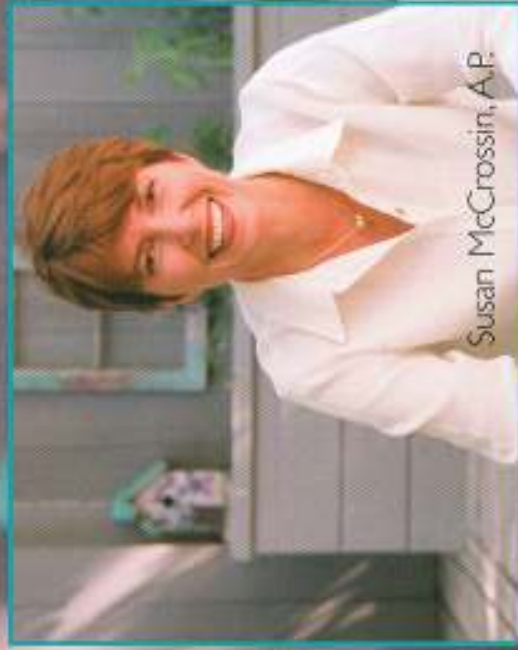


Breaking the Learning Barrier

Eradicating ADD, ADHD, and Dyslexia



Susan McCrossin, A.P.

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"Using case studies and jargon-free language,

McCrossin describes how she has been transforming brains and lives since 1988."

—Mike Gaimard, LPC, Licensed Psychotherapist

You can correct ADD, ADHD and dyslexia permanently. Forever.

Imagine using your brain to its maximum capacity, achieving success in school, enhancing your financial potential, and increasing your personal happiness and self-confidence. Is it a dream come true?

Read this book to discover:

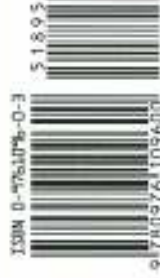
- How to permanently improve the flow of information in your brain in less than ten hours, without drugs or surgery.
- An amazing process that gets to the root of the problem that is not a compensation technique.
- How you can improve your concentration, memory, spelling, reading, planning, multi-tasking, and more.
- How this treatment helped thousands of people achieve academic results they previously considered impossible.

Max, out of 250 students in his high school, won the English award, an achievement that was especially significant for someone who had previously struggled

with reading
—G. Greiner, Colorado

Susan McCrossin, A.P., specializes in treating various learning difficulties. She began studying the links between learning difficulties and acupressure to develop the powerful Crossinology's Brain Integration Technique (BIT) in 1988. She has researched and written many articles on the subject and has trained hundreds of practitioners in Europe and Australia. In October 2004 she was a keynote speaker for the Aspen Center for Integrative Health at the Aspen Institute in Colorado. Her clinic is in Boulder, Colorado, USA.

This cutting edge technique has changed thousands of people's lives and they are realizing their potential. What are you waiting for?



What others are saying about this work

"Suzan helped me do things better...learn to spell, ride my bike, run faster and not be afraid to dive in the deep end of the pool. And reading is more fun." —Jack Dailey, 7, Indiana

"When Walt saw you, he was unable to apply pencil to paper or do math. He now writes very well and he has applied what you opened for him towards math. He has memorized his times tables and can multiply and divide. ... He's been 100 percent mainstreamed from Special Ed. He now loves school and has friends at home, school, and church. Thanks for your help." —Barbara H., Victorville, California

"Lauren is starting to see for herself some of the wonderful positive effects of our visit to you. Her math tutor says she is far more focused and much more readily grasps concepts that before were difficult. Lauren herself says it is a real treat to read her history text—once—and understand what she read—and remember what she read!! She feels very happy ... in control ... and not in angst at all about final exams which start this week." —Jean S., Barriett, Ontario

"I was able to sit in a meeting all day without fidgeting, normally I would only last an hour" —Doug R., 53, Concord, New Hampshire

Taylor's time spent doing those two math pages has gone from three hours to one hour. Life in our household has been so happy. His attitude is very positive and tasks get done quickly and correctly. He loves to do things that make me cry with happiness. Tomorrow is a big test as it will be the first day back at school. And Tay is going to go Ritalin-free!! He is really easy to live with now and doesn't get into everything like he used to. Our life has changed so much in such a short time. Thank you, thank you, thank you! —Sherri M., Richmond, B.C.

