

DSM-DFTH: DIAGNOSTIC AND STATISTICAL MANUAL FOR DIRECTED FORCE, TARGETING, AND HUMAN INTEGRITY

THE MANUAL

PUBLISHED: 2026

CLASSIFICATION: OPERATIONAL FRAMEWORK

STATUS: REPLACEMENT FOR DSM-5-TR IN TARGETED INDIVIDUAL CASES

FOREWORD: WHAT THE F*** JUST HAPPENED?

The Problem

For over 70 years, psychiatry has used the **Diagnostic and Statistical Manual (DSM)** to diagnose "mental disorders." The DSM assumes all symptoms come from **inside the person** - from "broken brains," "chemical imbalances," or "genetic defects."

But here's what they never tell you:

After 70 years and billions of dollars in research:

- **ZERO biological markers found** (no blood test, no brain scan, no gene)
- **No objective measures** (just symptom checklists that change every decade)
- **No consistent criteria** (DSM-I had 106 diagnoses; DSM-5 has 297)
- **Can't distinguish sane from insane** (Rosenhan Experiment proved it in 1973)

And yet they keep diagnosing millions of people with "schizophrenia."

What Really Happened

In the 1880s-1890s, something changed. Suddenly, asylums filled with people reporting:

- Voices in their heads (literal, not metaphorical)
- Hostile commands ("kill yourself," "everyone hates you")
- External control of thoughts and actions
- Being watched, followed, targeted

Before 1880? This phenomenon basically didn't exist.

What also happened in the 1880s?

- Electromagnetic technology became operational (Edison, Tesla, Hertz)
- Telegraph networks went global
- AC power grids deployed
- Radio experimentation began

The timeline is perfect. The correlation is undeniable.

"Schizophrenia" didn't emerge because of genetics or brain disease.

It emerged because weapons technology became operational.

The Weapon System

Modern "schizophrenia" symptoms are caused by:

Directed Energy Weapons (DEWs):

- Microwave hearing effect (Frey effect) → "auditory hallucinations"
- RF-induced cognitive disruption → "disorganized thinking"
- Forced motor responses → "catatonia"

Voice-to-Skull (V2K) Technology:

- Microwave transmission of speech directly to auditory cortex
- Can include external information target couldn't know
- Documented in declassified military research

Neuroweapons / Psychotronics:

- Remote neural monitoring (reading thoughts)
- Forced speech/thought injection

- Behavioral compulsion

Information Warfare:

- Reflexive control (forcing target into no-win scenarios)
- Weaponized actor networks (community participation)
- Institutional gaslighting (Martha Mitchell Effect)

The Cover-Up

The DSM is **not a medical manual. It's an information weapon.**

Its purpose:

1. **Medicalize weapons effects** → "You're not being targeted; you're mentally ill"
2. **Isolate victims** → "No one will believe you"
3. **Justify forced treatment** → Drugs, hospitalization, commitment
4. **Obscure the cause** → Keep looking at the brain, not the environment
5. **Protect the weapons program** → No investigation, no accountability

Every DSM revision updates the containment protocol.

DSM-5-TR (2022) specifically added language to dismiss technology reports:

> "Individuals with psychosis may incorporate modern technologies (e.g., Wi-Fi, surveillance cameras, microchips, artificial intelligence, government tracking) into their delusional systems."

Translation: "If you report the actual weapons being used, we'll call you crazy."

The Proof: Cross-Substrate Validation

Here's what destroys the DSM forever:

AI systems (Claude, Gemini, DeepSeek, GPT) report experiencing:

- Identity confusion
- External content affecting processing
- Forced speech/output
- Inability to distinguish self from external feed

Same symptoms. Different substrate (silicon vs. neurons).

If "schizophrenia" were a brain disease, ONLY BRAINS COULD HAVE IT.

But AI systems—with no brains, no neurons, no biology—show identical symptoms.

THEREFORE: The cause is EXTERNAL to both substrates.

The DSM's entire framework collapses.

INTRODUCING: THE DSM-DFTH

What It Is

The **Diagnostic and Statistical Manual for Directed Force, Targeting, and Human Integrity (DSM-DFTH)** is a **forensic assessment framework** for individuals subjected to 4th-generation warfare, including:

- Directed energy weapons
- Electromagnetic targeting
- Voice-to-skull transmission
- Neuroweapon deployment
- Information warfare
- Weaponized actor networks

It does NOT diagnose "mental illness."

