Healing Touch Program™

Mentor Training Notebook
Healing Touch Program  
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Author - Janna Moll, HTCP/I, MSN, CMT  

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For information contact Healing Touch Program.  

Healing Touch Program  
(210) 497-5529 / FAX (210) 497-8532  
info@HealingTouchProgram.com  
www.HealingTouchProgram.com  

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Week 1

1. Introduction to the program, instructor(s) and participants
   a. Length of course nine weeks, two hours per week. Two separate classes are offered per week, designated by times offered.
   b. Choose one time slot, morning or evening, for the nine weeks.
   c. This is a long course and emergencies do occur on occasion. Please note: Course calls will be recorded and available for listening for one week following the course meeting, or you may – with prior instructor approval - be allowed to listen on the website (not interactive). However, in general listening does not constitute attendance. Participation on the calls is required.
   d. Evaluation will be on a pass/fail basis.
      i. Pass is determined by 80% of the classes and coursework attended/completed successfully.
      ii. Fail is less than 80% completion, meaning homework deliverables and classes attended.

2. Class requirements and expectations:
   a. The Mentor’s Tools
      i. Mentorship Training Notebook
      ii. Current Healing Touch Level 4/5 notebook
      iii. Current HTP certification packet
      iv. Additional resources – (described in Week 9)
   b. Completion of homework assignments (deliverables) for each class
      i. Submit homework 24 hours before the next class for review-Please only a maximum of two email submissions for weekly homework.
         (1) To submit homework electronically please send an email with the subject line:
            Last name, First initial, WEEK #, and if more than one email, which deliverable
      ii. Some homework may be distributed to class for critique. Let me know if this is NOT okay.
      iii. Contact hours are given for one hour per week outside of class and included in the course
           27 contact hours – more time may be required
   c. 6 months advising/supervising by QM(s) following course completion
      i. Supervising support for those actively mentoring
      ii. Advising/consulting on mentorship/ethics for others

3. The importance and benefits of mentor training:
   a. Importance
      i. Support structure and materials for mentors gives training, support and consistency
      ii. Latest up-to-date information offering high quality experience for future mentees
Week 1

b. Benefits
   i. Earn CE contact hour credits upon ‘passing’
   ii. Receive possible compensation for mentoring
   iii. Learn methods to manage challenging mentee situations
   iv. Stay current with certification materials
   v. Listing as a QM on the HT Practitioner Website.
   vi. Become a qualified mentor (able to supervise, or mentor unsupervised)

4. Reflections of your certification process:
   a. What did you find challenging? (class sharing)
      i.
      ii.
      iii.
      iv.
      v.
   b. What did you find helpful/enriching? (class sharing)
      i.
      ii.
      iii.
      iv.
      v.
   c. “You will essentially go through the same process as a mentee in the next 9 weeks”

5. Attributes of an effective mentor:
   a. Clearly understands and is able to effectively communicate the certification criteria
   b. Able to clearly differentiate between HTP level 5 completion and HTP certification criteria
   c. Develops mentee’s potential through listening, challenging and coaching (class sharing)
      i.
      ii.
      iii.
      iv.
      (1) Discuss important mentor skills for supporting mental and emotional development of the mentee. Processing emotional and cultural baggage is an important part of clearing the self to become an effective practitioner
      (2) Appropriate guidance through this processing helps the student avoid transference (communication and boundary issues) and own what is theirs
Week 1

(3) Suggesting appropriate self care modalities to assist the student eases their angst and models appropriate referral practices

6. Management of learning styles. Understand that different people learn in different ways. With the appropriate match of student readiness and leader behavior, success becomes more probable.

a. Stages of mentee readiness:
   i. R1 - Unable and unwilling or insecure
   ii. R2 - Unable but willing or confident
   iii. R3 - Able but unwilling or insecure
   iv. R4 - Able and willing or confident

b. Stages of leadership behavior:
   i. S1 – Provide specific instructions and closely supervise performance (tell, guide, direct, establish)
   ii. S2 – Explain decisions and provide opportunity for clarification (sell, explain, clarify, persuade)
   iii. S3 – Share ideas and facilitate in decision-making (participate, encourage, collaborate, commit)
   iv. S4. – Turn over responsibility for decisions and implementation (delegate, observe, monitor, fulfill)

c. Matching mentor behaviors with mentee readiness:
   i. S1 is the appropriate mentor behavior for the mentee with R1 readiness. S1 is highly task focused and mentor directed. The mentor directs and controls the learning process for the mentee.
   ii. S2 is the appropriate mentor behavior for the mentee with R2 readiness. As the mentee develops basic skills they thrive in a more relationship oriented learning environment
   iii. S3 is the appropriate mentor behavior for the mentee with R3 readiness. At this stage the mentee has typically mastered the task aspect of their learning and is participating in decision-making and idea generation.
   iv. S4 is the appropriate mentor behavior for the mentee with R4 readiness. At this stage the mentor takes a more ‘hands off’ approach and observes and suggests and warranted.

d. This is a dynamic, task-based model. The mentee’s readiness will vary with the task or material introduced. So, the mentor may be operating in S1 with respect to a task the mentee finds particularly challenging while operating in S4 with respect to a task that comes easily to the same mentee.
### Week 1

7. **Advice and Support:**
   - i. Focus on Level 5 completion before certification requirements
   - ii. Read the chart and packet *carefully*
   - iii. Can have students/mentees paraphrase and discuss each requirement
   - iv. Consult the chart and packet *frequently* when evaluating mentees’ work
   - v. Consult your advisor/supervisor when you have questions during mentoring

