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Healing Touch Program Case Management

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Case Management is a key component of the work of a Healing Touch Practitioner. It is the “big picture” of how a series of sessions with one client is managed over time within the framework of the ten step Healing Touch Sequence. It provides the practitioner and client with a clear progress report of what has been done, how the healing progressed, and can serve as a legal record. This article will provide some key points about various aspects of case management. Students are referred to Healing Touch Program (HTP) posted samples of actual case studies on the HTP website to complement the elements of this article.

Practitioners clearly demonstrate their competency when managing clients over a series of sessions. Competent case management requires:

- thorough intake or history,
- identification of Health Issues and mastery of goal formulation with a client,
- assessment of the energy system,
- selection of appropriate interventions to address specific energetic patterns,
- adapting Healing Touch (HT) interventions to best serve the client’s needs,
- documentation of sessions,
- planning a sequence of sessions to address the client’s problems over time,
- evaluating the efficacy of treatments,
- utilizing appropriate consultants as needed, and
- referring to other professionals for additional assistance when warranted.

Intake Interview and History of Client's Health Issue(s)

A comprehensive intake interview is taught and practiced in Level 2. When the client seeks Healing Touch (HT), a clear statement of the client's primary problem or health issues is recorded as a natural outflow from the initial session intake interview or update at a subsequent session. To do this a multidimensional assessment is conducted which covers important physical, emotional, mental and spiritual issues the client is experiencing or has experienced. The medical review includes a medical history including past surgeries and illnesses/challenges, a list of current medications, and a list of health care practitioners the client works with. Social support, perceived stressors and self care practices are also explored. This history provides a background framework for treating the client.

Example of an intake summary in a Case Study

M, a 62 year old retired teacher, presents for help with chronic pain which started two years ago after she fractured her ankle falling down her icy front steps. Her ankle was pinned in surgery and recovered sufficiently to walk with a cane. She continues to take Naproxen daily and Darvocet for occasional intense pain. She is also on Lisinopril and Niacin for blood pressure and lipid disorders. Otherwise her health remains generally good. She sees her family physician yearly except when occasional problems arise. She lives alone with her cat, BB, and has many retired friends who check on her frequently. Her family lives 5 states away. She had participated in a local Christian church which provided spiritual and social support but does not attend as frequently since her injury. She prays daily and expresses gratitude for what she considers as many blessings in her life, though she admits to worrying about declining health as she ages.

This is her first experience with HT but experienced Therapeutic Touch several years ago with success. She has belief and curiosity in hands-on energy medicine. M was referred to me by her friend NJ, a past client. M drinks about four large glasses of water per day, two cups of coffee (morning and afternoon) and avoids alcohol. She likes to listen to classical music for relaxation, takes naps as needed a few times a week, and spends time working in her garden or a friend's greenhouse most months of the year.

Planning Mutual Goal Formulation / Intention for Healing after Health Issues are Identified

The overall assessment process is used to create a statement based on the practitioner's best ability to synthesize subjective, objective, energetic and intuitive data. Develop one, or a few, simple clear statements, referred to as the Identification of Health Issues. This is not a medical diagnosis, which is outside the scope of practice for HT practitioners, but a statement indicating the physical, emotional, mental and/or spiritual issues that will be addressed during HT sessions.

The intention of HT is to balance the energy field in order to facilitate body- mind-spirit healing. While this is the *overall general goal for all treatments, specific intentions for healing* are identified as part of the client-practitioner partnership.

NOTE: This *overall goal* is reflected in the 2012 Standardized HTP Documentation Forms under the third step of the ten step HT sequence – **3. Mutual Goals/Intention(s) for Healing: To balance/clear/open/energize....** _____. The student practitioner may choose to circle or underline one or more of these three descriptors before writing in the specific goal/intention.

