Summary Report: Omega 4 Survey of Therapists Whose Clients Report Contact with Nonhuman Intelligent Beings (NHIBs)

Russ Scalpone (The Scalpone Group, LLC) and Les Velez (OPUSnetwork.org)

Over the past several decades, many studies have attempted to understand the psychology of individuals who report contact with nonhuman intelligent beings (NHIBs), which often entails abduction and medical examinations performed by the NHIBs[1-10]. And while contact with nonhumans can be considered traumatic, engendering residual phobic or post traumatic stress[1], researchers have, in general, failed to find any evidence of pervasive psychopathology in samples of individuals reporting such contact[1,3,4,5,9,10] or any "social or intellectual marginality"[4] in these individuals. Though this finding has not been arrived at without examining many possible psychogenic explanations of why people would report such contacts. Among the explanations that have been tested and rejected are the "false memory syndrome"[1,2], sleep paralysis[1,2,4], masochistic fantasy[1], fantasy proneness[1,4], sexual abuse[1], hypnotizability or hypnotic suggestion[1], boundary deficit disorder[2], temporal lobe lability[4], and childhood trauma[1]. As one team put it, following a comprehensive study that tested individuals reporting UFO sightings as well as those reporting abductions, and compared them to control subjects:

> Obviously, these findings do not rule out the possibility that UFO subjects might score higher than controls on measures of psychopathology that we failed to assess. At this point, however, the onus is on those who favor the psychopathology hypothesis to provide support for it.[4]

For individuals reporting contact with NHIBs ("experiencers"), their experience may result in a form of "ontological shock"[14], similar to a near-death experience, that produces lasting changes in attitudes, values, and behavior[1,4,7,8,10]. Their view of reality may be permanently altered, along with attitudes such as increased appreciation of nature, understanding of self, interest in extraterrestrial life, concern with spiritual matters, or desire to achieve higher consciousness[8,10,11,14]. Thus, an extraordinary and traumatic experience may have multiple effects upon an individual, many of which are conceivably beneficial[8,10,14].

It was in the interest of understanding how experiencers could successfully cope with and integrate this extraordinary and traumatic experience into their life that the present research was undertaken. A challenge for researchers in this area is the recruitment of subjects who are genuine experiencers. In the authors' experience, the biggest challenge facing experiencers, in addition to the shock or trauma resulting from contact, has been clients finding someone with whom to share their experience with who is empathic, accepting, and nonjudgmental, someone who would not reject their reports out-of-hand as "crazy" or fabricated. Thus, it was thought that experiencers who have worked with a therapist or support group specializing in issues of contact with NHIBs will have displayed a significant commitment of time and/or resources addressing what is for them, the reality of their contact experience. As a result, therapists and support group facilitators specializing in the treatment of experiencers should serve as a fruitful source of referral for research participants. The research was conceived in two phases: Phase 1 would focus upon the therapists providing care to experiencers, and Phase 2 would encompass both experiencers and control subjects.

Focus of Phase 1 Survey of Therapists. Before reaching out to experiencers to participate in a study, it was thought that a first step should be to survey therapists and support group facilitators to assess *their* perceptions of their unique experiencer-client population, as well as the therapists' willingness to refer clients for a more in-depth study of clients' experience and related outcomes. Consequently, two goals for this initial phase of our research were 1) to better understand the experiencer population as perceived by therapists, including perceived needs and concerns, and approaches utilized by therapists to assist this unique population; and 2) to determine the willingness of therapists to refer their experiencer-clients to complete an anonymous and confidential questionnaire related to the contact experience and factors facilitating integration of this experience into the experiencer's life and related personal adjustment.

©The Scalpone Group, LLC and OPUSnetwork.org

Method of Approach

Pursuant to this logic, the researchers obtained two referral lists of therapists and facilitators utilized by two organizations to refer experiencers who were seeking help. The first list was provided by the Organization for Paranormal Understanding and Support (OPUS), of which one of the researchers (L.V.) is co-founder and current Chairman of the Board. The second referral list was provided by researcher and author Kathleen Marden who was, at the time, serving as Director of MUFON's Experiencer Resource Team (ERT). Together, the lists consisted of 142 valid email addresses and related contact information. Both lists contained predominately therapists, as well as some support group facilitators, who had expressed a willingness to work with experiencer clients. (For convenience, all professionals helping experiencers will be referred to as therapists in this paper.)

Survey participants could be regarded as a convenience sample, but also as an expert panel given their expected experience with a unique client population. Based upon the authors' previous research[8,11] and our experience interviewing both therapists and experiencers, we believed that experiencers are likely to seek help from professionals who are well informed regarding issues such as UFOs or Unidentified Aerial Phenomena (UAPs), abduction, and contact with NHIBs, and who are therefore likely to be accepting and supportive of experiencers, rather than simply dismissing their accounts as fantasy or evidence of psychopathology.

An initial email was sent to participants stating the purpose of the survey, along with links to past publications, requesting their participation and offering a summary of the results in return for participation. The email included a link to the Consent Form for the survey. Upon completing the Consent Form and selecting the "agree to participate" option, respondents were provided with a link to the survey, which was completed anonymously. Follow up with nonrespondents included a reminder email, and a subsequent phone call to the contact number provided on the referral list.