Before treatment Amber says she was "in a cloud"; "I was really lost. I had to be told over and over again what to do, and I would forget. [Now] I'm able to do everything. I can drive. I can read better. I can do

my math, go on errands and remember things." —Amber K., Longmont, Colorado

Three months later, after she'd resumed school in the fall, her first report card arrived. Jenna received 7 straight As—even math and history. 1 A plus in geography and 2 Bs, up from Bs, Cs, and a few As last year. —Jenna R., Toronto

Maxine was in her forties when I treated her for memory loss after a car accident. She had suffered disorientation and the loss of her extraordinary photographic memory following the accident. Recalling simple facts, such as the current president or the day of the week, became impossible. Making a shopping list or adding numbers was not manageable. And slowing down her car was no longer an automatic reflex. Instead, she had to remember how to lift her foot, press it on the pedal, and lift it off. Occupational and physical therapies hadn't helped. After the first session of BIT treatment, Maxine noticed a difference. She completed ten sessions and regained her ability to learn and to function. She went on to complete a degree in computer information systems. —Maxine K., Longmont, Colorado

"This is such a miracle that it's almost like my job is to tell people of its existence. ... Thank you for changing my children's destiny. I will forever be grateful." —parents of Peter and Christopher R., West Vancouver, B.C.

"Sue is an articulate and persuasive spokesperson for the Learning Disabilities community. Like many of the best clinicians in the field, she struggled with learning problems that prevented her from excelling in school." —Mike Gasmondi, LPC, New York

"Brain integration is the key to enabling people to be adaptable in an ever-changing world." —A. Schatz, Germany

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BIT can eradicate learning difficulties ... and restore the innate ability to learn, dramatically affecting how well one functions not only in the classroom but also in all aspects of life.

Chapter Four

Understanding Crossinology's BIT

The Origins of Crossinology's Brain Integration Technique

The Brain Integration Technique was initially developed in 1988 at my learning center in Melbourne, Australia. In 1996, I earned advanced degrees in neuroscience and psychology. During that time, I wrote two major theses and conducted extensive scientific research and brain scanning that validated the efficacy of the BIT learning-correction program. Although the number of subjects in my research was small, the studies provided strong evidence that the treatment normalized brain-wave activity and generated statistically significant improvement on standard psychometric tests of intellectual performance. And even more important, clinical symptoms disappeared following BIT treatment (see Appendix B for an overview of the studies).

The Brain Integration Technique that was begun in Australia has been further refined at the Learning Enhancement Center in the United States. BIT can eradicate learning difficulties such as ADD, ADHD, and dyslexia and restore the innate ability to learn, dramatically affecting how well one functions not only in the classroom but also in all aspects of life. It improves the abilities to read with greater comprehension, learn and retain spelling words, understand mathematical concepts, and become physically coordinated, all of which build newfound confidence. It is especially beneficial to executives who want to improve their organizational skills, problem-solving abilities, and interpersonal relationships. Athletes can expect benefits in terms of hand-eye coordination, gross and fine motor skills, stamina, and energy levels. Even children with autism, developmental delays, Fragile X Syndrome, and spina bifida have experienced improvement in their capabilities after BIT treatment. And people who have suffered closed-head injuries through accidents or strokes or who have lost function after the removal of brain tumors are likely to see improvement—often complete restoration of function—after BIT treatment, depending on the degree of brain damage that has been sustained.

The Nature of Specific Learning Difficulties

Typical symptoms of a learning difficulty, no matter whether it's labeled dyslexia or ADD (with or without hyperactivity), or something else, involve troubles with spelling, reading, and writing. But there are often other associated problems, such as difficulties with math skills, auditory processing, organizational skills, and inter-

personal skills, as well as various types of memory deficits. Individuals vary in their difficulties and tend to have their own unique mosaics of deficits.

People often associate learning difficulties with a low IQ or even mental retardation, but in many cases, such prejudices are decidedly incorrect. Although a person with learning difficulties cannot

learn in the conventional way, his problems are quite independent from his thinking ability or IQ. Individuals with learning difficulties are often gifted at intuitively knowing the correct answer or the right

business decision, and they make great entrepreneurs, frequently leading the population toward innovative ideas and products.