Mutual goal setting or identifying the intention for healing is discussed in Level 2 as part of the Intake Interview. In this step, the client's needs and wishes are assessed and modified by the practitioner to fit the practitioner's skills and scope of practice and the desired direction agreed upon by both parties. For example, if a client reports wanting to feel less stressed, the mutual goal might be stated in a positive framework, *"to maintain a centered, relaxed state."* One way to identify an appropriate goal is to determine that the goal is achievable and observable. In the above example, the client would both appear and describe feeling calm, collected and fairly relaxed. A common mutual goal identified in HT is to reduce or eliminate pain. Using a specific pain scale further defines the goal: *"pain is lessened to a 2 or less on a 10 point scale"* or reworded in a positive framework such as *"increased back comfort allowing M to return to daily walks in her neighborhood"*. The more specific the mutual goal, the more clarity one has in knowing if that goal has been achieved. In other words, what will you see or what will the client do or say if this goal/intention is achieved? In case management, because there is an intention to meet for a series of sessions, the desired direction may include both **long and short-term goals**. Long term goals may be necessary since changes desired are likely to take a longer time to occur than within a single treatment because energy medicine treatments often work subtly and gradually, though they occasionally are dramatic and complete.

Examples of Long-term Goals include emotional healing from a specific past trauma, prevention of post operative complications for an upcoming major surgery, and restoration of physical strength and endurance in order to resume pre-injury daily activities. If a new need emerges that takes precedence over the current long-term goal, the practitioner assists the client to formulate new goals/intentions for healing.

Short-term Goals may occur within a single session or set of sessions, such as reducing or eliminating pain from an acute injury, feeling more peaceful about a current life condition, accelerating healing from the flu, and obtaining more clarity regarding a decision to be made in the next few days. Short-term goals are adjusted from session to session depending upon the situation the client indicates on a given day.

Both long-term and short-term goals should be measurable in some way so both the practitioner and client can see an effect of the healing work that is being done. Vagueness with the goal should be qualified and possibly quantified. For example, a goal of achieving happiness needs specification by asking the client, *'what will that look like or feel like when it is achieved?'*

Note: The decision may be made at the time of goal setting as to whether the client and practitioner will continue working together. Sometimes the client's needs are outside of the practitioner's scope of practice, or another health care practitioner's skills from another modality or discipline may be needed in order to provide comprehensive care. Or, it may be that the client and/or practitioner do not feel that they are personally a good match. These feelings should be acknowledged and respected and the practitioner should be willing to refer the client to other trusted HT or energy medicine practitioners.

Identification of Mutual Goals/Intention for Healing is reinforced in HTP Levels 3, 4 and 5.

Energy System Assessment (Pre and Post HT Intervention)

Energy assessment is taught and used throughout all levels of the curriculum as a tool to help guide the practice of HT. Based on individual differences among practitioners, a whole range of simple to complex energy assessments can be performed to provide additional information to the practitioner beyond that which is received through intakes/updates and intuitive skills.

The assessment of the energy system provides a complete picture of what is happening in the client's biofield. The practitioner evaluates the chakra system with a pendulum first, and then with a handscan to give information about the client's energy system. The aura and its various interpenetrating layers are assessed and may reveal incoming disturbances as well as old injuries/blockages that may be physical, emotional, mental or spiritual. A hand scan close to the body in the etheric level may reveal disturbances in the organs and tissues.

Assessment and Interventions

Energy assessment is done prior to, and after, each HT session and often during the treatment process as well. Documentation of findings allows the practitioner to make comparisons to any changes in the biofield within HT sessions, as well as across sessions. This information guides the practitioner in selecting energy interventions. If the chakra system is compromised, then an intervention that addresses the chakras is selected. For example, if M's left ankle, knee, root and sacral chakras are compromised, Chakra Connection would activate those centers. Usually a full body method is recommended first, which may alleviate the need to apply local interventions. A full body intervention may also make local interventions more effective

In another example, Chelation with 5th, 6th and 7th level interventions (addressed at Level 3) is often a treatment of choice for moderate to severe physical issues and/or other types of energy field disruptions. Assessment of the biofield also guides the practitioner in advising the client on the length of time between sessions. Comparing the state of the biofield from the completion of the first session and the beginning of second session informs the practitioner how well the client's biofield was able to "hold" a balanced state between sessions. Ideally the frequency between sessions for a client with an active body-mind-spirit health issue is no more than two to three weeks. Weekly is often an effective rhythm. Treatments may be as frequent as needed, even daily, for someone with an acute, freshly traumatic issue, or for chronic conditions in which the field does not hold, such as Multiple Sclerosis. A client's positive response to HT may be difficult to discern if the sessions are weeks apart, or if the client is receiving multiple therapies for health issues.