Results

Therapist Characteristics. Out of 142 valid email addresses, a total of 34 completed questionnaires were received (as of this writing), for a response rate of 24%. Distribution of respondent qualifications is shown in Figure 1 below. More than half of respondents were professionally trained and licensed, and an additional third (including some who responded "Other") indicated some kind of hypnosis certification, with the group overall reporting a median of 24 years in practice (Mean=23.3 years, SD=11.8 years). When asked about their primary approach used in therapy, 31 individuals responded, with 42% indicating "client centered" (aka, Rogerian or nondirective therapy), three selecting Cognitive Behavioral Therapy (CBT), and two Ericksonian therapy (a form of hypnotherapy).

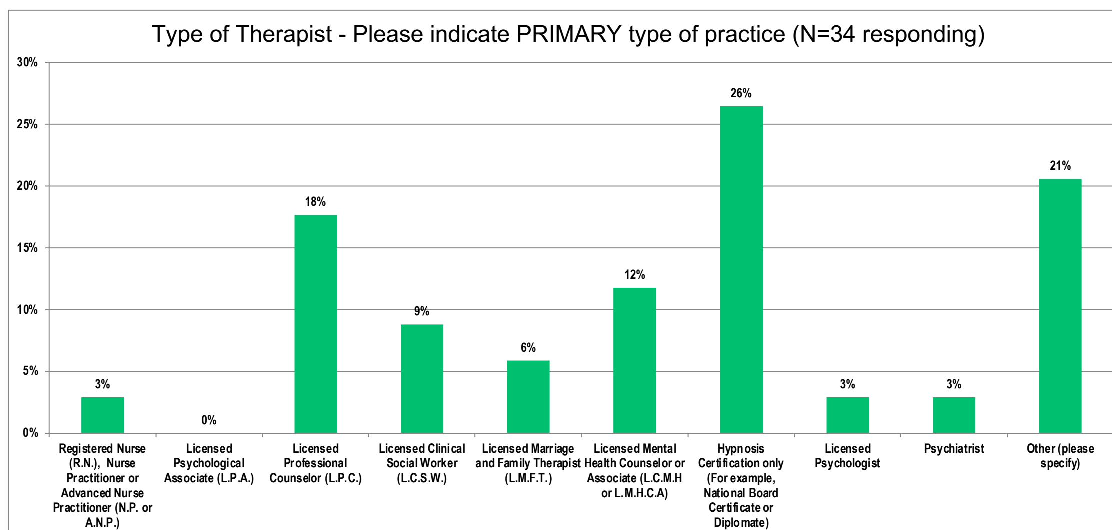

Figure 1. Type of therapist.

©The Scalpone Group, LLC and OPUSnetwork.org

Respondents Choosing "Other":
- QHHT Quantum Healing Hypnosis Therapist and Clinical Hypnotherapist
- A former registered nurse and midwife. Professional counsellor and Clinical Hypnotherapist
- Support person for experiencers
- Psychic medium
- Advanced Hypnotherapist
- Certified Clinical Hypnotherapist
- Experiencer Support

When asked to indicate any secondary or adjunct approaches used to supplement their primary therapeutic approach, Mindfulness Based Stress Reduction (MBSR), multiple approaches, solution-focused hypnotherapy, client-centered, CBT, and other hypnotherapy were the leading responses (responses rank ordered in Figure 2 below).

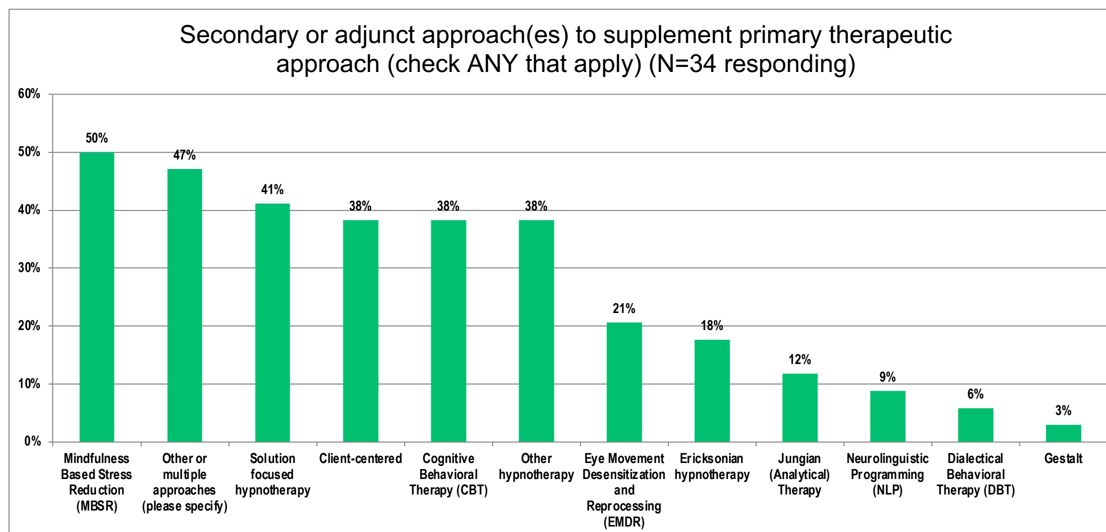

Figure 2. Secondary or adjunct approaches to therapy utilized.

