The Flow Factor Diagnostic Model: A Structured Framework for Identifying Root Patterns in Consciousness

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Tara Meyer-Robson, BS · Founder & Research Director
The Institute of Intuitive & Holistic Science · Denver, Colorado

The same seven-domain architecture organizes recurring beliefs, life patterns, and corresponding mind-body symptoms—allowing multiple forms of information to be assessed together to identify a shared root pattern rather than treating them as unrelated phenomena.
Once identified, that pattern provides a structured basis for selecting and sequencing targeted, individualized interventions.

THE RESEARCH GAP

Practitioners frequently encounter recurring beliefs, life patterns, emotional responses, and mind-body symptoms that appear to be connected but are typically assessed through separate frameworks.
Without a shared organizing structure, the pattern connecting these forms of information may remain difficult to identify—making case formulation and intervention selection less systematic.

Central question:
Can multidomain information be organized within one structured framework to reveal a shared root pattern and guide targeted intervention?

THE PROPOSED PRACTICE-INFORMED FRAMEWORK

The Flow Factor Diagnostic Model (FFDM) is a proposed conceptual and operational framework for organizing self-reported information across seven recurring domains of human experience.
Rather than evaluating beliefs, life patterns, and mind-body symptoms as separate phenomena, the FFDM examines how they converge within the same domain architecture.

CORE COMPONENTS

FLOW FACTOR TEST (FFT)
A structured self-report or practitioner-directed assessment that maps indicators of recurring beliefs, life patterns, and mind-body symptoms across seven domains and identifies the individual's dominant three-domain profile.

REALITY TYPE MODEL (RTM)
An interpretive framework that uses the resulting profile to inform the selection and sequencing of targeted, individualized intervention strategies.

Together, the FFT and RTM provide a structured, traceable pathway from multidomain assessment to priority-domain identification, focused inquiry, and individualized intervention planning.

THE SEVEN-DOMAIN ARCHITECTURE

The FFDM organizes self-reported indicators across seven recurring domains of human experience—called Stations within the model.
Each Station integrates three forms of information:

BELIEF INDICATORS
Distributed self-report items designed to surface underlying assumptions and recurring internal narratives

LIFE-PATTERN INDICATORS
Recurring emotional, relational, and behavioral experiences

MIND-BODY INDICATORS
Current or recurring pain, physical symptoms, health conditions, and somatic changes reported during a session

	UNDERLYING BELIEF & LIFE-PATTERN DOMAIN	CORRESPONDING BODY DOMAIN
1	**Foundations & Group Influence** Belonging, safety, personal foundation, and one's place within family, work, community, and society.	**Lower Body & Foundational Systems** Immune and skeletal systems; colon and rectum; base of spine and tailbone; legs, knees, ankles, feet, and toes.
2	**Relationships & Creative Power** One-to-one relationships and the power to bring ideas, projects, enterprises, resources, or new life into being.	**Pelvic & Reproductive Systems** Pelvis and lower abdomen; lower spine, hips, and buttocks; reproductive organs, bladder, and large intestine.
3	**Self-Image & Personal Power** Self-worth, identity, authenticity, personal agency, self-protection, and trust in one's internal instincts.	**Core & Digestive/Metabolic Systems** Core and lumbar spine; stomach, liver, pancreas, spleen, kidneys, adrenals, gallbladder, and upper intestine.
4	**Emotional Connection** Permission and safety to feel, express, and process emotions; connect emotionally; and forgive.	**Heart, Chest, and Upper Limbs** Heart, chest, lungs, respiratory and circulatory systems; breasts, shoulders, arms, wrists, hands, fingers, and thoracic spine.
5	**Communication & Aligned Action** The right and safety to speak, be heard, express oneself authentically, and act in alignment with one's goals.	**Throat, Mouth, and Neck** Throat, thyroid, trachea, esophagus, and vocal cords; mouth, jaw, teeth, gums, cervical spine, and surrounding skin.
6	**Mental Creativity & Intuition** Trust in one's intuition, mental creativity, insight, and capacity to understand and solve problems.	**Brain and Sensory Systems** Brain, pineal and pituitary glands; eyes, ears, nose, sinuses, forehead, temples, head, and facial skin.
7	**Higher Purpose & Conscious Connection** Connection to meaning, higher purpose, consciousness as a whole, and a higher power as individually defined.	**Whole Body & Integrative Systems** Nervous and muscular systems; whole-body skin; scalp, hair, and top of head; diffuse or whole-body fatigue.

Multidomain indicators → FFT assessment → Priority Station↓
Station-specific inquiry → RTM personalization → Individualized intervention plan

The organizing pattern. Where to begin. How to refine what happens next.

OPERATIONAL APPLICATION

1. **Assess**
The FFT gathers distributed belief, life-pattern, and mind-body indicators across all seven Stations.

2. **Prioritize**
Combined scores generate a dominant three-Station profile and identify the highest-priority domain for focused inquiry.

3. **Investigate**
Station-specific intake and process materials guide deeper exploration of the beliefs and patterns operating within that domain.

4. **Personalize**
The RTM further informs the selection, delivery, and sequencing of individualized intervention strategies.

The model supports—not replaces—professional judgment by providing a structured starting point for assessment and intervention planning.

CURRENT SCOPE & LIMITATIONS

The FFDM is a practice-informed framework developed within an applied practitioner-training context.
Developed and iteratively refined over 17 years through practice-based research, documented application, and implementation by 10 certified practitioners.
Formal empirical validation and independent replication remain the next research priorities.

RESEARCH PRIORITIES

- Establish the reliability and factor structure of the FFT
- Evaluate convergent, discriminant, and predictive validity
- Test associations among belief, life-pattern, and mind-body indicators
- Assess practitioner usability and decision-making support
- Conduct longitudinal and controlled outcome research

Seeking academic partners in psychology, cognitive science, and clinical research for instrument validation, reliability testing, observational studies, and controlled outcome research.

Contact: Tara Meyer-Robson
The Institute of Intuitive & Holistic Science

EXPLORE THE RESEARCH
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