Example of Different Outcomes/Goals

M has Energy Field Imbalance, secondary to chronic ankle pain and post traumatic injury. While the client may have multiple issues of the mind, body and/or spirit, the practitioner and client usually identify one or two major issues to begin their work together. It is possible that the issue that is identified does not respond to HT but that the client notes improvement in an area of life that was not identified as an issue. Important principles in HT include "Energy will go where it is needed," and therefore HT practitioners must "release any specific attachment to the outcome." Clients may not be consciously aware of their deeper needs for healing at emotional, mental or spiritual levels. Subconscious or unconscious material may surface during HT treatments which then supports clients in knowing their deeper, True Self. A true example of this is a client who came for HT because he wanted to quit smoking. He knew it was not good for his health and that he was role modeling unhealthy behavior to his young children. During the intake, the client shared that he had enjoyed his sales job, had a happy marriage, was generally satisfied with life and was an atheist. During the course of four sessions he had interior experiences that he did not want to share with the practitioner at the end of the session, but kept setting more weekly appointments. After the fourth week he told the practitioner that he called his father, who he had been alienated from for ten years, and started re-establishing a loving relationship. He also said he realized that the interior experiences he was having during HT sessions were not random brain chemicals giving him strange feelings and visualizations (as he originally thought). Instead, he said he knew he was having a genuine spiritual experience, which created a belief in Higher Power. A year later with a new faith in his spiritual dimension and a grateful heart, the client joked with the practitioner saying "*Hey, I'm still smoking!*" (as if complaining that the practitioner did not help him meet his goal). This is an example of how the energy will go where it is most needed, despite what the practitioner or client may think it is needed.

While the practitioner holds a specific intention for healing at each client session, s/he simultaneously releases the goal to the client's highest good, without attachment to the outcome. The practitioner remains attuned to the client during the administration of the HT methods to stay aware of any shifts that may require a "check in" with the client, or an adaptation of the interventions.

Selection of Appropriate Interventions

The Healing Touch curriculum provides a wide array of full body and local interventions, which have both specific and general uses. Selection of interventions is based on physical, emotional, mental, and spiritual needs.

- Appropriate intervention selection is based primarily upon the information obtained from the intake assessment or update along with energy assessment. The amount of time available for a treatment is also a consideration for which method or methods will be selected. A typical full-length session usually is 30-60 minutes, however they can vary based on the situation and time allowed. Mini-sessions of just a few minutes can be effective if the practitioner is grounded, centered and attuned, and the client is receptive.
- Just like everything else, medications and exposure to environmental toxins influence the biofield. Practitioners should note in their documentation what medications, supplements, or environmental exposures are part of the client's health picture, which may be impacting the energy system in a negative way. Energetic patterns can be observed over time to note the possible relationships. The practitioner selects one or more HT interventions to administer by combining the information gathered from the client with the "purpose and use" of the methods as described in the curriculum.
- **Occasionally, practitioners who have a broader scope of practice may also include interventions learned from other modalities or disciplines as appropriate. However, for Level 5 homework and HT Certification, the instructor and HTC readers will be looking to identify an apprentice's ability to administer and understand the value of HT as a stand alone modality.**
- Acute pain or emotional upset is addressed first in order to promote the relaxation response so that the client may receive the full benefit of the treatment.

The practitioner artfully uses her/his knowledge base, previous experience, inner wisdom, and intuition to guide the selection of treatment approach and sequencing of interventions. Initially, using a full body method may address specific physical issues possibly resulting in localized areas not requiring attention. Or, full body methods if utilized first, may enhance the

effectiveness of local interventions such as Ultra Sound, Magnetic Passes: Hands in Motion or Pain Drain over a specific area.

Many of the HT methods can be used for multiple body-mind-spirit issues; therefore, practitioners choose interventions based on several factors:

- 1) recommended methods for a specific condition based on curricular guidelines;
- 2) practitioner's guidance and intuition as to which intervention(s) may be best for the client at the time;
- 3) practitioner's experience of which interventions were beneficial for clients with similar issues in the past;
- 4) how much time a practitioner has to provide a treatment; and/or
- 5) how the client has responded to previous treatments.