Respondents Choosing "Other":
- Clinical Hypnosis
- All
- Sound therapy
- EFT, Trauma based hypnotherapy, Heartmath, Past Life
- Reiki, Rife, Emotion Code, Advanced Cell Training, visualization, meditation and some hypnosis
- Sound therapy, shamanic energy release
- Metaphysical
- QHHT/ Dolores Cannon's method
- Somambulistic
- Metaphysical Hypnosis
- Rapid Transformational Therapy (RTT) by Marisa Peer and Quantum Healing Hypnosis
- Technique by Dolores Cannon
- Forensic style
- Talk Therapy, Shadow work, Life Coaching, Holistic Nutrition
- Transpersonal
- Transpersonal/Jungian/Somatic
- Quantum Healing Hypnosis Technique, Forensic Hypnosis Technique

Why Clients are Seeking Help. Respondents were also asked to indicate the most typical reason(s) why their clients were seeking help from a therapist. This question was expected to provide insight into what clients expected from a therapist or support group. Results are rank ordered in the Figure 3 chart below. The leading reason selected by 82% of respondents was "Help in coping with the stress, shock or trauma resulting from contact." The second leading reason indicated was an "Empathetic, nonjudgmental person to talk with about his/her experience", suggesting that clients may have difficulty finding a listener who will understand and not dismiss their story. Not surprisingly, given the prevalence of hypnotherapists in our sample, 74% of our therapist sample indicated that those seeking help from them wanted help with recall of details surrounding their experience.

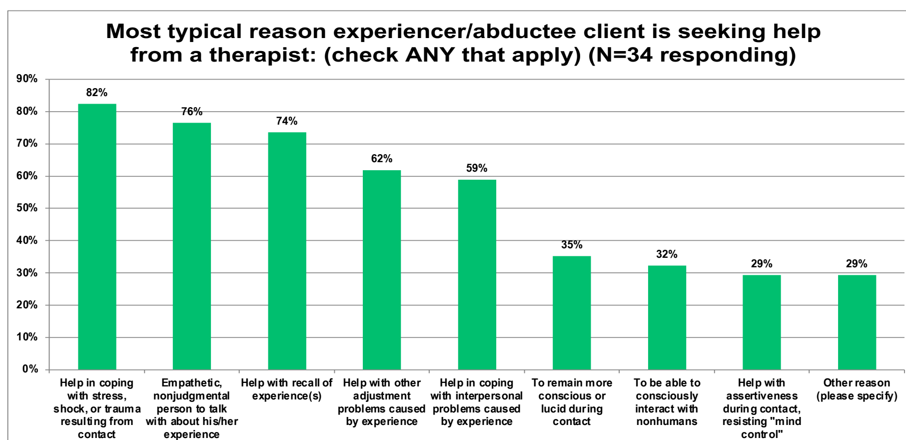

Figure 3. Typical reason experiencer/abductee is seeking help.

Respondents Choosing "Other reason":

- Reframing spiritual and world view, support for acceptance of experience, finding personal growth in the experience
- To believe they are not set apart from "normal" people because of their experience.
- To help with Conscious Contact and integration
- Attempt to understand who these entities are
- Helping to integrate their experiences and acceptance
- Truth and validation
- To understand their own ET origin
- Intergrating experiences with Life path, spirituality.
- QHHT healing
- They want to know if they were imagining their experience

Types of NHIBs Encountered. With respect to the types of NHIBs encountered, respondents could check any type of being reportedly encountered by their clients. These types are rank ordered in the Figure 4 chart below.

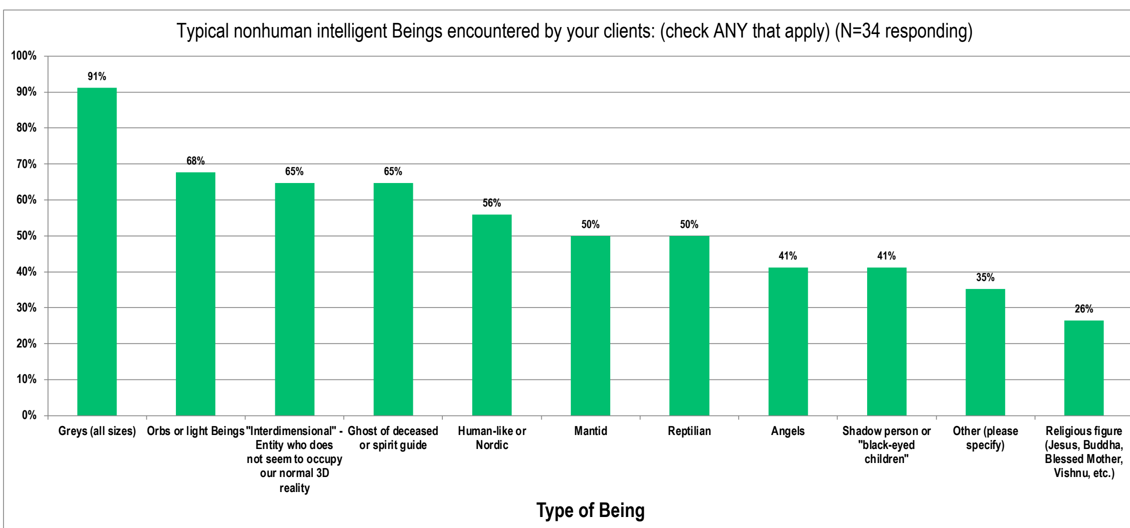

Figure 4. Typical nonhuman beings encountered.