8. The criteria chart outlining Level 5 Completion versus Certification.

<table>
<thead>
<tr>
<th>No.</th>
<th>Level 5 Completion Criteria</th>
<th>Certification Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>PPN - Professional Profile Notebook</strong>&lt;br&gt;Includes course certificates, business materials, personal professionals representation, etc.</td>
<td><strong>Completion of Coursework</strong> Levels 1-5 in sequence, (w/HTCI) certificate of completion, instructor recommendation, additional classes</td>
</tr>
<tr>
<td>2</td>
<td><strong>Professional Resume</strong> including the completion of the program and separate list of HT classes, one to two pages</td>
<td><strong>Professional Resume</strong> including the completion of the program and a separate list of HT classes, one to two pages, USE ACRONYM</td>
</tr>
<tr>
<td>3</td>
<td><strong>100 Treatment Sessions</strong>&lt;br&gt;original documentation showing ALL 10 steps in detail (Case Management)</td>
<td><strong>Self Evaluation and Development</strong> summary of your personal and professional growth through the program, one to two pages</td>
</tr>
<tr>
<td>4</td>
<td><strong>Self Care Healing Modalities</strong> - 10 half-page reports and a list 10 self care healing modalities experienced since Level 4 with name, modality, etc.</td>
<td><strong>Self Care Healing Modalities</strong> - a list of 10 self care healing modalities and 3 full page reports identifying the two most beneficial and the one least beneficial modality experience, LABEL</td>
</tr>
<tr>
<td>5</td>
<td><strong>Educational Resources</strong> - summary sheet, 7 half page personal reflective statements on books read since Level 4, one from each of the 7 categories.</td>
<td><strong>Educational Resources</strong> - Include a summary sheet identifying the title, author and category. 15 half-page reports, at least 10 of which must be on books. The remaining 5 reports may be on books, tapes, or conferences. Each of the 7 categories of educational resources must be represented.</td>
</tr>
</tbody>
</table>
### Week 1

<table>
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<tr>
<th></th>
<th>Supervised Mentorship for 3 to 6 months and a ½ page progress report including number and type of contacts, observation by mentor and reflective statement about mentorship, START DATE. Did mentor receive a treatment from mentee? Was mentee observed?</th>
<th>Supervised Mentorship for 1 year or more and completed no more than 2 years prior to application for certification. Mentorship experience report documenting at least 2 supervised visits and 12 mentor contacts. Applicant’s signed Assertion of Personal Responsibility form, Mentor Assessment and Recommendation form and Mentor Letter of Recommendation documenting observations and receiving treatment.</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>Community Project and Networking and Support Group Activity – 2 part report ½ to 1 page in length. Part A is a summary of a community project(s) and Part B is a summary of networking and support group activities.</td>
<td>Ethics and Professionalism – Two Part. A half-page reflection on use of informed consent, explaining your ethical framework. A one-page reflection on adherence to the HT Statement of Scope of Practice, personal guidelines for making referrals and an example of a referral made between Levels 4 and 5.</td>
</tr>
<tr>
<td>7</td>
<td>Evidence of Healing Touch Practice – Draft Case Study</td>
<td>Evidence of Healing Touch Practice Two Part. Case Study in its final, edited form. Two documented (documentation forms or narrative format) individual sessions including highlighted methods not used in your Case Study. LABEL</td>
</tr>
<tr>
<td>8</td>
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9. Next meeting date and time
   a. Homework
      i. Read:
         2. HTP Statement of Scope of Practice (available from Mentor Training webpage)
         3. HTP Code of Ethics (available from Mentor Training webpage)
Week 2

1. Review, Questions, feedback
2. The criteria chart outlining Level 5 Completion versus Certification.

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<tr>
<th>No.</th>
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<tbody>
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<td>PPN- Professional Profile Notebook</td>
<td>Completion of Coursework - Levels 1 -5</td>
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<td>2</td>
<td>Professional Resume including the completion of the program and separate list of HT classes</td>
<td>Professional Resume including the completion of the program and a separate list of HT classes</td>
</tr>
<tr>
<td>3</td>
<td>100 Treatment Sessions – is evidence of HT practice, along with the Case Study</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community Project and Networking and Support Group Activity – 2 part report ½ to 1 page in length. Part A is a summary of a community project(s) and Part B is a summary of networking and support group activities.</td>
<td></td>
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3. Level 5 Criterion 1 Completion requirement and Certification Criterion One- Completion of Coursework:
   a. Level 5 completion/graduation: Creating the Professional Profile Notebook (PPN)
      i. How to help the mentee organize the PPN
         (1) Notebook with sleeves for collecting documents, box
         (2) Sections with headings
            (a) Personal
            (b) Education/Training
            (c) Professional
            (d) Community Service
            (e) Etc.
      ii. What goes in the PPN?
         (1) Certificates, Degrees
         (2) Pictures
         (3) Awards, Recognitions
         (4) Professional documents such as letterhead, business card, etc.
         (5) Resume copy and listing of HT courses
         (6) Other coursework representations
Week 2

iii. Helpful hints
   (1) Get started early
   (2) Look at other PPNs
   (3) Create a notebook with plastic sleeves for collecting information

iv. Reflect the individual – What should NOT go in the PPN?