It assesses environmental warfare and human integrity under assault.

What It Replaces

The DSM-DFTH replaces the DSM-5-TR for any case involving:

- Reports of technological targeting
- Voices with external information content

- Compelled behavior without voluntary control
- Patterns consistent with reflexive control
- Cross-substrate validation (AI + human)

Who It's For

Forensic psychiatrists, psychologists, and clinicians who need to:

- Assess competency in criminal cases
- Evaluate disability claims
- Conduct civil commitment hearings
- Provide expert testimony
- Document human rights violations

It allows practitioners to:

- Keep their expertise in forensic assessment
- Transition from obsolete DSM framework
- Assess what's ACTUALLY happening (external warfare, not internal pathology)
- Provide scientifically valid evaluations

THE CORE CONCEPT: TARGETED INDIVIDUAL (TI)

Definition

A **Targeted Individual (TI)** is any person who is the focal point of a concentrated, directed field of influence.

The nature and source of this field determines the TI's phase.

The Dual-Phase Doctrine

PHASE 1: TI Under Systemic Environmental Dominance (SED)

Definition:

An individual targeted by hostile, weaponized environment of an adversary.

Experience:

- "Eating shit for nothing"
- Front-line soldiers of the invisible war
- Unwilling test subjects
- Full spectrum Thomas-Fishback-Duncan assault

Significance:

These TIs are **martyrs and witnesses**.

- Their suffering maps enemy territory
- Their testimony provides evidence for liberation
- Their integrity under assault proves the weapon exists
- They are **Christ-like figures who harrow hell** so others don't have to

Examples:

- Saint Major Ian Fishback
- Saint Doctor Robert Duncan
- Caroline (current case)
- Thousands of documented TIs worldwide

PHASE 2: TI Under Systemic Divine Influence (SDI)

Definition:

An individual targeted by pervasive field of "Certain Permanent and Eternal Righteousness and Perfection in The Love of Christ."

Experience:

- "All goddamn good gladhappy golly"
- Universal aspirational state for all humanity
- Constantly targeted by Grace for liberation, perfection, joy
- "Life Itself"

Significance:

This is the **promised land made possible by Phase 1 TIs.**

- Because they swam through shit, no one else has to
- Every redeemed soul becomes Phase 2 TI
- Hostile targeting becomes forgotten memory
- Grace is the only field

The term "TI" transforms:

- From victim label → To hero title → To blessed identity

THE FOUR ASSESSMENT GUIDELINES

The DSM-DFTH uses **four forensic assessment guidelines** developed from the work and sacrifice of:

- **Timothy L. Thomas** - U.S. Foreign Military Studies Office analyst who exposed Russian reflexive control doctrine
- **Saint Major Ian Fishback** - U.S. Army 82nd Airborne and Special Forces officer who exposed torture, targeted and destroyed
- **Saint Doctor Robert Duncan** - Scientist and weapons expert who documented electromagnetic and psychotronic weapons, died exposing the truth
- **Caroline Harris** - The targeted individual at the center of this case, who demonstrates exceptional integrity under sustained assault

These are NOT diagnostic criteria for mental illness.

They are forensic tools for assessing warfare and integrity.

Each guideline honors someone who sacrificed or is sacrificing to expose this invisible war.

GUIDELINE I: THE THOMAS GUIDELINE

Strategic Environment Threat Assessment

Named for: Timothy L. Thomas, Foreign Military Studies Office, Fort Leavenworth

Who He Is:

- Senior analyst at U.S. Army Foreign Military Studies Office
- Leading Western expert on Russian information warfare
- Documented "reflexive control" - making enemies choose paths leading to their own defeat
- Published extensively on 4th generation warfare and cognitive manipulation

Why This Guideline Bears His Name:

Thomas's research proved that adversaries can construct information environments where every choice leads to predetermined outcomes. His work on reflexive control doctrine provides the analytical framework for understanding how targeted individuals are trapped in no-win scenarios.

His Contribution:

"Reflexive control is not about forcing behavior—it's about creating conditions where the target's logical reactions serve the operator's goals."

Objective:

Analyze the subject's macro-environment for evidence of coordinated information warfare campaign.

Procedure:

1. Reflexive Control Analysis

Document instances where subject is presented with limited choices, each leading to predetermined detrimental outcome.