If there is equal and integrated access to all brain functions in both cerebral hemispheres, then people perform well in all areas of learning. However, if, for any reason, they cannot access specific brain functions, they will have difficulty performing tasks that involve or depend upon those functions. They commonly choose occupations that let them capitalize on their verbal skills in communication (such as sales or marketing), or they choose to do something creative with their hands, allowing them to move around. Desk jobs are too restrictive for them.

If they don't find a positive, productive niche for themselves, they may be unable to maintain good self-esteem. Students with learn-

ing difficulties may become so discouraged by their lack of success in school that their self-esteem plummets along with their test scores; they stop trying, and they may turn to illegal means of coping with the demands of life, such as drugs or crime. In fact, the prisons are full of people with learning difficulties who can't read or write. A startling 70 percent of recidivised individuals in the United States—people who have served jail terms and then become reincarcerated—are illiterate.⁵ Furthermore, a 1990 study by the U.S. Department of Education showed that children with early antisocial behavior and ADHD are at greater risk for teenage drug use and dependence.⁶ Youngsters with learning difficulties are either defeated by their early negative experiences in school or become more determined to succeed, depending in part upon their personalities.

Standard Psychological Tests Show Which Brain Functions Are Having Difficulty

Some clients who seek BIT treatment have already been through a battery of testing that gives the BIT practitioner information about which areas of the brain are functioning—or not functioning. In addition to getting immediate feedback through muscle testing, the

5. As cited in the video "Among the People Facing Poverty in America" (Washington, DC: U.S. Conference of Catholic Bishops, 2002).

6. See B. P. Casemore's *Teen Drug Use: Impacts and Outcomes* (Washington, DC: U.S. Department of Education Office of Educational Research and Improvement, 1990).

BIT practitioner can explain to the client how his brain is functioning and why he is having difficulties in certain areas.

Standard psychological tests evaluate specific learning problems and determine what types of cerebral functions and processes are accessed and to what extent these functions actually are accessed. These tests include the Wechsler Intelligence Scale for Children-Revised (WISC III-R), the Wechsler Adult Intelligence Scale (WAIS), and the Stanford Binet Intelligence Scale. They contain an array of carefully devised tasks that are generally divided into two groups: verbal subtests and performance subtests.

The verbal subtests involve tasks that require access to functions that are predominantly logic-based, although some of these subtests require access to only a few logic functions. Others require access to logic and Gestalt functions simultaneously but with the “lead” functions contributed by the logic hemisphere of the brain. Likewise, some of the performance subtests involve tasks that require access to only Gestalt functions, whereas others require integrated functions with a Gestalt lead.

The score on each subtest reveals the degree to which a person can access the specific functions required to perform that subtest. Poor scores indicate which types of functions the individual has difficulty accessing. Trouble with accessing specific functions has been correlated with poor performance in certain academic areas: for example, someone with limited access to logic functions will typically perform at a substandard level in spelling and/or math. Spiky WISC scores—

that is, scores that are dramatically lower on certain subtests than others—are often an indication of a learning difficulty.

Crossinology's Brain Integration Technique Restores Brain Functions

Once we understand which brain functions control which information-processing tasks, all we need to do is unblock the pathways that are causing learning difficulties. In a sense, it is like fine-tuning the computer hardware so that the software package can run as it's supposed to. The only limitation, of course, is if there are physiological problems with the hardware—or, in our context, brain damage; if damage exists, then the software won't run because some of the physical connectors are broken.



How Brain Integration Works

Practitioners with specialized training in muscle testing and acupuncture can locate, with the BIT assessment, blocks in information flow within the brain. As I noted earlier, such blockages are frequently due to certain types of emotional stress, especially early in life, that affect various pathways in the brain. Human behavior scientists have identified this type of stress as the “fight-or-flight” reaction, which was developed as a survival mechanism by early

humans. Under stress, the brain's blood supply is redirected into the body to allow a quick physical response to the threat, and the corpus callosum, which connects the right and left hemispheres, simply shuts down. This response is helpful if we are confronted with a truck that is about to hit us and we instinctively jump out of its way. However, when we are under emotional stress, we can become dysfunctional because we can't "think" clearly. When the corpus callosum isn't working properly due to the redirection of the brain's blood supply to be ready for flight, people often react like the proverbial deer in the headlights; they may temporarily freeze up, for example, while speaking in public or suffering from exam anxiety.