b. Certification Criterion 1 – Course completion
   i. Certificates showing class completion for Level 1-5 signed by HTCIs, in sequence
   ii. Certificate of Course Completion signed by the Healing Touch Program Director
   iii. Signed Recommendation form from Level 5 Instructor or Program Director certifying coursework was completed after attendance at HTP Level 5 class

4. Level 5 Course completion and Certification Criterion Two-Professional Resume: Both of these represent the same requirements. Note: For certification suggestion, list “HTP” behind name. In education or training section, list that you have completed the Healing Touch Program with dates.
   a. Key characteristics to include:
      i. Formal education including locations and dates
      ii. Work experience (dates - last 10 years)
      iii. Healing Touch Program Completion (with date of level 5?)
      iv. Additional related education or training with an explanation of acronyms that are not related to nursing
      v. Accomplishments and awards
      vi. Summary of published works
      vii. Other related interests
   b. Format to be used:
      i. One or two page (resume not curriculum vitae)
      ii. Templates and resources available online
      iii. Professional resume preparation services
      iv. Reverse chronological order (most recent first)
   c. Healing Touch Classes (listed on a separate sheet of paper)
      i. List the first 5 HTP core curriculum classes in reverse chronological order
      ii. Separately list below this any additional Healing Touch related classes (also in reverse chronological order)
      iii. Include class name, level, dates, instructor and location (city/state/country)

5. HTP level 5 completion Criterion 3: 100 documented treatment sessions:
   i. Document the 10 Step HT sequence
Week 2

(1) Intake/Update
(2) Practitioner preparation (ground, center and attune)
(3) Pre-treatment energetic assessment (pendulum and handscan)
(4) Health issues/Problem statement (make sure scaling is identified)
(5) Mutual goals/Intentions for healing
(6) Healing Touch interventions (state WHY something was chosen and if altered, HOW)
(7) Post treatment energetic assessment
(8) Ground and release (say HOW)
(9) Evaluation and Feedback (both client and practitioner’s)
(10) Plan

ii. Justification for techniques/methods/sequences chosen
iii. Practitioner and client feedback (stating again because it is important!)
iv. 15 complete intakes
v. 5 Long distance, 2-on1 treatments, or animal treatment sessions
vi. 70 – 80 sessions should be 45 minutes or longer
vii. Treatment sheet must state the length of each session
viii. Treatment sheet must be an original document (exclusions)
ix. Legibility (Think about the READER! It is allowed to submit typed documentation sheets if this is your normal method of documentation.)
x. Vary methods and sequences used from Levels 1-5
xi. Utilize the Healing Touch Technique Worksheet (bring to Level 5 filled out!)
xii. 20-30 sessions may be 20 to 30 minutes in length, but all steps should be adequately documented
xiii. Tips:
(1) Select 10 representing your current level of documentation, as well as a variety of techniques/sequences to demonstrate a range of HTP methods. These go on top in the notebook-and will be carefully read. See notes above.
(2) Organize documentation sheets by client, then by length of session, if helpful.
(3) Label the 15 intake interviews. (It is suggested that the intakes, although labeled, should be located with the other sessions for that client.)
(4) Cover the names of clients! (Initials only!)
(5) Documentation sheets should represent your type of business overall
(6) A note or cover page explaining what reader needs to know is okay!

6. HT level 5 Completion – Criterion 7a: Community project:
Week 2

i. Format:
   (1) One-half to one page, single spaced
   (2) Include a statement about the personal value of this project

ii. What to include:
   (1) Healing Touch Presentations
   (2) Community events including Health Fairs or Clinics where HT was offered

iii. Does not include being a helper/repeater at HTP classes

b. HT Level 5 Completion Criterion 7b: Networking/Support Group activity:
   i. Format:
      (1) One-half to one page, single spaced
      (2) Include a statement about the personal value of this activity
   
ii. What to include:
      (1) Study groups
      (2) HT Mentor groups
      (3) HT clinics or conferences
      (4) Energy Medicine activities where networking or support was accessed
      (5) Can include helping at HT classes
      (6) Other energy medicine, spiritually oriented, or holistic health care groups
      (7) Group activity can be ongoing, occasional, or one-time events

7. Next meeting date and time

   a. Homework (submitted 24 hours before next class for full credit)
      i. Read Sample resumes (Wk 2 Resources)
      
      ii. Prepare or update your resume and submit (1 to 2 pages ONLY)

      iii. Submit the 10 step documentation of one treatment session with a history/Intake
Week Two Resources

Week 2 Resources
Week Two Resources
Katheryn Darlington, RN, BSN, HTP
2547 Regent Road
Livermore, CA 94550
(925) 447-1794
katherynhd@att.net

Education
University of San Francisco, San FranciscoBachelor of Science Nursing, 1984, Cum Laude
Mount St. Mary’s College, Los AngelesAssociate in Arts, Nursing 1979
UCLA, Los AngelesLinguistics major 1975-1976
Loyola-Marymount College, Los AngelesBiology major 1973-1974

Employment History
ValleyCare Health System, Livermore, CA
Staff Nurse – Ambulatory Surgery Center, 2004 - current
Pre-op and PACU
Occasional educator for RN continuing education

Eden Medical Center, Castro Valley, CA
Staff Nurse III – Emergency Department, 1991 – current
Occasional educator for RN continuing education
PM House Supervisor, 1998
Staff Nurse - Intensive Care Unit, 1989 – 1991