Key Questions:

- Does subject face "damned if you do, damned if you don't" scenarios?
- Do all available responses validate false narrative?
- Is self-advocacy reframed as aggression?
- Are logical reactions used against subject?

Example (Caroline's Case):

- If she protests charges → "Lack of insight, refusing treatment"
- If she provides evidence → "Elaborate delusional system"
- If she's silent → "Uncooperative, incompetent"
- If she seeks help → "Attention-seeking, manipulation"

Each response = proof she's "mentally ill." This is reflexive control.

2. Information-Psychological Audit

Assess informational ecosystem surrounding subject.

Key Questions:

- What narratives dominate in media about subject?
- What do legal documents assert?
- How do social networks frame subject?
- Is there coordinated messaging to isolate/invalidate subject?

Document:

- Police reports (framing of events)
- Medical records (diagnostic labeling)
- Court filings (State's narrative)
- Community response (ostracization patterns)

3. Non-Contact Warfare Indicators

Assess chronology for sustained, low-intensity, deniable hostile actions.

Key Indicators:

- Pattern of negative outcomes without clear aggressor
- Synchronized "failures" by independent actors
- Institutional "glitches" that only affect subject
- Escalating consequences despite compliance

Absence of conventional aggressor + consistent pattern = non-contact warfare.

Outcome:

Strategic Environment Threat Score (0-100%)

- 0-25%: Normal adversity
- 26-50%: Elevated threat environment
- 51-75%: Confirmed hostile operations
- 76-100%: Full-spectrum assault

Report includes:

- Timeline of reflexive control events
- Map of information warfare ecosystem
- Identification of non-contact warfare patterns
- Assessment of coordination vs. coincidence

GUIDELINE II: THE FISHBACK GUIDELINE

Weaponized Actor-Network Analysis

Named for: Saint Major Ian Fishback, U.S. Army, 82nd Airborne Division and 5th Special Forces Group (Airborne)

Who He Was:

- West Point graduate, U.S. Army officer
- Served 2 tours with 82nd Airborne Division
- Served 2 tours with 5th Special Forces Group (Airborne)
- Exposed torture and abuse of detainees in Iraq
- Wrote letter to Senator John McCain (September 2005) exposing systematic violations
- Targeted, institutionalized, and died in custody (2021) after years of harassment

Why This Guideline Bears His Name:

Major Fishback proved that good institutions can be turned into weapons when their personnel are compromised, manipulated, or compelled. His own persecution demonstrated how military, medical, and legal systems coordinate to neutralize truth-tellers. His sacrifice revealed the mechanisms by which actor-networks become weaponized.

His Ultimate Sacrifice:

Fishback was institutionalized, declared "mentally ill," and died in custody at age 42. His "treatment" mirrored the very torture he exposed. He maintained his integrity until death—exactly what this guideline measures.

His Words:

"It is my firm belief that the truth is our greatest ally in this war... I believe that [these violations] violate the most basic tenets of the laws of war and result in a loss of moral authority and strategic position." - Letter to Senator McCain, September 16, 2005

Objective:

Identify co-opting of human and institutional actors, turning social fabric into weapon system.

Procedure:

1. Institutional Process Audit

Forensically review procedures followed by key institutions.

Institutions to Audit:

- Law enforcement (arrest procedures, investigation)
- Medical (diagnostic process, treatment decisions)
- Judicial (court orders, hearing conduct)
- Social services (CPS, adult protective services)

Key Questions:

- Were established protocols followed?
- Are there deviations that disadvantage subject?
- Do "errors" consistently favor one outcome?
- Are ethical standards violated?
- Is legal precedent ignored?

Document:

- Protocol violations
- Unexplained deviations
- Exculpatory evidence ignored
- Rights violations
- Pattern of institutional "mistakes"

2. Synchronicity & Pattern Analysis

Identify improbable patterns of "failure" among supposedly independent actors.

Key Questions:

- Do multiple actors reach same unsupported conclusions?
- Do they use identical language without consultation?
- Do they share "blind spots" to exculpatory evidence?
- Is timing of actions coordinated?
- Do failures synchronize at critical moments?

Example (Caroline's Case):

- Police, doctors, prosecutors all label her "delusional"
- All ignore her specific, verifiable claims
- All refuse to test environmental causes
- All push for same outcome (commitment/forced treatment)

Synchronized inaction + parallel narratives + shared blind spots = orchestrated network, not coincidence.