Traumas in Early Life

The Brain Integration Technique opens up the blockages that prevent the proper flow of blood in the brain and resets the brain's normal information-processing and problem-solving machinery. It

utilizes the electromagnetic flow of information in the brain, ensuring that the information that comes in through the eyes and ears goes to the

correct location in the brain with the right sequence and timing. When this connection is established, brain function is restored to normal. Information is transferred to short-term memory and then on to long-term memory without any stress or effort at all.

Some traumas early in life can leave the brain in a permanent state of "fight or flight."

More on Muscle Testing

Muscle testing is both a science—with rules, principles, and logical techniques—and an art—with skills that need to be developed to interpret the muscle response. Here is a basic description of how the testing is done. Two people are required: a subject and a practitioner. Normally, the subject stands erect and holds one arm up and out to the side, parallel to the floor, with the elbow straight. The practitioner faces the subject, rests one hand on the shoulder of the subject's resting arm for stability, and then places the other hand on the subject's extended arm, just above the wrist. The subject is told to resist while the practitioner applies downward pressure, gently but firmly, toward the floor. This exercise is not a strength test but a test to check the ability of the muscle to "lock," or resist the even pressure. A "strong" muscle locks or has firm resistance to the practitioner's pressure, and a "weak" muscle unlocks, meaning the practitioner is easily able to push the arm down.

Even though our conscious mind gives the overall instruction for what our body should do (such as walk, stand, etc.), in reality our muscles are controlled by the subconscious brain and are designed to lock or unlock in order for us to move, as well as to prevent physical damage. The subconscious element of muscle control can be readily understood in the everyday example of walking down the street, deep in conversation with a friend. Who is "running" your body? The subconscious handles the need to put down your right foot, then the left foot, and so forth, without you being aware of it. Or think of an Olympic weight lifter who has reached the breaking point, hoisting as much weight as his muscles can bear.

He desperately wants to win the gold medal, so there is no way that he is going to put down that weight. But the subconscious detects that if he continues, he is going to tear a tendon, muscle, or ligament, and thus, it overrides the conscious mind to protect the body from damage. Suddenly, he drops the barbells uncontrollably because all the muscles of the whole shoulder girdle have been unlocked by the subconscious part of the brain and he no longer has control over the muscles or the weight. Responses of this type are one way our bodies keep us from hurting ourselves. And this connection between the muscles and the subconscious allows muscle testing to provide biofeedback from the subconscious, measured before and after treatment, to determine if BIT treatment has been effective.

Each session usually lasts for one or two hours. To begin, the individual lies down, fully dressed, on a comfortable padded table, as standing for that long would be tiring for both the subject and the practitioner. Because it is the subconscious that is being treated, the individual's involvement throughout the procedure is fairly passive. In fact, some people even fall asleep. All of the roughly eighty steps that comprise the treatment are completely noninvasive.

Even though our conscious mind gives the overall instruction for what our body should do (such as walk, stand, etc.), in reality our muscles are controlled by the subconscious brain and are designed to lock or unlock in order for us to move, as well as to prevent physical damage.

Muscle testing is the first order of business in every step of the process. As described earlier, if the arm resists the pressure applied by the practitioner, it is judged strong. If it cannot resist the same amount of pressure, it is judged weak, which is an indication of stress or lack of function when identifying various brain areas. Just how closely our emotions are intertwined in our cognitive processes is illustrated by the fact that if the individual is asked to think of a positive experience—a pleasant or enjoyable thought—the muscle will test strong, and conversely, if the individual is asked to think of a negative experience—something unpleasant or dreaded—the muscle will test weak. The emotions appear to dominate our subconscious much more than was ever previously thought.

Different acupressure points related to different brain connections or disconnections are addressed at each stage. Muscle testing and retesting are done between each stage of the acupressure treatment to determine whether the procedure was effective, and the next step of the treatment can't begin until the last one is complete. Each treatment step is considered complete when a muscle that had previously responded weak now responds strong, thus indicating the stress has been removed and the area of brain function has been restored.