While the usual Greys predominated (91%), the next most frequent categories selected were surprisingly nonphysical beings: Orbs (68%), "Interdimensionals" (65%), and Ghosts (65%). Thus, in the view of these respondents, the contact experience may be a largely nonphysical phenomenon.

Typical Diagnoses & Sources of Stress. The next question was aimed at determining how therapists perceive the client population that comes to them, and whether clients' problems seem to result from some kind of pathology or other issue. It was expected that this therapist group, given that they were on a referral list for experiencers seeking help, would have sufficient exposure to a wide enough range of clients to form opinions about the types of problems encountered by experiencers. Figure 5 below displays the client diagnoses typically encountered by our therapist sample in rank order.

©The Scalpone Group, LLC and OPUSnetwork.org

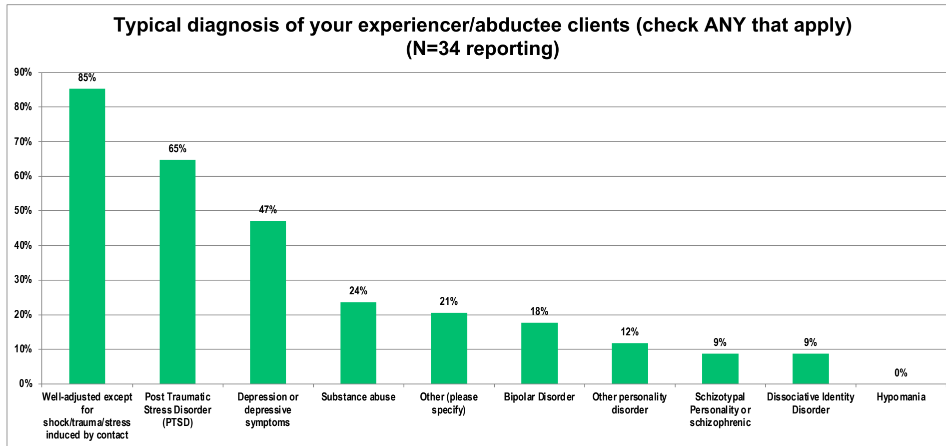

Figure 5. Diagnoses typically encountered by therapists.

Respondents Choosing "Other diagnosis":

- Anxiety
- Substance abuse with alcohol, prescription drugs, cigarettes
- Psychosis, multiple personality disorder
- Anxiety disorders
- Substance abuse is generally for self medicating purposes due to trauma caused by contact
- Anxiety/Mood disorders
- They tell me they have anxiety and some say they have ptsd.

As the chart shows, the most typical assessment of a client appears to be simply a well-adjusted person who has had a traumatic experience, followed by PTSD or depression or substance abuse, which might be engendered by having a profoundly disturbing experience that cannot readily be shared with friends or family members. This finding was supported by the therapists' ratings of sources of stress or trauma for their clients, (rank ordered in Figure 6 below), where "Social isolation/rejection induced by contact experience…" was the highest rated source of stress, followed by the shock or trauma from actual contact with NHIB. Despite the frequency of various types of reported shock or trauma among clients, 53% of respondents indicated that 20% or fewer of their clients dissociate (form separate or compartmented states of awareness) as a defense or coping mechanism. Thus, it appears that most experiencer-clients remain grounded in consensus reality.

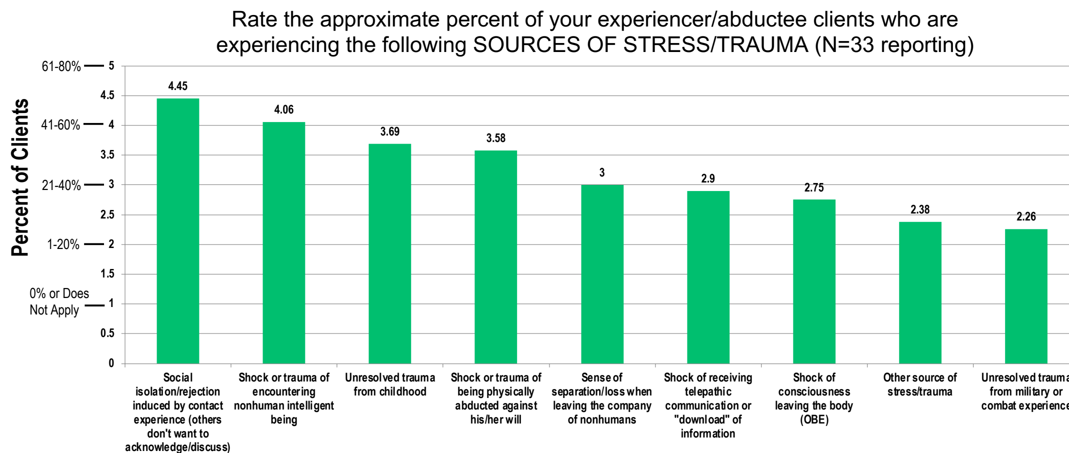

Figure 7. Estimated percent of clients experiencing various sources of stress/trauma.