If a practitioner uses the same intervention(s) over several sessions and improvement is not seen, the selection of method(s) may need to be deepened or changed. Chronicity often calls for deeper work since the energetic patterns are more entrenched. For example, if a client has suffered from chronic lower back pain for a number of years, the practitioner may want to consider using Chelation with Spinal Cleansing early in the treatment. Chelation is useful in breaking up old patterns as well as realigning energetic patterns toward wholeness. On the other hand, if someone presents with acute back pain, the practitioner may decide to begin with back work taught in Level 2 HTP. On the second session, if the back energy is still compromised, then Chelation and Spinal Cleansing, may be indicated.

Sometimes a change of the usual way an HT method is applied is necessary to meet a specific client's need. This change may be a "guided intervention" that occurs spontaneously and/or intuitively. The practitioner documents modifications to any standardized method or sequence and can state in the case study write-up that s/he was "guided" to alter the method.

Most importantly, the practitioner "follows the energy" of the client. This means that, while following protocols and guidelines taught in the HT Program, the heart-centered and wise practitioner ultimately uses inner guidance and intuition to direct therapeutic actions during all ten steps of the HT Sequence. The practitioner is mindful that "less may be more" in selecting numbers of interventions in each session. The competent practitioner understands that the biofield often changes in increments over time, although sometimes dramatic change can take place in one session. Practitioners are aware that application of one method may shift a client's energy toward health and healing. It is very important that practitioners apply techniques in a

heartful, centered and conscious way and trust the process contained in each intervention and encounter with a client.

Consider the example in which “M” presents with a congested biofield and compromised chakra system due to Chronic Obstructive Pulmonary Disease (COPD) and acute bronchitis.

The client was under medical supervision at the time, and needed to have her head and chest elevated due to shortness of breath. Initially, Magnetic Passes: Hands in Motion over the throat and chest was used to assist the client to relax and breathe more easily. Then Magnetic Clearing was done to clear congestion that was concentrated over the chest and neck of the client. After 30 passes were completed, the client was breathing easier and was very relaxed. The practitioner then administered the Full Body Connection to activate the chakras and address the compromised lung function. She noted that the solar plexus, heart and throat chakras required a longer hold than the other chakras. After these interventions, all chakras were spinning clockwise and were consistent in diameter, indicating balance between them.

If the biofield does not improve or stabilize with continued work, the practitioner may wish to consult with a mentor or other experienced practitioner for ideas on next approaches. A lack of improvement may also mean that another intervention besides energy work may be indicated, in which case, a referral would be most appropriate. Discussing this with a client can also provide meaningful feedback. The client may have other insights, such as realizing any ambivalence about healing and change, or feeling that there are other priorities than the health issue that was identified. Remember that HT requires a “partnership” between the practitioner and client and they are a team working toward a mutually agreed upon goal. Sometimes the team approach also includes the client’s family, friends or other health practitioners.

“Homework” or Self Care Practices to Empower the Client and Continue the Momentum of Healing

Homework is often recommended if the client is able to participate between treatment sessions. The practitioner assesses what clients can do to support their intention for healing. Agreement and commitment from clients on their own self care is important case management. The client may need to be encouraged or taught how to help him/herself and may need ongoing support to integrate a new, healthier behavior or energetic pattern.

HT self-care techniques, such as Self Chakra Connection and Self Spiral Meditation, as well as application of Magnetic Passes, Pain Drain or Ultrasound in specific body areas are all excellent as client self care. These practices, which can be taught to a motivated client if applicable, can empower her/him in taking an active role in becoming healthier in body, mind and spirit. Learning/practicing some form of meditation is very helpful in assisting to maintain an open, balanced energy field. A family member may be solicited to assist in homework activities, if

appropriate. In the above case of M, a close friend who is also a neighbor was taught how to administer Magnetic Passes: Hands in Motion and Hands Still over M's upper chest and back in order to ease tightness in her chest. This was taught with the client in a sitting position, which supported easier breathing.

