run out the earlier incident R3R triple or quad to EP.

C/S: _____

REFERENCE: HCOB 16 JAN 75, PAST LIFE REMEDIES

CASE SUPERVISOR (D)9C

Child not running well

Symptom

Stuck in upsetting incidents
from movies or books.

PC: _____ Date: _____

1. List for "Bad incidents you've seen or read about?".
2. Take the largest reading item and run its AESPs R3R triple/quad to EP.
3. Exhaust the list of bad incidents.

C/S: _____

REFERENCE: HCOB 16 JAN 75, PAST LIFE REMEDIES

CASE SUPERVISOR (D)9D

Pc unable to go earlier than this live

Symptom

Pc unwilling to go earlier than this live.

PC: _____ Date: _____

1. Assess "What attitudes would make one unwilling to go earlier than this life?"
2. R3R triple.
3. Exhaust the list.
4. Then do Emotions, Sensations, and Pains separately.

C/S: _____

REFERENCE: HCOB 16 JAN 75, PAST LIFE REMEDIES

CASE SUPERVISOR (D)9E

Unable to go earlier than this life

Symptom

Pc unable to go past track.

PC: _____ Date: _____

- 1. Assess the Past, Memory Pictures, Past Lives and prepcheck in order of reads.
- 2. Then L&N “Who or what would have no future?”
- 3. Then L&N “Who or what would it have been awful to have been?”

(This items can be checked and used in a PTS RD or can have their intentions listed and run as part of Ex Dn handling.)

C/S: _____

REFERENCE: HCOB 16 JAN 75, PAST LIFE REMEDIES

CASE SUPERVISOR (D)JJ

Physical Condition

Symptom

Pc has some unwanted physical condition
(other than an illness or somatic).

CASE SUPERVISOR (D)10

PC: _____ Date: _____

- 1. List “What accident would give one a _____ (physical condition?”
- 2. Take the best reading item. List its AESPs (separately).
- 3. Run R3R in order of read – triple/quad, each flow to EP.
- 4. Exhaust the list of accidents.
- 5. Repeat steps 1-4 listing for injuries and incidents (separately).

C/S: _____

CASE SUPERVISOR (D)KK

“Something” not handled

Symptom

PC states to Examiner in some way that he hasn't had handled what he came into Scientology or Dianetics to get handled.

CASE SUPERVISOR (D)11

PC: _____ Date: _____

1. Pc to examiner. Find out what **it** is that the pc came into Scientology or Dianetics for that hasn't been handled.
2. Return folder to C/S.

C/S: _____

CASE SUPERVISOR (D)110

(DKK continued)

PC: _____ Date: _____

1. List for the attitudes connected with the area mentioned by the pc to examiner.
2. Take the largest reading attitude. Run R3R triple/quad, each flow to EP.
3. Reassess. R3R. Repeat until list exhausted.
4. Then do Emotions, Sensations and Pains, separately.

C/S: _____

CASE SUPERVISOR (D)LL

Re-Interiorization

Symptom

Pc troubled by exteriorizing then re-interiorizing soon after.

CASE SUPERVISOR (D)12

PC: _____ Date: _____

If there is TA trouble, the Interiorization Rundown per HCOB 4 Jan 71 EXTERIORIZATION AND HIGH TA is done.

If pc has had an Int RD, handle with HCOB 29 Oct 71 INT RD CORRECTION LIST REVISED.

C/S: _____

REFERENCE: HCOB 4 JAN 71, EXTERIORIZATION AND HIGH TA
HCOB 29 OCT 71R, INT RD CORRECTION LIST REVISED

CASE SUPERVISOR (D)12A

Exteriorization

Symptom

Pc exteriorizes but is not stably exterior.

PC: _____ Date: _____

When a pc exteriorizes but is not stably exterior, list "What attitudes would make you interiorize?" Choose the largest reading item and run by standard R3R procedure. Exhaust the list. Repeat these steps listing (separately and in this order) Emotions, Sensations and Pains that "would make you interiorize".

C/S: _____

REFERENCE: HCOB 16 DEC 71RA, C/S SERIES 35RA, INTERIORIZATION ERRORS
BTB 10 JULY 69R, EXTERIORIZATION REMEDIES

CASE SUPERVISOR (D)MM

Out Ruds, ARC Break

Symptom

Out Ruds.

Pc gets sad at session end and is or has been sad a long time and is moping or despondent.

CASE SUPERVISOR (D)13

PC: _____ Date: _____

1. GF to F/N.
2. Check ARC Break Long Duration (LD). Handle ARCU CDEINR, earlier similar.

C/S: _____

REFERENCE: HCOB 9 AUG 69, CASE FOLDER ANALYSIS, DIANETICS
BTB 1 DEC 71, TRIPLE RUDS LONG DURATION

CASE SUPERVISOR (D)MMM

Out Ruds, PTP

Symptom

Out Ruds.

Pc audited over a PTP.

CASE SUPERVISOR (D)130

PC: _____ Date: _____

1. GF to F/N.
2. Check problems and being audited over problems. Handle earlier similar to EP.

C/S: _____

REFERENCE: HCOB 24 MAY 69, THE DIFFICULT CASE
HCOB 9 AUG 69, CASE FOLDER ANALYSIS, DIANETICS

CASE SUPERVISOR (D)MMM

Out Ruds, W/H

Symptom

Out Ruds.

Pc audited over withholds.

Pc a bit nasty or critical in session or at examiner.

CASE SUPERVISOR (D)130A

PC: _____ Date: _____

1. GF to F/N.
2. Check and pull all withholds and check if the pc has been audited over withholds.

C/S: _____

REFERENCE: HCOB 24 MAY 69, THE DIFFICULT CASE
HCOB 9 AUG 69, CASE FOLDER ANALYSIS, DIANETICS

CASE SUPERVISOR (D)NN

Auditor Remedy

Symptom

Auditor goofing.

Not improving with retraining.

CASE SUPERVISOR (D)14

PC: _____ Date: _____

1. GF to F/N.
2. GF 40. Handle all reading items.
3. 3 way failed help. Each of the legs to F/N.
 - Who have you failed to help?
 - Who has failed to help you?
 - Who has failed to help another?

 - Who have you helped?
 - Who has helped you?
 - Who has helped another?

C/S: _____

REFERENCE: HCOB 16 JULY 69, URGENT - IMPORTANT

Compiled from LRH C/S instructions by
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