Respondents Choosing "Other source of stress/trauma":

- Job, financial, relationships
- Single parent stress, job stress
- Dreams
- Relationships failing because of experience not being accepted or understood
- More "mundane" stressors such as financial, relationship, and the like which are not directly contact-related.
- This from family isolating the individual due to their beliefs
- Stress due to keeping secret from others
- Sexual assault as child or adult
- Thinking something is wrong with them/weird experiences
- A sense they aren't from earth or don't belong
- Mostly relational and work stresses.
- Social and economic
- Marital distress, high stress job
- Personal and Family relationships and Oppositional Authority Disorder and misc. sleep disorders
- Negative career consequences for disclosing and unwanted news reporter media attention
- Stress in their relationships, feeling of not being believed and understood.
- Questions are inaccurate because I haven't had further contact with clients since 1990-2000 when I retired
- Relational distress

©The Scalpone Group, LLC and OPUSnetwork.org

Prevalence of Clients with NHIB Contact and Nature of Contact. A variety of questions was asked to understand the prevalence, frequency, and nature of contact with nonhumans among clients of therapists in our sample. And since one goal of the present research was to determine the readiness of therapists to refer clients for an individualized questionnaire related to the client's contact experience, we needed to determine whether therapists were seeing a sufficient number of experiencers, preferably with multiple contacts, to compose an adequate sample for an experiencer study. Questions also did not focus exclusively upon physical abduction of client, since previous research[8] has shown that contact may occur in a variety of modalities, with or without abduction. When asked to estimate the number of clients seen who have reported contact with NHIBs, the mean number of such clients was given as 290, with a median of 29 clients (SD=732). This disparity between mean and median number of clients seen indicates that the distribution of clients is highly skewed, with a few respondents seeing over a thousand clients. On average, respondents estimated that 41% of their clients had more than 10 contacts with nonhumans. This finding was similar to the FREE study[8], wherein 46% of 1768 respondents indicated they had experienced more than 10 contacts, and somewhat more than the MUFON study, where 31% of their Phase 1 respondents (N=456) had been taken or visited more than 10 times[19].

Respondents in the present study also estimated the percent of their clients experiencing contact through each of six different modalities (along with an "Other" category). Results are shown rank ordered in Figure 8 below. Telepathic interaction was the highest rated modality, with the respondents' ratings averaging at the threshold of the 61-80% category in their estimates. Once again, this result corresponded to the percentages of respondents reporting telepathic contact in the FREE study, wherein the percentages of respondents hearing telepathic messages ranged from 52-58% for the four largest countries in that sample (US, UK, Canada, and Australia)[8].

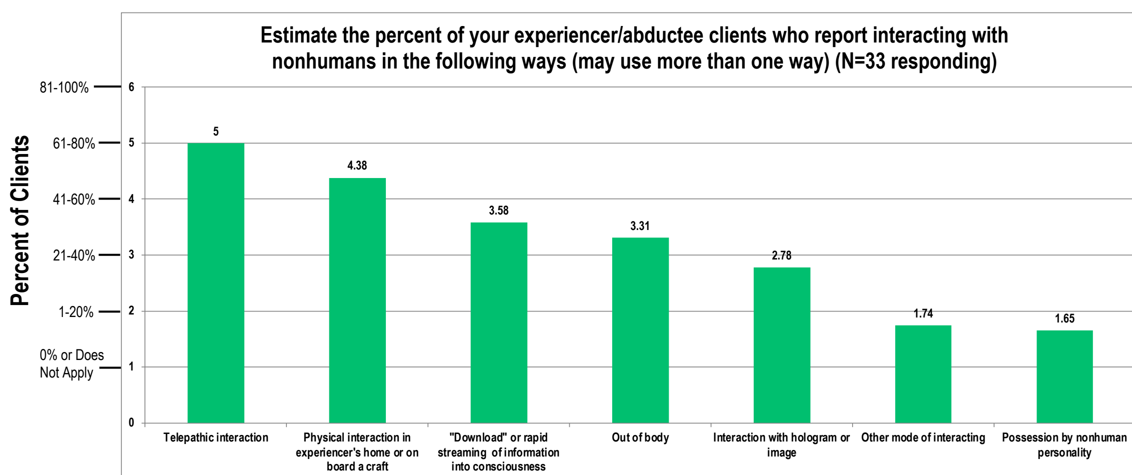

Figure 8. Estimated percent of clients interacting with nonhumans via various modalities.