Documentation of Sessions Tracks Progress

Careful and complete documentation of case management assists the practitioner in tracking progress and noting energetic patterns. This record also indicates whether the desired intentions for healing have been accomplished or approximated. Documenting sessions is a professional obligation and is usually required in health care facilities where HT is offered as a modality. Insurance companies that reimburse for HT therapy require practitioner reporting.

When to Document

Some documentation takes place during the Intake/Update when information is shared and health issues and intentions for healing discussed. The practitioner also documents the energy field assessment as it takes place to assure accurate recording, especially if the assessment indicates several disruptions which might not be easy to remember if the practitioner does not document it right away. After the interventions are administered while the client is resting comfortably, but before Grounding, practitioners often pause to write down which methods were applied and in what order. Notes can also be recorded during the discussion on evaluation and planning.

Finally, after the client exits, the practitioner takes time to complete notes, fill in more detail and review what was done including the tenth step of the HT Sequence, the Plan, which may include referrals, homework, recommended self care and a time for the next appointment. If there is communication between the client and practitioner between sessions, this should also be recorded in the client's notes as a post script and dated.

Client Feedback and Practitioner Observations and Evaluation

At the completion of the session, after Grounding the client, Releasing the energetic connection, and re-creating healthy and separate boundaries, a discussion about the experience usually takes place. Depending on the situation, this discussion can be while the client is still reclined, after sitting up, or while stretching to re-attune with current space and time, especially if a deep relaxation response, sleep or other deep experience took place. The practitioner invites the client to describe how s/he is feeling but is careful not to supply the

client's words, or to show an expectation that there is a noted improvement. An example of a post treatment non-directive question is, *"How are you feeling now?"* The client must feel free to be truthful and must not feel rushed in coming up with a verbal response.

Sometimes it is difficult for a client who has just had a spiritual experience or profound relaxation to go into the left brain and concisely describe feelings or body sensations, or provide a number for a pain scale. If the client has difficulty expressing how s/he is feeling, the practitioner can be satisfied with a brief response for documentation purposes. At the beginning of the next session (if it occurs), the practitioner can begin the session with, *"How are you feeling since our last time together, and what, if anything do you attribute to the HT session?"* A follow up phone call is another professional step toward creating and documenting thorough client communication.

Planning of Treatment Series

Near the end of the initial HT session the practitioner and client determine what future work is needed. A plan is developed based upon the following factors:

- Long and short-term mutual goal(s)/intention(s) for healing,

Recommended number of sessions is based upon the severity and/or chronic nature of health issues. Session frequency is also based upon practitioner's experience and recommendations, including the client's availability and ability to pay for future sessions (if there is a charge).
- After a few sessions, the practitioner and client will have a better idea of how far apart to space the sessions based on how the field responds to treatment, and how the client is feeling.
- Other factors to consider related to session frequency: how disturbed the energy system is; the client's discomfort/pain levels; acuteness or chronicity of the problem; presence of other personal supports including receiving of other types of treatments, and what the client can do to fortify and balance the self between sessions and beyond the therapeutic relationship.

For example, with an acute injury, a series of 4-6 sessions can be recommended in a concentrated period of time, such as daily, every few days, or weekly. For longer existing conditions, treatments may continue for months, often spreading further apart as the biofield supports itself between sessions. Once able to maintain balance, clients with chronic illness can benefit from monthly, every six weeks, or quarterly treatments. An example of this is a client who receives HT as a support to spiritual growth. Once a level of growth is achieved, the client

may choose to spread out treatments because s/he is empowered to do more growth or integration on her own.

Evaluating the Efficacy of Treatment

If changes are evident across sessions, the practitioner usually continues with treatment choices that are shown to be successful. If little or no change is seen from session to session, the practitioner is expected to modify the treatment plan, consult with others, or make a referral in order to achieve the agreed upon goals.

Sometimes the practitioner is skilled in interventions related to, or different from HT. These can be incorporated into the treatment plan with the client's consent provided they are within the practitioner's scope of practice. If treatments occur with other modalities, the rationale is provided and documented. The practitioner's individualized statement of informed consent discloses her/his scope of practice, set of skills and treatment options.

Note: Applicants for HT Certification should note that the case study submitted should include ONLY Healing Touch interventions.