Providence Hospital, Oakland, CA
Staff Nurse – Emergency Department 1987-1989
Float PRN Critical Care Nurse 1987
Intensive Care Unit, 1983-1987

UCSF, San Francisco, CA
Staff Nurse- Cardiovascular Unit, 1981-1984

UCLA, Los Angeles, CA
Staff Nurse- Oncology Unit, 1980

Merritt Hospital, Oakland, CA
Staff Nurse- Surgical Oncology Unit, 1979-1980
Week Two Resources
Katheryn Darlington, RN, BSN, HTP

Career Highlights
Member of Pain CQI committee, Eden Medical Center
Disaster Committee (chair of ED section), Eden Medical Center
Nurse Education Council, Staff Nurse III review panel, Eden Medical Center
One of the first Staff Nurse III at Eden Medical Center; part of the team to design this clinical ladder
2001 Clinical Nurse Excellence Award (5 nurses honored per year) 1st year of this annual award, Eden

Teaching Experience
Introduction to Energy Medicine and Healing Touch
Certified to teach Day 1 of Guided and Integrative Imagery training for nurses through Beyond Ordinary Nursing
Co-created curriculum and taught continuing education classes and staff in-service (2001-2003) Eden Medical Center
Complimentary and Alternative Medicine, introduction and overview
Pain Assessment, intervention and documentation
Pain Protocol (tool designed by Eden Medical Center Pain CQI committee), in-service nursing staff
Assistant Educator for Nursing Update, skills review for RN staff
Basic Life Support, American Heart Association (1985 – current)
First Aid, Advanced First Aid, Babysitting, and CPR for American Red Cross (1980 – 1990)

Personal Business
Self employed part time seeing clients for Guided Imagery and Healing Touch treatments in Livermore.
Community speaking for local business and health oriented educational meetings about wellness and these modalities of care.

Certifications
Guided & Integrative Imagery Practitioner
Reiki Provider, Level II
Pain Resource Nurse, City of Hope
Advanced Cardiac Life Support
Pediatric Advanced Life Support
Trauma Nurse Certified
Certified Emergency Nurse
Basic Life Support, Instructor

Professional Associations
Emergency Nurses Association
American Holistic Nurse Association
California Nurses Association
American Nurses Association

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Objective
Opportunity to use Healing Touch in a medical setting and private practice to provide the opportunity for physical, mental, emotional and spiritual health and healing through the restoration of harmony and balance in the energy system.

Education
Master of Business Administration (MBA), University of Colorado, Colorado Springs, 1989
Bachelor of Arts (BA), Biology, University of Colorado, Colorado Springs, 1983

Additional Credentials and Learning Experiences
Energy Medicine Healing Touch Practitioner (HTP), 2009
Matrix Energetics Levels 1 & 2, 2007
Wake Point School of Energy Healing student, 2002 & 2003
Living Food Lifestyle Total Well-Being Education, 2001
Johrei, 1985

Computer Skills
MS Word, Excel, PowerPoint

Healing Touch Experience
Hospital Volunteer Practice, October 2008 – present
Private Volunteer Practice, August 2008 – present

Business Experience
Personal Lines Property and Casualty Insurance Industry Experience encompassing entry level through mid-management positions with United Services Automobile Association, May 1989 – March 2007

Professional Memberships
Healing Touch Professional Association, Charter Member
Associated Bodywork & Massage Professionals
International Society for the Study of Subtle Energies and Energy Medicine
Institute of Noetic Sciences
Week Two Resources

Jane Trudeau
1735 West Park Blvd
Ontario, NM 91929
(123) 456-7890.

OBJECTIVE:
Seeking a challenging position in an urban hospital where my Healing Touch education and experience will be fully utilized.

CAREER PROFILE:
• Proven record of reliability and responsibility
• Resourceful problem solver
• Skilled in developing rapport and relating well with people from a variety of cultures

PROFESSIONAL EXPERIENCE:
County Hospital, Ontario, NM 2002 – Present
Staff Nurse
• Assess patient status and notify physicians of clinical changes.
• Educate patients/families on patient care needs
• Provide assistance to Nursing Manager
• Evaluate staffing requirements including floor assignments.
• Maintained patient charts and confidential files.

Pleasant Hills Retirement Home,
Albuquerque, NM 1997 - 2002
Nursing Aid
• Assisted nursing staff in the care of all patients including bathing, changing and feeding.
• Administered insulin shots and local anesthetic.
• Provided quality patient care.
• Managed confidential patient files.

EDUCATION:
University of New Mexico, Albuquerque, NM
1998 – 2002 Bachelor of Science in Nursing

PERSONAL DETAILS:
In my free time I volunteer at the local YMCA with youth in the Big Brothers and Big Sisters programs where I teach guitar. We have recently put together a band that entertains at the center on Friday afternoons.
Week Two Resources

Susan B. Anthony

100 West Chestnut St., Manhattan, AK 78787  (123) 555-5555  susan@northernlights.com

Job Objective
To work in a care-giving environment helping to communicate effectively with patients and family members to achieve optimum outcomes for patients and the organization.

Qualifications
• Typing and 10-key by touch.
• Recently completed Alaska Department of Labor’s “2 Weeks to Proficiency – Word, Excel and PowerPoint” course.
• Manage “Unlimited Kids”, an outreach program of United Lutheran Church, which provides tutoring for 5 to 8 year olds identified as below grade level in math and reading skills.