Respondents Choosing "Other mode of interacting":

- Brought to the ship for healing
- Dreams (2)
- A entity speaking through another person whom the experiencer knew was from an entity
- Actual physical appearance
- Interactions with orbs. Also witnessing orbs becoming humanoid beings.
- Projecting love toward the human. Communication while meditating.
- Physical & telepathic interaction during military exercises; interacting in experiencer's vehicle; experiencer's body is moved to a different location but they do not see an entity moving them (e.g. non-visible interaction)
- Brought to a classroom and taught.
- Foreign language

Client Perceptions and Prognosis. Among therapists whose clients seek help with problems caused by contact with nonhumans, it would be expected that most clients would wish to end all contact. Surprisingly, however, when asked, "What percent of clients would discontinue all contact with nonhumans, if given a chance?" respondents estimated, on average, that only 31% of their clients would "discontinue all contact with nonhumans, if given a chance" (SD=33). Stated another way, 68% of therapists responded that 30% or fewer of their clients would discontinue contact with NHIBs, if given a chance. This finding was generally consistent with the FREE study, wherein 84% responded "No", and 16% "Yes", when asked "If you could stop your ET Contact Experiences, would you?"[8]. Similarly, in the study by MUFON[19], between 71-75% of

©The Scalpone Group, LLC and OPUSnetwork.org

contactee-abductees indicated they would not end their contact experiences when asked "If you could end your abduction/contact experiences today, would you?" The fact that therapists perceive contact as more aversive for their clients than in the FREE or MUFON studies may result from the fact that therapists' clients are, after all, seeking professional help in coping with negative consequences of contact. Nevertheless, it seems that, despite the psychological costs, contact is on balance positive for most experiencers.

The positivity of contact was somewhat reinforced by the fact that more than half (59%) of therapists reported that most of the nonhumans encountered by their clients are "Generally Helpful/Positive" or "Neither Helpful/Positive nor Harmful/Negative" in their influence for most (>60%) of their clients. Moreover, 73% of therapists reported that most of their clients (>60%) are "Likely to successfully cope with and integrate their contact experience into their life", while 88% of those same therapists indicated that only 20% or fewer of their clients were "Not likely" to cope with and integrate their experience. And while this degree of positivity on the part of therapists could be biased by confidence in their own ability to assist clients, it is nonetheless consistent with the perceived positivity of most contact encounters and the willingness of clients to continue their interactions with NHIBs.

As an assist to therapists seeing experiencer-clients, an open-ended question was asked "Any recommendations for other therapists on how best to help experiencer/abductee clients?". A total of 30 respondents provided suggestions, and the verbatim comments are reproduced in Appendix A. Half (15) of these comments were categorized as "Stay Open, Be Supportive, Listen and Do not Impose Your Own Beliefs on Client", acknowledging clients' need for supportive validation of their experience. This also relates to the predominant belief among therapists that the highest-ranked source of stress experienced by these clients was the "social isolation" induced by an undiscussable experience, and the consequent need for an "empathetic and nonjudgmental person to talk with" about the experience, as indicated by 75% of respondents. The other half (15) of therapists' comments were categorized as "Specific Suggestions or Advice to Other Therapists", since they described specific tools, techniques, advice, or information thought to be beneficial.

Therapist Willingness to Refer Clients for Anonymous Survey. As stated at the beginning of this summary report, one goal of the present research was to determine the willingness of therapists who specialize in seeing experiencer clients to refer them to complete a confidential and anonymous questionnaire about their contact experiences. It was realized that such a study should have certain safeguards to protect clients' identity and the confidentiality of their responses, which might include personal health care information. For this reason, the following question was asked, "Would you be willing to refer abductee/experiencer clients to complete a CONFIDENTIAL and ANONYMOUS (HIPAA Compliant) online questionnaire to clarify factors that help them cope with their experience?". Almost two-thirds of respondents (63%) indicated that they "Definitely Would" or "Probably Would" refer clients to complete a questionnaire.

Conclusions and Discussion

Overall, it appears that survey participants constituted a group that was professionally trained and experienced in working with experiencers. Also, the proportion of hypnotherapists in our sample is not surprising, given that "help with recall" is one of the top three reasons why clients of these therapists are seeking help. It is also useful to know, from a therapeutic standpoint, that the most typical diagnosis selected was "Well adjusted, except for the shock/trauma/stress induced by contact" and that most clients lack any psychopathology, aside from the traumatic effects of contact. However, in addition to helping the client cope with trauma, therapy must also address the primary stressor faced by clients, which was deemed to be "Social isolation/rejection induced by contact experience (others don't want to acknowledge/discuss)". Clearly, clients are in the difficult position of having a profound, even life-altering experience that they cannot share with others, for fear of being labeled as "crazy." Thus, it is possible that such problems as substance abuse and depressive symptoms may have occurred in reaction to having a trauma that must be borne in isolation.

©The Scalpone Group, LLC and OPUSnetwork.org

Another complicating factor for both therapists and clients is the nonphysical nature of much of the reported contact, given the prevalence of nonphysical Beings (Orbs, "Interdimensionals", and ghosts/spirits) and telepathy as the primary means of interacting. This necessitates time being spent in therapy to clarify the nature of subjectively experienced events and related emotional responses. Moreover, almost half of clients (41-44% on average), have had more than 10 contacts, and so for many, contact is likely to be a reoccurring or even ongoing phenomenon, rather than a one-time traumatic event. So, the challenge is helping clients cope with an often intangible, frequently occurring stressor in the absence of readily available social support. For this reason, it is easy to see why support groups dedicated to this phenomenon are so helpful, given the importance of social support in recovery from trauma[20], as well as MBSR, which uses meditation, attentional training, and emotional regulation to improve coping with stressors[15].