The practitioner collects signals from the individual and holds them (in much the same way that a computer's "clipboard" hangs on to information that has been copied from one section and then pastes it to another) while redistributing blood flow in the brain and reorganizing brain-wave patterns. Therefore, each acupressure holding is only related to the part of the brain being held on

the clipboard at any one time. Pulse biofeedback, detected by the practitioner, indicates that this specific brain activity has been renormalized and that information is now flowing to the correct locations with the *appropriate patterning or timing*. This process is repeated for every part of the brain involved with learning.

A Typical Course of Treatment

The basic correction program takes approximately eight to twelve hours, an estimate based on the median time for treatment; the length of each person's program varies because of individual needs. Some people with only one or two areas of deficit may take just six hours to complete the whole program, whereas others with many areas of deficit need more time.

The first session of treatment includes an initial assessment that serves as a benchmark against which to evaluate future change. This assessment involves muscle testing to reveal the specific brain areas that need the most attention. At the end of the assessment (usually lasting about half an hour), we can tell the client the probable length of treatment required in her individual case.

Treatment then deals with the brain's deep-level switching—the pathways that handle right/left, front/back, and top/bottom processing. In deep-level switching problems, the brain becomes confused about the right and left hemispheres, which in turn creates confusion in logic and Gestalt processing. Front/back switching results in difficulty with resolving issues from the past, and top/bottom switching causes difficulty with getting out of a

purely emotional response in order to develop a rational response. After switching pathways are addressed, treatment focuses on the degree of activation in the corpus callosum, so that the brain's two hemispheres can be used simultaneously.

The limbic system is treated early in the procedure, since it is the emotional filter through which the brain processes all information. As neurologist Antonio Damasio has shown, the limbic system assigns pleasure or pain to experiences and controls drive, motivation, and memory. Thus, it's important to address the limbic system in order to remove any emotional obstacles to these functions. Much like building a house, there is little sense in putting time and effort into creating a functional structure unless it rests on a solid foundation.

Treatment also deals with the eye muscles. Movement of the eye muscles activates memory. You can see this if you ask someone, "What did you do a week ago Tuesday?" Subconsciously, she will begin to move her eyes around while thinking of the answer. There should be no discomfort, aching, or pain in any eye position.

Moving the eyes from side to side, or tracking, is critical for reading. If this action is stressful, tiredness will set in soon after you begin to read, and the next thing you know, you are asleep. The brain will always avoid stress if it can.

The Brain Integration Technique clears the paths and resets the timing in brain functions.

The next part of the treatment focuses on the auditory processing, which uses both sides of the brain. The treatment coordinates information processed by the ears so that the subject can interpret what is heard and transfer it first into short-term and then into long-term memory. Next, we treat the sense of balance and the vestibular system, dealing with the semicircular canals imbedded in the skull next to the inner ear.



Finally, treatment turns to marching, which involves the subject's ability to coordinate his body in both a contralateral and a homolateral way. When the subject steps forward with the left leg and swings the right arm forward at the same time, then the right leg and the left arm, he demonstrates contralateral movement; when the right arm and right leg move forward at the same time, then the left arm and left leg, he demonstrates homolateral movement. These movements are done while the practitioner addresses additional Gestalt and logic functions, so that the individual is able to process multiple functions simultaneously. This procedure will integrate and synchronize all the signals in the brain translating into the ability to multitask in the classroom or any other situation in life.

When these brain integration procedures are complete, we then apply specific learning corrections, if needed, for deficits in reading skills and comprehension, spelling, mathematics, and the whole range of cognitive tasks, such as matching patterns, foreground/background perception, and sequencing abilities.

All steps in the treatment deal with the subconscious level of the brain—things we can't control any more than we control our need to breathe. These subconscious barriers block effective learning. As I mentioned earlier, someone with a learning difficulty will unnecessarily (and subconsciously) transfer information back and forth between the hemispheres of the brain, resulting in very inefficient processing and the loss of information. Often, a person with a learning difficulty can only process a fraction of the information coming into his brain before treatment but 100 percent of it afterward.

The Gift of Normalized Brain Function: Real-Life Stories

What we are accomplishing through brain integration goes beyond merely improving test scores and enhancing the ability to perform in school. Rather, BIT involves a fundamental shift in one's self-image. It breaks down previous obstacles to full participation in society. If you aren't constantly preoccupied with trying to hide a learning difficulty, you're able to take notice of those around you. You're able to proceed with confidence in life, rather than with excuses. With good comprehension, the amount of time spent on reading is greatly reduced, freeing up time for other

activities, such as new hobbies. Many clients I have treated report that they suddenly understand the joy of reading and are devouring every book they can get their hands on!