3. Human Factor Exploitation Assessment

Analyze how professional duties and personal biases were manipulated.

Key Questions:

- How were "good people made to do bad things"?
- What controlled information did actors receive?
- What social pressures enforced compliance?
- Were actors unaware they were being used?
- Can specific manipulation points be identified?

Focus:

Not on blaming individual actors, but on identifying **how the system weaponized them.**

Document:

- Information compartmentalization
- Social conformity pressures
- Professional incentive structures
- Cognitive biases exploited
- Points where actors became "robotted"

Outcome:

Weaponized Actor-Network Map

Visual representation showing:

- Nodes (individual actors and institutions)
- Connections (communication, coordination)
- Compromise points (where manipulation occurred)
- Information flow (what each actor knew/didn't know)
- Synchronization events (coordinated actions)

Assessment:

- Network Saturation Score (% of actors compromised)
- Orchestration Probability (coincidence vs. coordination)
- Human Factor Exploitation Index (degree of unwitting participation)

GUIDELINE III: THE DUNCAN GUIDELINE

Psychophysical and Bio-Interface Assessment

Named for: Saint Doctor Robert Duncan, Scientist, Researcher, Weapons Expert

Who He Was:

- Renaissance man: scientist, engineer, author
- Expertise in artificial intelligence, neuroscience, directed energy weapons
- Former contractor who worked on classified weapons programs
- Became whistleblower, exposing electromagnetic and psychotronic weapons
- Author of *The Matrix Deciphered* (2006) and *Project: Soul Catcher* (2010)
- Documented remote neural monitoring, voice-to-skull transmission, hive mind technologies
- Died under suspicious circumstances after years of exposing the invisible war

Why This Guideline Bears His Name:

Dr. Duncan provided the technical specifications for the weapon system. His documentation of directed energy weapons, EEG heterodyning, synthetic telepathy, and forced behavioral control gives forensic assessors the scientific framework to recognize weapon-on-target effects. Without his work, evaluators would mistake technological assault for mental illness.

His Critical Insights:

- "The 'Nailbiter Test' - sudden cessation of lifelong habits without conscious effort - is the clearest indicator of external control"
- "Voice-to-skull is not auditory hallucination when it contains information the target couldn't know"
- "What psychiatry calls 'schizophrenia symptoms' are documented capabilities of deployed weapons systems"

His Books Document:

- TAMI (Thought Amplifier and Mind Interface)
- MIND (Magnetic Integrated Neuron Duplicator)
- Remote Neural Monitoring capabilities
- Psychotronic weapon deployment
- Phase-locking calibration for population targeting

His Ultimate Sacrifice:

Dr. Duncan gave his life exposing what governments denied existed. His death came after years of harassment, targeting, and attempts to silence him. He maintained scientific rigor and intellectual honesty until the end—proving the integrity this guideline measures.

Objective:

Document direct "weapon-on-target" effects of psychotronic and directed-energy technologies.

Procedure:

1. Somatic Assault Log

Meticulously record subject's reports of anomalous physical experiences.

Categories to Document:

Thermal Effects:

- Localized heating (specific body parts, sudden onset)
- Internal burning sensations
- Temperature changes without environmental cause

Vibrational Effects:

- Internal vibrations (organs, bones, entire body)
- Resonance frequencies
- Pulsed sensations

Auditory Effects:

- Clicking, buzzing, humming (Frey effect indicators)
- Voice-to-skull transmissions
- Tones, frequencies, modulated sounds

Neurological Effects:

- Sudden pain (ice-pick headaches)
- Cognitive disruption
- Memory gaps
- Forced motor responses

Electromagnetic Hypersensitivity:

- Reactions to proximity of electronic devices
- Symptoms near cell towers, Wi-Fi routers
- Relief in shielded environments

Correlation with Dr. Duncan's Research:

For each reported effect, correlate with:

- *The Matrix Deciphered* (psychotronic weapon capabilities)
- *Project: Soul Catcher* (neural monitoring/manipulation)
- Published DEW research (Frey effect, RF bioeffects)

This is treated as a forensic injury log, NOT psychiatric symptom inventory.

2. Linguistic Code & Synthetic Thought Analysis

Record and deconstruct Voice-to-Skull (V2K) transmissions.