Another surprising finding from the present study was the overall positivity of both therapists and clients regarding the contact experience and its potential for integration into the client's life. Given some of the more terrifying accounts of "alien abduction"[16,17], one could be led to believe that reoccurring exposure to contact with nonhumans would pose a substantial barrier to successful coping and integration. Yet, almost three quarters (73%) of therapists report that most of their clients "Are likely to successfully cope with and integrate their contact experience into their life" and that on average, only 31% of clients would "Discontinue all contact with NHIBs, if given a chance." This percent was not too far from the findings of other recent surveys of experiencers[8,19]. Thus, it appears that, with help and support, contact with NHIBs can become an overall positive experience for most clients.

At this point, the next step is to provide participating therapists with feedback from the present survey and initiate the next phase of the research, focusing upon the client's experience. In this regard, it is reassuring that almost two thirds (63%) of therapists indicated a willingness to refer clients to complete a confidential and anonymous questionnaire. The goal of future research will be to clarify the factors most closely related to positive outcomes for experiencers in successfully coping with and integrating the contact experience into their life. It is also expected that the results of this survey of therapists will prove helpful in framing appropriate questions for experiencers.

References

1. McLeod, C., Corbisier, B. & Mack, J. (1996) A More Parsimonious Explanation for UFO Abduction". *Psychological Inquiry* (7:2), 624-632.
2. Marden, K. (2015) Psychological Studies on ET Contact Experiencers. Update of paper presented at 2010 International MUFON symposium. https://www.kathleen-marden.com/psychological-studies.php.
3. Rodeghier, M., Goodpaster, J., & Blatterbauer, S. (1991). Psychosocial characteristics of abductees: Results from the CUFOS Abduction Project. *Journal of UFO Studies*, 3, 59-90.
4. Spanos, N.P., Cross, P.A., Dickson, K., and DuBreuil, S. (1993) Close Encounters: An Examination of UFO Experiences. Journal of Abnormal Psychology, Vol. 102. No. 4, 624-632. "In short, reporting UFO experiences was not associated with either social or intellectual marginality" (Close encounters; Spanos,et al)
5. Bloecher, T, Clamar, A., & Hopkins, B. (1985). Summary report on the psychological testing of nine individuals reporting UFO abduction experiences. Mt. Ranier, MD: Fund for UFO Research
6. Zimmer, T. A. (1984). Social psychological correlates of possible UFO sightings. The Journal of Social Psychology, 123, 199-206.
7. Kelley-Romano, S. (2006) A Report on the Demographics and Beliefs of Alien Abduction Experiencers. Journal of UFO Studies, n.s. 9, 1–21
8. Hernandez, R., Davis, R., Scalpone, R., and Schild, R. (2018) A Study on Reported Contact with Non-Human Intelligence Associated with Unidentified Aerial Phenomena. *Journal of Scientific Exploration*, Vol. 32, No. 2, pp. 298–348.

©The Scalpone Group, LLC and OPUSnetwork.org

9. Parnell, J. O., & Sprinkle, R. L. (1990). Personality characteristics of persons who claim UFO experiences. Journal of UFO Studies, 2, 45–58.
10. Ring, K., & Rosing, C. J. (1990). The Omega Project: A psychological survey of persons reporting abductions and other encounters. Journal of UFO Studies, 2, 59–98.
11. LeLieuvre, Robert B., Velez, Lester; & Freeman (2010) Michael. Omega 3: Revelation or Revolution --- A Comparative Study of Abductees/Experiencers & Community. Unpublished study by Organization of Paranormal Understanding and Support (OPUS).
12. Davis, Ted; Donderi, Don; & Hopkins, Budd (2013) The UFO Abduction Syndrome. Journal of Scientific Exploration, Vol. 27, No. 1, pp. 25–42.
13. Mack, John E. (1994) Abduction: Human Encounters with Aliens. New York: Ballentine.
14. Mack, John E. (1999) Passport to the Cosmos. Guilford, U.K.: White Crow Books.
15. Kabat-Zinn J (2013). Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness. New York: Bantam Dell. ISBN 978-0345539724.
16. Hopkins, B. (1987) Intruders. White Crow Books.
17. Jacobs, D. (2015) Walking Among Us. San Francisco: Disinformation Books.
18. Appelle, Stuart , Lynn, Steven Jay , Newman, Leonard , & Malaktaris, Anne. Alien abduction experiences. In Cardeña, Etzel (Ed); Lynn, Steven Jay (Ed) & Krippner, Stanley (Ed). (2014). *Varieties of anomalous experience: Examining the scientific evidence*, 2nd ed., , (pp. 213-240). Washington, DC, US: American Psychological Association, xi, 452 pp.
19. Kathleen Marden, Don C. Donderi, PhD., Michael Austin Melton, Ph.D., Craig Lang, M.S., Denise Stoner (2018) The MUFON Experiencer Survey and A.P.I.: What They Tell Us About Contact and The Implications For Humanity's Future. *2018 MUFON International Symposium Proceedings*.
20. Perry, Bruce D (1999) The memories of states: How the brain stores and retrieves traumatic experience. In Goodwin, Jean (Ed) & Attias, Reina (Ed). (1999). Splintered reflections: Images of the body in trauma , (pp. 9-38). New York, NY, US: Basic Books/Hachette Book Group, xvi, 315 pp.