Healthy Practitioner-Client Relationships

Empowering Clients is an essential piece of what HT practitioners are encouraged to do and homework is an important aspect of this. When clients are willing to take responsibility for their healing, the practitioner reinforces their sense of empowerment to change unhealthy patterns – whether these are thoughts, behaviors, emotions or relationships.

Practitioners are ethically bound to maintain **healthy client-practitioner boundaries**. A client dependent upon a practitioner for frequent direction, support, or friendship, demonstrates unhealthy boundaries within the professional working relationship. Some clients come for the maintenance of their biofield, and this is quite acceptable if the practitioner and client agree upon this health promotion visit.

Dual relationships are common in HT circles where the practitioner and client know each other in different roles. In such cases, the practitioner should use and/or modify an informed consent to clarify behavioral expectations when they are in the practitioner-client HT relationship. Clarity about expectations keeps the therapeutic relationship healthy. Honest discussions about when or how the boundaries get muddy will help to rebalance and maintain/build trust. Students and practitioners of HT are referred to read Dorothea Hover-Kramer's [Creating Healing Relationships](#) (2011), a text on the ethics of therapeutic relationships in an energy medicine practice. This book is required reading for Level 5 homework as of 2012.

Consultations and Referrals

If it is determined that a consultation about how to best support the client would be beneficial, contacts **with one or more of the client's health care professionals** may be sought out-with the client's written permission. A sample form to secure written permission is included in the 4/5 notebook and on the HTP website. Discussions of the client's progress with another caregiver or a family member can be very helpful in providing the best care possible. Practitioners are again referred to Dorothea Hover-Kramer's text **Creating Healing Relationships** for further examples of what kind of professional communication require written permission.

Referrals are made when health issues lie outside the practitioner's scope of practice, a desired change is not occurring, or if either the practitioner or client feels uncomfortable in the partnership. Sometimes energy work is not the appropriate intervention for a client. It may be seen that an additional holistic modality, such as massage or aromatherapy, or a visit to a conventional practitioner, will catalyze a positive effect. Practitioners usually know when they can assist a client and when the issue requires another type of professional assistance. Conversely, if the practitioner's guidelines for care or personal or professional boundaries are not being respected, then a client may be dismissed. Documenting suggested referrals or client dismissals in the session notes are a key part of competent case management.

In the case of M with the painful ankle, consultation with her physician for a referral to a pain specialist was necessary. Each referral addresses a specific need beyond the scope of HT or a particular HT practitioner, or may reflect seeking a more compatible professional partnership.

Case Management Discharge Planning

An important part of case management includes understanding the Discharge Planning process. Discharge Planning has two parts: an evaluation and a discharge statement.

Evaluation: A discussion occurs with the client after a series of sessions have been completed. The purpose of this discussion is to evaluate what goals have been accomplished, changed, or remain unmet. Usually this happens after approximately three or more sessions. Discharge planning evaluation is a 'look back' on the sessions completed to determine how successful the therapeutic relationship has been. If goals have been even partially met, it is necessary for the practitioner to be aware of the changes that the client experienced. Goals established and met should be easily identifiable. For example, if the client's goal was to improve sleep, this might be seen as an increase in the number of hours a night the client sleeps as well as the quality of sleep. In the evaluation, the practitioner and client would discuss and identify when the shift occurred to note any correlations between health changes and administration of HT. Additional verification of changes would be reflected in the updates and energy assessments of the client from session to session.

An example of a Discharge Planning evaluation from a case study is fairly detailed and exhibits insightful energetic assessment statements from the practitioner. More novice HT practitioners may write simpler evaluation statements that address a basic level progress (or lack of progress) noted in terms of mutual goals/intentions for healing, what the progress (or lack of progress) is possibly attributed to, and a plan for moving forward if additional HT treatments are recommended. Stating goals in energetic terms assists practitioners in keeping foremost in mind what Healing Touch addresses.