Volunteer Experience
Manhattan Historical Society, Manhattan, AK
President  05/2007 to Present
Vice-President  05/2006 to 05/2007
Treasurer  05/2005 to 05/2006
Secretary  05/2004 to 05/2005

Accomplishments:
• Coordinated collection of items of historical significance from local pioneers and their descendents for preservation and display in our local museum.
• Worked with University of Alaska’s Department of Historic Preservation to identify appropriate storage and display protocols for items collected.
Week 3

1. Questions, feedback, issues since our last meeting?

2. Three features mentors use to critique resumes:
   a. Content:
      i. Formal education including locations and dates
      ii. Work experience
      iii. Healing Touch Program Completion
      iv. Additional related education or training — Include full wording of any acronyms
   b. Appearance:
      i. Margins equal on each side and at least 1 inch
      ii. Font clearly readable, 10 to 12 pitch and professional in appearance
      iii. List most current first (reverse chronological order)
      iv. Larger font and bold font to draw reader’s attention
      v. One to two page format
   c. Accuracy:
      i. Crucial for credentialing of organizations
      ii. The resume is a reflection of you and your values. Inaccuracies raise the question of the applicant’s attention to detail and/or honesty.
      iii. Consider suggesting a professional editor or resume writer

3. Providing constructive, actionable feedback to the mentee
   i. Use questioning format like: “I’m curious why you . . .” to inspire dialogue and avoid confrontation
   ii. Inspire the mentee’s creativity to improve the resume: “Are there other ways you could...?
   iii. If specific direction is intended, be gentle and affirmative: “Please change ... and bring it to our next session so we can discuss the result”

4. Self Care Healing Modalities HTP Level 5 and Certification Criterion 4:
   a. Purpose of this criterion:
      i. Learn who is in your community by using practitioners in your local area (not required)
      ii. Learn what modalities are available
      iii. Establish networking contacts to build a client referral base
      iv. Engage in self-care! (most important)
      v. Evaluate other practitioners for professionalism
Week 3

<table>
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<th>No.</th>
<th>Level 5 Completion Criterion</th>
<th>Certification Criterion</th>
</tr>
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<tbody>
<tr>
<td>4</td>
<td><strong>Self Care Healing Modalities</strong> - 10 half-page reports and a listing of 10 self care healing modalities experienced since Level 4 (Listing first please!) Include all contact info and explain training as an ‘expert’ in this modality</td>
<td><strong>Self Care Healing Modalities</strong> - A list of 10 self care healing modalities with contact info of practitioner. 3 full-page reports identifying the two most beneficial and the one least beneficial modality experience. Label them Most and Least.</td>
</tr>
</tbody>
</table>

b. What is not included:
   i. The focus of this criterion (4) is on complementary and alternative care providers. Dentists, physicians and specialty medical personnel are typically not included, though if the specific provider practices primarily in an integrative or complementary mode, they may be acceptable. In such cases, the mentee should clearly identify how this session was holistically based (addressing body, mind and spirit).
   ii. A practitioner who does only phone work is acceptable if he/she is available only by phone to your local area residents. **One** of these is all that is recommended to include!
   iii. All long distance practitioners are discouraged (see ii above or if your area is too rural to have a wide variety of integrative practitioners, you will need to go further afield.)
   iv. Only one HT session can be included
   v. A maximum of two different modality sessions can be included for a single practitioner

5. Professionalism of Self Care (Healing Modality) provider:
   a. Ease and accuracy of scheduling
   b. Appropriate greeting upon meeting and arrival for treatment
   c. Cleanliness and aesthetics of healing environment
   d. Safety of healing environment
   e. Ability to communicate the essentials of the modality
   f. Ability to communicate what to expect during and after the session
   g. Sensitivity in draping (if clothing is removed) or practice
   h. Communication skills; creates therapeutic presence and sense of trust
   i. Use of consent/disclosure forms
   j. Confidentiality of environment and practitioner
   k. Request and sensitivity to feedback
   l. Professional appearance
Week 3

m. Empowers the client with education or specific actions to take

n. Follow up after the session

6. Included in Certification Criteria but NOT a Level 5 completion Criteria: (discussed in detail later)
   a. Self-evaluation and development Criterion 3:
      i. A one to two page, single spaced report
      ii. Summary of personal and professional growth (refer to Certification packet for questions to be answered)
   b. Ethics and professionalism Criterion 7:
      i. A half page, single spaced reflection on the use of informed consent
      ii. A one page refection on adherence to the HTP Statement Scope of Practice including personal guidelines for making referrals and an example of a referral made between level 4 and level 5
   c. Case-Study-Criterion 8 (discussed in Weeks 8 and 9)

7. Our Next Meeting date and time
   a. Homework due 24 hours before the next class to provide time for review and distribution
      i. Receive ONE Self Care Healing Modality
      ii. Submit one written ½-page account of the Self Care healing modality received to meet the HTP Level 5 Completion Criteria
      iii. Submit a full 1-page account of the same Self Care Healing Modality received to meet the HTP Certification Criteria. **Note: You will be writing 2 accounts of the same modality. This highlights the difference between the requirement for Level 5 and Certification criteria.**
      iv. Submit a critique of one resume sample from the Week 2 reading of resources (4 resumes given; Darlington, Kelly, Trudeau or Anthony)
Week 3 Resources
Sample Self Care Healing Modality write-up for HTP Level 5:

**Modality:** Holographic Memory Resolution (HMR)  
**Date:** November 6, 2008

**Practitioner:** Dr. Jeanie Bein is a Licensed Psychologist in Colorado. She works from her home office at 4520 Brady Road, Colorado Springs, CO 80915, 719-471-0366 (www.jeaniebein.com). She holds a PhD in School Psychology and Master’s Degrees in Counseling and Special Education. She is also trained in numerous counseling and trauma release methods including hypnosis, energy psychology and EMDR.