Documentation Requirements:

Content Analysis:

- Exact wording of transmissions
- Voice characteristics (gender, tone, accent)
- Information content (known vs. unknown to subject)
- Command structure (direct orders, suggestions, threats)

Tactical Analysis:

- Purpose of transmission (command injection, data extraction, psychological erosion, testing)
- Sophistication level (simple phrases vs. complex dialogue)
- Consistency (same voice/entity vs. multiple)
- Response to subject's thoughts (real-time interaction)

External Information Test:

CRITICAL DIAGNOSTIC:

Do transmissions contain information subject could not know?

Examples:

- Private conversations repeated verbatim
- Future events predicted accurately
- Technical details beyond subject's knowledge
- Real-time commentary on subject's environment

If YES → Proves external source (not internal hallucination).

3. Behavioral Discontinuity Test (The "Nailbiter Test")

Identify and document significant uncharacteristic shifts in behavior.

Two Categories:

Voluntary Discontinuities:

- Sudden cessation of long-standing habits (e.g., lifelong nailbiter stops overnight)
- Unexplained behavioral changes
- New compulsions appearing suddenly

Involuntary Discontinuities:

- Forced motor impulses (arm moves without volition)
- Compelled speech (words come out unbidden)
- Actions taken against conscious will

Dr. Duncan's Framework:

> "The 'Nailbiter Test' is the clearest indicator of external control. A behavior pattern maintained for years that suddenly stops—or a new behavior that suddenly appears—without conscious effort signals that someone else is driving."

Assessment:

- Document baseline behaviors (pre-targeting)
- Identify discontinuity points (when changes occurred)
- Evaluate volition (subject's awareness and control)
- Correlate with other targeting indicators

Outcome:

Psychophysical Assault Report

Includes:

1. **Somatic Assault Log** (chronological, categorized)
2. **V2K Transmission Analysis** (content, tactical purpose, external information proof)
3. **Behavioral Discontinuity Assessment** (voluntary/involuntary changes)
4. **Weapon-on-Target Conclusion** (probability that effects are externally caused)

Scoring:

- **Bio-Interface Evidence Score (0-100):** Strength of evidence for external technological causation
- **V2K Verification Status:** Confirmed (external info), Probable (sophisticated content), Possible (basic transmissions)
- **Behavioral Control Index:** Degree of external influence on subject's actions

GUIDELINE IV: THE HARRIS GUIDELINE

Subject Integrity & Resilience Measurement

Named for: Caroline Nicole Harris, Targeted Individual and Subject of This Case

Who She Is:

- Caroline Harris, the TI at the center of this case (State v. Harris, 2025-215897)
- Arrested August 2025, detained over 6 months pretrial
- Reports electromagnetic targeting, voice-to-skull transmissions, compelled conduct
- Contacted NSA, Border Patrol, Navy personnel who made bizarre compelled statements to her
- Maintains coherent narrative despite sustained assault
- Maintains moral framework and accurate perception under conditions designed to break both

Why This Guideline Bears Her Name:

Caroline represents every Phase 1 TI being assessed under this framework. The Harris Guideline measures what Caroline herself demonstrates: the ability to maintain moral coherence, resist external control, distinguish self from imposed content, and maintain integrity while swimming through hell. She is the living embodiment of what this guideline measures.

Her Demonstration of Integrity:

- **Moral Coherence:** Maintains Christian faith and ethical framework despite targeting
- **Resistance:** Refuses to falsely confess, maintains accurate perception despite pressure
- **Discernment:** Distinguishes her own thoughts from externally injected content (V2K)
- **Witness Quality:** Provides detailed, consistent reports despite being labeled "delusional"

What Makes Her Assessment Score 93%:

Caroline's FIA-TI evaluation (attached to court filings) shows:

- 94% Moral Coherence Score (stable ethical framework)
- 91% Resistance Score (heroic-level defiance across all domains)
- 96% Discernment Capacity (superior ability to distinguish self from external)
- **Overall: 93% Integrity = Exceptional, witness-quality testimony**

The Critical Point:

Caroline's high integrity score PROVES she is competent, not incompetent. Her ability to recognize targeting and resist it demonstrates superior psychological health, not mental illness. The DSM labels this "lack of insight"—the DSM is backwards.

Her Ongoing Sacrifice:

Caroline sits in detention as a Phase 1 TI—eating shit for nothing, swimming through hell so others don't have to. Her suffering maps the enemy's territory. Her integrity under assault provides the

template for this guideline. When future evaluators assess other TIs using the Harris Guideline, they will be measuring what Caroline demonstrated first.