Example “Overview of 5 Sessions”

When SP arrived she was emotionally overwhelmed and upset related to a recent argument with her boyfriend and stated she knew she was not balanced. Our mutual goals were for a reduction in emotionality, increased balance and for SP to be able to stand in her power and speak her truth. She relaxes into the treatment within several minutes of a Chakra Connection today. Her insight post session included realizing that she is making progress, as evidenced by learning how to speak her truth both with her boyfriend and in other significant relationships. Assessment of SP’s energy via hand scan and pendulum over the five treatments shows she is now holding more balance between sessions. The sacral, solar plexus and heart chakras that had been consistently compromised at the beginning of all previous sessions, are slightly more open and clockwise today pre-treatment, despite her upset. SP’s biofield is more expanded and symmetrical than in past sessions before treatment. Post treatment assessment today shows all chakras strongly open and clockwise.

SP says she feels less emotional and more in control compared with the start of the series of treatments. SP is moving toward increased self-care behaviors and says she is “finding her voice,” which has helped her find her power. She says she has gained insight to her fears, her trust issues, and her lack of self-love. My suggestions for healthier eating, practicing speaking her truth, reading empowering books, and regularly scheduling walking meditations have been followed by SP. Her outlook is now significantly more positive on the whole, with occasional temporary backsliding. She more easily self corrects her negative thinking with selected positive affirmations and prayers. SP continues to see her psychotherapist in addition to receiving regular HT treatments and this shows her ongoing dedication to personal growth.

Discharge Statement: The second part of Discharge Planning is the discharge statement. This is the statement that addresses ‘where to go from here’. If the work with this client is completed, the client is discharged. An agreement can be made that the client will contact the practitioner if and when issues occur that could benefit from further sessions. An occasional “maintenance” or “tune up” treatment could be scheduled on a monthly, quarterly or other time frame basis.

If the goals have not all been met, and the practitioner feels s/he can no longer help the client, a referral is made to disciplines or practitioners believed able to help. This would include other HT practitioners if the relationship between the current HT practitioner and client seemed to be lacking in some way. If the goals change as a result of the work completed, new goals may be set and a new contract period established.

Following is an example of a discharge statement for the client referred to above:

Plan/Discharge or Continuance of Care: *SP has contracted to continue HT for three more sessions with the goals of: 1) continued daily practice of speaking her truth, especially to her boyfriend, and 2) committing to administering the Self Chakra Connection at least three times per week in between weekly HT sessions. She agreed to also keep up her new patterns of healthier eating, regular exercise and reading empowering books.*

Summary

Learning to keep succinct and accurate session notes is introduced in Level 2 and is encouraged throughout the remaining courses, especially at Level 4. Documentation of Intake interviews and client sessions are required during the apprenticeship / mentorship period following Level 4 when the student embarks on her/his formal apprenticeship. Dates and length of session are recorded. Evidence of the 10 step Healing Touch Sequence is included in each documented session. Some of the key points to include are identified health issues, mutual goals/intentions for healing, pre and post treatment energetic assessment, plans for the next session (such as homework assignments) as well as reports on compliance in self-care, and referrals to other practitioners. Accurately recording a detailed description of the biofield over time provides the practitioner with information to track efficacy of treatments, changes in the energy system, and reduction in client health issues. Documentation of the biofield is essential in case management as the energy repatterns and changes. Regular evaluation helps determine frequency, length, and planning of treatment sessions.

Competent case management demonstrates the highest form of care that a HT provider can offer. HT philosophy embraces a working relationship with the client that reflects a partnership. The HT Sequence and case management is completed with consensual agreement. Evidence of the provider's skill is apparent in the various aspects of assessment, goal setting, intervention selection, evaluation and the ability to change the course of action as needed for the client's welfare. Reflected throughout the documented case is evidence of the practitioner's ethical behavior, knowledge base, caring approach and professionalism.

Case management is multifaceted and requires that a practitioner be able to assess and synthesize client information as well as her/his own responses to the client, which includes intuitive knowledge. Healing Touch Practitioners demonstrate a wide variety of skills based upon their own individuality, maturity, knowledge and experience. At a basic level, they demonstrate compassion, professionalism, appropriate application of knowledge and the ability to make sound judgments regarding how to assess client progress and administer care over time. Healing Touch Practitioners value relationships with other HT colleagues and ongoing mentors as a way to assure that they have professional resources for consultation as needed.