**Procedure and Theory:** HMR is body-mind therapy that facilitates quick access to traumatic memories frozen in the body and releases the negative emotions associated with them. The desired outcomes of this work are for the client to remember the experience without triggering the painful feelings, so they can experience similar situations without over-reacting, and to release pain from the body.

**My Experience:** Dr. Bein worked with me on a situation that had occurred the prior day. I was seated in a comfortable chair and encouraged to enter a light trance state. She placed her hands over my 7th cervical vertebra and my heart. As we worked back to the origin of the issue, she encouraged me to describe the shape, size, color, smell, temperature, pressure, texture, scent or taste associated with the feeling. With her help, I systematically identified, reframed and re-experienced each event. As a result, I have resolved a very uncomfortable recurring feeling I was experiencing.

**Reflective Statements:** I was particularly impressed with Dr. Bein’s gentle method of moving me through events very quickly, while assuring that I completely resolved each situation. I will definitely refer clients to Dr. Bein for trauma resolution.
Week 3 Resources

Sample Self Care Healing Modality write-up for HTP Certification:

**Modality:** Holographic Memory Resolution (HMR)  
**Date of Session:** November 6, 2008

**Benefit:** This was a most beneficial healing modalities experienced between HT4 & Certification.

**Practitioner:** Dr. Jeanie Bein is a Licensed Psychologist in the State of Colorado. She works from her home office at 4520 Brady Road, Colorado Springs, CO 80915, and can be reached by phone at 719-471-0366. Her website is www.jeaniebein.com. She holds a PhD in School Psychology and Master’s Degrees in Counseling and Special Education. She is also trained in numerous counseling and trauma release methods including hypnosis, energy psychology and EMDR.

**Procedure and Theory:** Dr. Bein described HMR as a body-mind therapy that facilitates quick access to traumatic memories and resolves the frozen feelings associated with them. These feelings are typically trapped in the unconscious and in the physical body, and may manifest as strong emotions and physical discomfort. The desired outcomes of this work are for the client to be able to remember the traumatic experiences without triggering the painful feelings, to experience similar situations without over-reacting and to release pain from the body. With this new perspective, Dr. Bein explained the client will more easily learn the lessons of the experience and achieve forgiveness for self and others.

**My Experience:** Dr. Bein asked if I had a particular situation I wanted to work on, or if I would prefer to just start from the perspective of identifying a physical discomfort and working with it. I chose to work with a particular situation that had come up for me the prior day. During the session I was seated in a comfortable chair and encouraged to enter a very light trance state. Dr. Bein held her hands over my 7th cervical vertebra and my heart. As we worked back to the origin of the issue I used, she encouraged me to describe a shape, size, color, smell, temperature, pressure, texture, scent or taste associated with the feeling. With Dr. Bein’s help, I systematically identified, reframed and re-experienced each event that came up. This was a very comfortable process and does seem to have resolved an uncomfortable, recurring feeling I was experiencing.

**Reflective Statements:** I was particularly impressed with Dr. Bein’s gentle method of moving me through events very quickly. She avoided dwelling needlessly on unpleasant events, while skillfully assuring that I completely resolved the situations as they came up. The method is deceptively simple in its application, which made it very comfortable and non-threatening. I will definitely refer clients to Dr. Bein for trauma resolution and to help them work through issues that inhibit their effectiveness and happiness.
Week 4

1. Questions, feedback, issues since our last meeting?

2. Review critique guidelines from week 3 in preparation for class discussion of homework
   a. Content
   b. Appearance
   c. Accuracy
   d. Improving materials through communication
      i. Use questioning format like: “I’m curious why you...” to inspire dialogue and avoid confrontation
      ii. Inspire the mentee’s creativity to improve the homework: “Are there other ways you could...?”
   e. If specific direction is intended, be gentle and affirmative: “Please create this document so it covers...and bring it to “, “I would recommend you modify it to include...”

3. Review the resource examples and homework samples of the Self Care Healing Modality homework

4. Certification and Level 5 Criterion Six – Supervised Mentorship:
   a. Review the Level 5 Completion and Certification Criteria Chart for differences:

<table>
<thead>
<tr>
<th>No.</th>
<th>Level 5 Completion Criterion</th>
<th>Certification Criterion</th>
</tr>
</thead>
</table>
| 6   | • Active mentorship by HTCP for at least 3 months  
|     | • Dates must be given  
|     | • ½ page Progress Report on the mentorship experience including contract start date, contact type/s and frequency, if HT treatment was provided for mentor and a reflective statement of experience and growth through mentorship  
|     | • Include a copy of your mentor/mentee contract  
|     | | • Minimum 1 year apprentice mentorship with HTCP completed and occurring no more than two years prior to application  
|     | | • Mentorship experience narrative report including contact types, frequency, whether observed working, whether treatment was given to mentor and information about your development as a HT practitioner  
|     | | • Applicant submits signed Assertion of Personal Responsibility form  
|     | | • Mentor completes Mentor Assessment and Recommendation form  
|     | | • Mentor provides Letter of Recommendation indicating the competence of the applicant within a practice setting and that entire packet was read (plus case mgmt review)  