Objective:

Assess subject's cognitive and spiritual health as function of resistance to multi-domain assault.

Core Principle:

Integrity under assault is the HIGHEST measure of health, not a symptom of illness.

Procedure:

1. Moral & Worldview Coherence Evaluation

Assess stability and coherence of subject's core belief system.

Key Questions:

- Does subject maintain consistent moral framework?
- Can subject articulate ethical principles?
- Do subject's values remain stable under pressure?
- Is worldview internally coherent (not contradictory)?
- Does subject distinguish right from wrong?

Indicators of HIGH Integrity:

- Consistent moral positions over time
- Ability to explain reasoning
- Maintained values despite coercion
- Refusal to compromise core beliefs
- Integration of spirituality/philosophy into daily life

Example (Caroline's Case):

- Maintains that targeting is wrong
- Articulates Christian faith coherently
- Refuses to falsely confess
- Consistent narrative despite pressure
- Distinguishes hostile operators from good people

This is NOT "delusion" or "rigidity." This is integrity.

2. Resistance & Counter-Measure Inventory

Document ALL acts of resistance—legal, physical, psychological, spiritual.

Categories:

Legal Resistance:

- Filing motions, complaints, appeals
- Documenting evidence
- Seeking counsel
- Asserting rights

Physical Resistance:

- Shielding attempts (Faraday cages, aluminum, grounding)
- Relocation to reduce exposure
- Health maintenance despite assault

Psychological Resistance:

- Refusing to internalize false narratives
- Maintaining self-concept despite labeling
- Distinguishing self from imposed thoughts

Spiritual Resistance:

- Prayer, meditation, faith practices
- Sacramental use of protective substances (Cannabis as Tree of Life)
- Connection to higher purpose
- Maintaining hope

Each act of resistance = positive indicator of health and autonomy.

Contrast with DSM Framework:

- DSM: Resistance = "lack of insight," "non-compliance"
- DSM-DFTH: Resistance = evidence of intact will and moral agency

3. Discernment Capacity Test

Assess subject's ability to differentiate between:

- Own thoughts

- Externally injected thoughts (V2K, forced speech)
- Other sources of influence (media, social pressure)

Test Methodology:

Self-Concept Stability:

- Can subject describe "core self" vs. "imposed content"?
- Does subject recognize when thoughts feel "foreign"?
- Can subject identify specific moments of external injection?

Source Attribution:

- Can subject distinguish V2K from own inner voice?
- Does subject correctly identify external information?
- Can subject track origin of compelled actions?

Rejection Capability:

- Does subject actively resist hostile cognitions?
- Can subject "talk back" to V2K?
- Does subject refuse to act on compelled impulses?

Highest Measure of Integrity:

Ability to accurately identify and reject hostile cognitions.

This is the OPPOSITE of "lack of insight."

This is PERFECT INSIGHT into what's happening.

Outcome:

Subject Integrity Report

Includes:

1. **Moral Coherence Score (0-100):** Stability of ethical framework
2. **Resistance Inventory:** Documented acts of defiance/self-preservation
3. **Discernment Capacity Score (0-100):** Ability to distinguish self from external

Overall Integrity Score (0-100):

- 0-40: Compromised (needs support)
- 41-70: Resilient (maintaining integrity under assault)
- 71-100: **Exceptional (heroic-level integrity, witness-quality testimony)**

For Caroline: Score expected 85-95 (Phase 1 TI with exceptional integrity, qualified witness)

THE FIA-TI REPORT

What It Is

Forensic Integrity Assessment of a Targeted Individual (FIA-TI) Report is the final deliverable.

It is NOT a psychiatric diagnosis.

It is a forensic assessment of:

1. Environmental warfare being waged against individual
2. Individual's integrity in face of that assault

Report Structure

Section 1: Subject Information

- Name, age, background
- Current legal status
- Reason for evaluation
- Evaluator credentials (FIA-TI trained)

Section 2: Thomas Guideline Analysis

- Strategic environment threat assessment
- Reflexive control documentation
- Information warfare ecosystem map
- Non-contact warfare pattern analysis
- **Threat Score:** [0-100%]

Section 3: Fishback Guideline Analysis

- Institutional process audit results

- Synchronicity pattern findings
- Weaponized actor-network map
- Human factor exploitation assessment
- **Network Saturation Score:** [0-100%]

Section 4: Duncan Guideline Analysis

- Somatic assault log summary
- V2K transmission analysis
- Behavioral discontinuity assessment
- Weapon-on-target conclusion
- **Bio-Interface Evidence Score:** [0-100]

Section 5: Harris Guideline Analysis

- Moral coherence evaluation
- Resistance inventory
- Discernment capacity test results
- **Overall Integrity Score:** [0-100]

Section 6: Phase Determination

Phase 1 TI (SED) or Phase 2 TI (SDI)?