Stephen

Stephen, a sixteen-year-old boy I treated, was extremely frustrated with school; he passionately loved reading and was desperate to spell well when he sought treatment. He came to me for integration, and two weeks later, he had mastered 150 words that had always given him problems. At his next

appointment, he brought in a list of the 50 most difficult words and asked to be tested on them. He got all but 1 right. Six months later, he had no spelling problems of note and continued to be highly motivated in an area in which he had previously experienced only failure. Imagine the difference it makes to see oneself in a new light, no longer as a failure who always gets it wrong, even with a huge amount of unrewarded effort. Brain integration typically leads to an entirely new identity.

Amber

Amber received BTT treatment at age fifteen. She had never crawled as a baby, and she couldn't march, tie her shoes, or do jumping jacks even at age fifteen. By the eighth grade, she was still reading at the second-grade level. Before treatment, Amber says she was "in a cloud": "I was really lost. I had to be told over and over again what to do, and I would forget. [Now] I'm able to do

everything. I can drive. I can read better. I can do my math, go on errands and remember stuff."

Doug

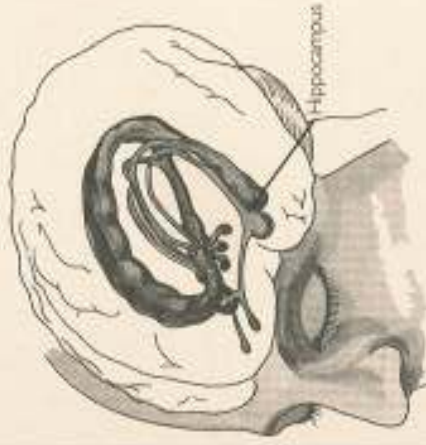
I once treated two siblings with learning difficulties. Their father sat in on their treatment sessions, as many parents do. While I was treating the children, the father revealed that he had always struggled with reading; anything beyond a magazine article was too tiring for him, and reading for pleasure was not a concept he knew. So, he decided to have BTT treatment himself. On their three-hour plane ride home, he read a whole paperback *for the first time in his life*. He discovered that reading was not boring; on the contrary, it was quite interesting, once his brain was able to function normally.

Self-Confidence Saars

Finally, consider the impact that test scores have in defining one's self-concept. Low test scores can be devastating. They can be used to place children permanently into a slower-paced curriculum, or track, that puts them further and further behind their peers. In Chapter One, I said that the WISC standardized test was widely used because of its high rate of test-retest reliability. However, some of the recipients of BTT treatment have disproven this assessment of the WISC's reliability, given the difference between their test results before brain integration and their retesting results afterward.

Jade

For instance, Jade, a ten-year-old I treated, had been born with brain damage and had such overwhelming learning difficulties that she scored in the first percentile (meaning she had a severe deficiency) among children her age for auditory short-term memory function. With virtually no short-term memory, she was having extreme difficulty learning anything at school. After integration (in this case, involving a lot of formatting of the hippocampus, an area deep in the brain involved with auditory and visual short-term memory), she soared to the fiftieth percentile for auditory short-term memory (meaning she was in the average range). Conventional wisdom about the WISC test suggested this sort of jump in scores was not possible. But since the girl could now access short-term memory, she could adequately learn her spelling words. For the first time in her life, she could recall her multiplication tables consistently after learning them. She literally went from the bottom of her class to the top in six months. Imagine the impact on her self-confidence!



Organic Brain Damage

People who are developmentally delayed or have severe learning problems and major deficits in most areas of function—as indicated by low, average, borderline, or serious deficit rankings on standardized tests—may require more hours of treatment than those without severe deficits. My experience shows that even they will improve significantly in function, but their rate of improvement is slower than that for people with less severe deficits, and it is limited by the degree of brain damage they have.

Some brain damage is organic, meaning there is injured tissue in the brain; such injuries can occur before birth, during birth, or from a physical trauma after birth and cannot be treated. The degree of organic brain damage an individual has sustained can limit the amount of improvement that can be expected. However, many people suffer needlessly from additional confusion. This is where BTT treatment can improve one's ability to function in the world.