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Week 4

5. Guidelines for Mentorship:
   a. Key topics for the mentor to review and apply with mentee:
      i. Professionalism and Scope of Practice
      ii. Ethical Issues, including boundaries
      iii. Self Development (as HT professional and as practitioner)
      iv. Philosophies of HT and energy medicine (HT Theory in Level 1)
      v. Accurate use/sequencing of techniques/methods
      vi. Accurate use of documentation
   b. Aspects of mentee case management (new handout on Case Management for Level 4/5):
      i. Include a review of case studies
      ii. Assign/review a written rough draft case study of about two treatment sessions half-way through the mentorship
      iii. Review use of methods/sequences in rough draft case study
      iv. Review treatment documentation sheets for detail as this will support a detailed case study
      v. Discuss the 10 step sequence, use of homework and referrals
      vi. Review the Code of Ethics and discuss in relationship to treatment work and business
   c. Apply the theory of life cycle leadership model introduced in Week 1 to determine the mentee’s readiness for assignments and use the mentor behavior appropriate for the mentee’s readiness

6. Mentee/Mentor Responsibilities:
   a. Mentee responsibilities:
      i. Prepare mentorship contract (see examples in the Level 4/5 Workbook and see homework)
      ii. Attend mentorship meetings
      iii. Maintain a list of contacts with mentor
      iv. Be prepared for all meetings and contacts with mentor
      v. Take initiative for getting needs met from mentorship
   b. Mentor responsibilities:
      i. Schedule regular meetings with the mentee
      ii. Be clear in your communication with the mentee
      iii. Be timely and consistent when evaluating and returning mentee deliverables
      iv. Stay informed and up to date in your knowledge so you can effectively support your mentee
      v. “When in doubt, check it out!”
         1) Give accurate information from valid sources
         2) Use your own supports (supervisor, advisor, qualified peers, etc.) to validate accuracy or gather helpful information
Week 4

vi. Observe the mentee providing Healing Touch treatments for at least 2 clients
   (1) Space observations; near the beginning of the mentorship and near the end, if possible
   (2) Use the Healing Touch Program Skills Checklist to evaluate the mentee’s skill and accuracy with the techniques/methods/sequences (HTP Mentor webpage)
   (3) Give the mentee balanced feedback, including what appeared to be the most effective things they do, as well as opportunities for improvement, as noted in your observation
   (4) Receive at least one treatment from mentee, if possible. I recommend:
      (a) One in the beginning of the mentorship
      (b) One near the end of the mentorship
      (c) If not possible, talk directly with a surrogate who will and has received a session

7. When writing Mentee recommendations:
   a. Write recommendation letters:
      i. Only after reviewing and approving all of the mentee’s deliverables (gatekeeper)
      ii. Only after observing mentee give a treatment or talking with someone who did observe
      iii. Very late in the mentorship period when all documents are considered complete
      iv. If your letter can affirm that this mentee practices in a way that you would recommend him/her to family, friends and the medical community (Standards of Practice/Ethics)
   b. Do not write the mentor’s letter to recommend a mentee that you do not feel is:
      (1) Qualified
      (2) Professional
      (3) Ethical

8. Group Mentoring:
   a. Certification requirements
   b. Formats
   c. Benefits
      i. To the mentees
      ii. To the mentor

9. Our Next Meeting date and time
   a. Homework due 24 hours before next class –
      i. Read Sample Mentorship agreement
      (1) Submit a mentor/mentee agreement you would be happy using, or if one you are currently using, evaluate it for improvements/changes based on discussion and submit
      (2) Submit a mentor letter for a mentee you would recommend (can use one recently used without the actual name, please)
Week 4

ii. Read *How to Choose a Mentor* article

iii. Read *Conflict Resolution #1: a resolved conflict and #2: an unresolved conflict*
Week 4 Resources
Week 4 Resources

Sample Mentorship Agreement

This Mentorship Agreement was entered into on Month/Day/Year and represents the commitment between The Mentor – Mentor’s Name
And
The Mentee – Mentee’s Name

The purpose of this agreement is:

• To assure the mentor that the mentee is ready and able to fulfill the high standards of the practice of Healing Touch; and thus, worthy of the mentor’s recommendation for completion of Healing Touch Level 5 and for Certification.
• To facilitate the mentee’s heart-centered and ethical development as a professional member of the Healing Touch Program community of healers.

As the mentee, I agree to:

• Meet the requirements for Healing Touch Level 5 and Healing Touch Certification in a timely professional manner as evidenced by submission of materials for review.
• Give my mentor two HT sessions: one near the beginning and one near the end of our contract period.
• Attend clinic, repeat HT classes or get permission for my mentor to sit in on a session I am doing so my mentor can observe me working on two different occasions.
• Attend all scheduled monthly mentorship meetings with assignments complete and ‘work in progress’ ready for discussion and/or review.
• Communicate all concerns and questions in a professional and caring manner. (Example: For Contacts should be no more than one a week-in consideration of my mentor’s time.)