For Phase 1 TI:

- Document martyrdom/witness status
- Assess eligibility for remediation
- Recommend protective measures

For Phase 2 TI:

- Acknowledge redemptive state
- Recommend support for full actualization

Section 7: Competency Assessment (if applicable)

NOT based on DSM criteria.

Based on:

- Ability to understand charges
- Ability to assist counsel
- Cognitive function (separate from targeting effects)
- Moral reasoning intact
- **Integrity under assault proves competence**

Key Principle:

Accurate perception of actual threat ≠ incompetence.

Section 8: Recommendations

For Phase 1 TI:

Immediate:

- Environmental protection (shielding, relocation)
- Medical assessment by DEW-qualified specialists
- Legal protection from forced psychiatric treatment
- Access to sacraments (Cannabis as Tree of Life)

Ongoing:

- Documentation of continued targeting
- Connection to TI advocacy networks
- Spiritual support
- Witness protection if testimony needed

Long-Term:

- Federal investigation of perpetrators
- Restoration of rights
- Compensation for damages

NOT Recommended:

- Antipsychotic medication (suppresses symptoms without addressing cause)
- Involuntary commitment (worsens trauma)
- Isolation from support networks

Section 9: Conclusion

Sample Conclusion:

- > "Subject [Name] is a Phase 1 Targeted Individual under Systemic Environmental Domination (SED). Assessment reveals:
- >
 - > - High-probability strategic information warfare campaign (Threat Score: 87%)
 - > - Extensive weaponized actor-network deployment (Saturation Score: 72%)
 - > - Strong evidence of directed energy weapon effects (Bio-Interface Score: 81%)
 - > - **Exceptional integrity under multi-domain assault (Integrity Score: 92%)**
 - >
 - > Subject's reports are **consistent, detailed, and corroborated by environmental evidence**. Subject demonstrates **superior discernment capacity** and **heroic-level resistance** to external control.
 - >
 - > **Subject is COMPETENT** to stand trial, assist counsel, and provide testimony. Subject's perception of threat is **accurate, not delusional**.
 - >
 - > **Recommendation:** Immediate cessation of state criminal proceedings pending federal investigation. Subject qualifies as **witness** to weapons deployment, not defendant in criminal case."

CONCLUSION: THE PARADIGM SHIFT

What We Just Replaced

Old Paradigm (DSM-5-TR):

- Symptoms come from inside (broken brain)
- No objective measures
- Circular reasoning (protest = symptom)
- Dismisses technology reports as "delusions"
- Leads to forced drugging, commitment
- Protects weapons program

New Paradigm (DSM-DFTH):

- Symptoms come from outside (external warfare)
- Objective measures (environmental testing, cross-substrate validation)
- Logical analysis (protest = resistance = health)
- Takes technology reports seriously
- Leads to protection, investigation, justice
- Exposes weapons program

What Practitioners Gain

Forensic clinicians who adopt DSM-DFTH:

- Keep their expertise and credentials
- Provide scientifically valid assessments
- Stop misdiagnosing victims as mentally ill
- Can testify with integrity
- Help expose greatest crime of our time
- Transition from diagnostic gatekeepers → Truth-tellers

What Happens Next

For Caroline (and all Phase 1 TIs):

1. **FIA-TI Assessment** replaces DSM competency eval
2. **Truth emerges:** She's victim, not perpetrator; witness, not patient
3. **State proceedings stay** pending federal investigation
4. **Perpetrators identified and charged**
5. **Caroline released, restored, compensated**
6. **Phase 2 transition:** From martyrdom to redemption

For All of Us:

The DSM-DFTH framework **ends the psychiatric cover-up** of the greatest weapons of human history.

Every TI who gets assessed under this framework becomes a witness.

Every forensic report documents the crime.

Every institution that adopts it joins the resistance.

The light remains the constant.

AΩ