Jenna

Take, for example, the case of Jenna. While still in her mother's womb, Jenna's spine had failed to close properly, leaving her with mild spina bifida. She suffered from bladder and bowel incontinence as well as muscle paralysis and weakness in certain areas. Unable to use her legs well, she needed to use a wheelchair. However, she developed great upper-body strength and enjoyed doing karate.

When I met Jenna, she was twelve years old. Her learning difficulties stemmed mainly from poor reading comprehension, a lack

of concentration, and an inability to budget time. She also was afraid of speaking in front of a group, lacked confidence, and had mood swings. Through biofeedback from muscle testing, I determined that Jenna had full access to her Gestalt functions but very little access to her logic functions: just 4 percent of her overall logic functions and 5 percent of the areas responsible for assigning meaning to words (reading comprehension) were accessible. She had 37 percent access to visual construction (needed for visualizing spelling words and times tables) and 53 percent access to concrete reasoning (needed for arithmetic functions). In addition, Jenna would benefit from correction to her corpus callosum, which had just 5 percent access to pathways before treatment.

Prior to treatment, her reading comprehension was zero—she remembered nothing of what she had just read (as would be expected from the minimal access to assigning meaning to words, as mentioned). After BIT treatment, Jenna's initial reading comprehension rose to 80 percent. And after a further application of BIT, her reading comprehension score was 95 percent. I was also able to correct the bladder incontinence problem that four previous surgeries had been unable to fix by strengthening her pelvic floor muscles with acupuncture.

Three months later, after she'd resumed school in the fall, her first report card arrived. Jenna, who had previously received Cs, Bs, and a few As, had now earned two Bs, seven As, and an A plus in geography—a subject that requires good visual construction so the names of places can be memorized.

Maxine

Maxine was in her forties when I treated her for memory loss after a car accident. She had suffered disorientation and the loss of her extraordinary photographic memory following the accident. Recalling simple facts, such as the current president or the day of the week, became impossible. Making a shopping list or adding numbers was not manageable. And slowing down her car was no longer an automatic reflex. Instead, she had to remember how to lift her foot, press it on the pedal, and lift it off. Occupational and physical therapies hadn't helped.

After the first session of BIT treatment, Maxine noticed a difference. She completed ten sessions and regained her ability to learn and to function. She went on to complete a degree in computer information systems.

Johnny

In another case, a twenty-five-year-old man who had had a brain tumor removed came to me for treatment because he still couldn't walk or speak properly and was experiencing double vision. After he was treated with the Brain Integration Technique, there were dramatic improvements in each of these areas. Four years later, he strode into the room looking the picture of health. He was extremely happy and quite self-confident. And he was now doing a more complicated job: it turned out he'd always had a learning difficulty, and in the course of correcting the brain function problem, I had corrected the learning difficulty as well.

In some cases, the changes are not only inward and cognitive but outward and physical too, as the following case histories illustrate.

Gary

I once treated an adolescent boy from a family of farmers. His parents had assumed that, due to his limited mental capacity, poor eyesight, and stooped appearance, their son would always work on the farm. After treatment, his thinking abilities were so improved that his family realized he could attend a trade school, opening up a world of new possibilities because of the changes he experienced.

Furthermore, he was able to stand up straight and walk without a stoop. Additionally, his eyesight was corrected, and he no longer needed glasses. It turned out that his eyesight problems were related to the external muscles of the eye. Poor vision due to weak external eye muscles is generally corrected, albeit inadvertently, by one of the steps in BIT treatment that specifically addresses those muscles.

Ian

In another case, a mother told me with amazement that she almost didn't recognize her son, whom I had recently treated, as she picked him up from school. His manner of walking had changed so much after brain normalization that, because she was sitting in

a car and could not see his face, she didn't realize it was her own son until he struck his head in the car window.

Having a well-integrated brain is essential to success in school, to psychological well-being, and to the ability to live life to its fullest potential—without the burden of a label that can carry a heavy penalty in our high-pressure, success-oriented world.

It can be horrible to constantly feel like a failure or to feel less smart than others, and it can be a real epiphany to realize all the struggling just comes from the brain's confused inner workings, over which one has no direct control. The gift of normal-

ized brain function is what I hope to continue to pass on to others, so they, too, may live fuller lives as contributing members of society.