APPENDIX A: Open-Ended Verbatim Comments in Response to Question: “Any recommendations for other therapists on how best to help experiencer/abductee clients?” (Names and other Identifying information removed to preserve anonymity)

Stay Open, Be Supportive, Listen and Do not Impose Your Own Beliefs on Client (15 Comments)

- Don’t make clinical assumptions about cause of trauma or symptoms. Don’t rely on client to “self diagnose”. Treat by “suspending judgement “
- Ask thorough Questions, Listen, let the client paint the picture using all their senses. Let them know they are not alone, they are safe at all times. Many of the abductions are family trying to help.
- Be curious
- listen closely to when a person's story abruptly stops and shifts to another scene. Usually it means they are jumping to another or next part of experience because they cannot access the info out of fear, memory block or told they must keep it secret. Never show doubt while interviewing, just maintain open and nonjudgmental demeanor. If a persons's experience is difficult to hold, refer to another therapist.
- Believe them and allow trust to build and overtime they will be able to relax and share more info.
- Active listening with total openess to the client and how they choose to share their encounters and to work with thier beliefs to help them integrate the experiences.

©The Scalpone Group, LLC and OPUSnetwork.org

- Listening with an open mind and letting the client know you will "hear" them without dismissing what they say.
- My most common comment from experiencers is for people to believe contact really happened and they are not crazy. They most need someone to listen and validate their experiences.
- Let them know you really believe them so they relax and trust you. Keep their integrity and let them know they are not an experiment and if you've had contact too empathize with them.
- It's important that therapists are non-judgmental in their approach with experincers. I find it very helpful to ask clients to suspend their disbelief and tell me about what they experienced. This approach is very helpful when people get stuck trying to edit their experiences to fit into our normal reality.
- Listen deeply and believe them. Ask what support they feel they need to feel safe and to integrate their experiences. Have them draw what they have seen. Ask them to keep a journal of experiences.
- Do not make assumptions about the interaction between humans and non-humans. Be kind an supportive. Never share negative personal beliefs regarding the ETs with clients, such as contradicting a positive interaction by telling the client that the ETs are lying. Do not prep the client for what he/she might experience. Do not ask direct or leading questions. Make no assumptions.
- Just listen, and do not judge. Even if you do not accept the idea of ET Contact, many Experiencers have a very specific type of PTSD that can be treated along traditional paths.
- Deal with the client's view of reality whether you believe it or not. The client needs to be heard without judgement. Help empower the client to decrease any sense of helplessness and anxiety surrounding direct contacts with ETs/UFOs. Protect your client's interests and issues surrounding full disclosure as well as to whom that disclosure is made. Connect your client with a credible Experiencer association/group/conference in order to increase their sense of belonging and knowledge that they are not alone. Provide added resource material for the client to increase their understanding and processing of their experience(s).
- Do not push your beliefs, or try to get all the information from the clients at once. I fear that our egos are trying to pull too much information at once to try and get a cool story. Our own perceptions on what we believe is happening to them can interfere. Keep yourself out of it.

Specific Suggestions or Advice to Other Therapists (15 Comments)

- Gaining their trust, I find to be challenging so a calm confident tone is suggested. I find they lack trust with me as someone who has not experienced contact with non humans myself. (only the light vehicle.) I think if therapists have experienced non human communication their selves, they will have a greater chance of assisting experiencers successfully.
- Receive proper training in regressive hypnosis; how to pose questions; how to relieve client of PTSD symptoms; offer support system.
- Empathy, non-judgmental interaction, and being available at all times of the day or night if possible
- Develop an understanding of quantum physics & shamanic healing
- Experiencer support groups, EMDR
- Accept what they say, and proceed from there. Question them in a variety of ways to see how consistent the information is. Ask for validation of their experiences in daily life to see how truthful the information/contact is. Check if it is interdimensionals causing psychic attacks or recommend them for remote spirit release clearings. I work with _____ in the UK and a medium ___.
- Take your time ... multiple short sessions that will continually get longer after building rapport.
- Decipher who is talking about a true event and who wants to feel special and believe they had something that is not true.

©The Scalpone Group, LLC and OPUSnetwork.org

- Education!
- Approach with acceptance, do your own research on the topic, avoid hypnosis unless using a trained reliable source.
- Hypnotic regression
- Normalize the situation as much as possible, especially by introducing them to the scientific/psychological research on the subject. My clients mainly wanted assurance that they were not going “crazy.”
- I help my clients understand the relationship between the nonhumans and them. Usually, it takes us into a past life regression where the clients find themselves being members of a nonhuman world. In the end, they remember the connection and agreement between themselves and the nonhumans, and typically they end up feeling happy about the meetings because they now see them as reunions with friends instead of scary abductions.
- Take a well-grounded but supportive stance while inviting the experiencer to engage in a "good detective/scientist" co-role with the therapist as you both strive to get a better understanding of these experiences. Any approaches that help the experiencer gain a better sense of personal control is also helpful.
- Advise experiencer who is not willing to interact to pray or call upon an archangel during experience.

©The Scalpone Group, LLC and OPUSnetwork.org