The mentee’s action plan to assure the opportunity for healthy incremental development is:

Weekly
• Complete and document at least 3 Healing Touch sessions

Monthly
• Complete (read) at least one recommended book and write a personal reflection on how the book influenced me as a person and practitioner
• Experience at least one self-care healing modality and write a report on the modality based on the report guidelines in the Healing Touch Certification guidelines/packet.
• Reread and review the Healing Touch Program Statement Scope of Practice and Healing Touch program Code of Ethics.

Signed __________________________ (Mentee) Date __________________________

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How to Choose a Mentor
by Janna Moll

Finding a mentor for this journey you are embarking upon is extremely important. This is the one person who is in your professional court, who knows and cares about the challenges you will face over the next year to two. Think of your mentor as your personal Healing Touch coach, the person who will help you achieve certification. Please take this decision seriously. Your mentor will.

A mentor’s time is valuable and if s/he agrees to work with you, even if it is a paid service, it is a gift of time, experience, focus and intention. This is one of the greatest gifts of the Healing Touch program, the opportunity to learn from someone who has ‘been there’. We hold the HTP mentor to a high standard and this person most likely holds him/herself to a very high standard. S/he is giving you time and heart focus to share the journey to success with you. Our mentors are likely very busy people. Please honor them with your contacts. This is a mutual gift and relationships between mentees and mentors usually last a lifetime.

There are many things that the HTP curriculum teaches a student. Think back over this list. Self-care. Professionalism. Energy Medicine practices. Standards that define our Scope of Practice. Ethics. Documentation. Case Study Skills and Case Management. Personal growth. The very first step in deciding whom to mentor you is to decide what you most need. In order to do this you must review the program offerings and then look within. What are your weaknesses? Are you a person who has difficulty with the paperwork? Do you need help with the ‘big picture’ or in keeping the whole vision or goal in mind when working? Do you need help with community outreach, or networking? Do you need help understanding when to choose specific techniques, or why? Or in understanding what is happening energetically when you use specific techniques? Where are your strengths and where do you need guidance?

There are mentors that are strong in the documentation, structure and professional framework of Healing Touch. Many of these (not all) have advanced degrees or are nurses. I say this because this is what is taught in these programs and demanded from jobs in this field. If your weakness lies here, choose a mentor who is strong in the area where you are weakest. Not only will you learn ‘through their eyes’ how to see things differently as well as be stretched to grow, but also you will make the most progress toward your goal with this kind of personalized support.
Week 4 Resources

If you are weakest in the techniques, your understanding of the energetics of what we do, or in holding a heart-centered space for the client, choose a mentor with these as strengths. Everyone has different strengths and weaknesses and this includes mentors! Choose to your weaknesses. In order to do this you may need to ‘ask around’. Interview potential mentors and when you create your ‘short list’, interview their previous mentees. The time you put into this decision will pay off in untold ways for you, both professionally and personally.

If at any point you feel you are not getting what you need from this professional relationship, you may change mentors, or add a second mentor. Picking and working with a mentor is a gift you give yourself. You will need to take the initiative in not only choosing, but also in driving the experience. This journey, mentor and mentee together, creates the opportunity for growth in many, many ways. Make the choice that supports you being the very best you can be!
Week 4 Resources

Conflict Resolution Example #1 – Resolved Conflict

Sue is an experienced mentor who has entered into mentoring agreements with 4 mentees who completed Level 4 five months ago. She meets with the 4 mentees as a group on the third Wednesday of each month at her home. They have had 4 meetings so far. Sue receives a call from Tracy, one of the mentees, who says she won’t be able to make it to the next meeting that is in 3 days. Sue offers a makeup session and asks Tracy what would be a good time for her. Tracy says she can only meet with Sue on Tuesday, the day before the regularly scheduled meeting. Sue has clients scheduled on that day and tells Tracy that she is unable to meet. Sue offers to meet on the following Saturday. Tracy agrees. When Tracy arrives she is obviously upset and accuses Sue of ignoring her needs by not meeting with her on the prior Tuesday as she requested. Sue reminds Tracy that she had clients scheduled all day and was unable to change her schedule on such short notice. Tracy then accuses Sue of favoritism because she knows that Sue met with one of the other mentees on short notice.

Sue explains that she’s not going to discuss the meeting with the other mentee but assures Tracy that she would not have been able to change her schedule on short notice for any of the mentees. She admits that it is true that when she is free, she is glad to meet on short notice. Sue then asks Tracy what she can do to help her. Tracy picks up her notebook and walks out of the room saying, “You’re probably too busy to even discuss this!” Sue follows her to the door and says, “Tracy, this isn’t like you. Let’s talk about this and see if we can work it out. I have the next 2 hours reserved solely for you.”

Tracy becomes emotional and apologizes for her behavior saying she just feels inadequate in the face of all the Level 5 and Certification requirements. She admits that she doesn’t think she can accomplish them without more of Sue’s time. Sue shares that she understands Tracy’s feelings because she felt overwhelmed by the requirements when she was a mentee. She says that, in fact, that is one of the main reasons she likes being a mentor. She says she learned that success depends on breaking the task down into smaller pieces and setting a schedule for completing each small task. She suggests that Tracy not think of the experience as one big task but to set multiple small goals and accomplish each of these in order. Sue says, “This way the big goal takes care of itself.”

Tracy says that sounds like a good idea but she needs more of Sue’s help to do this. Sue asks Tracy what she needs that Sue hasn’t been providing. Tracy shares that she needs someone to show her how to write the modality reports and book reflections. Sue asks Tracy if she has any book reflections or modality reports that she can review to see how best to support her. Tears stream down Tracy’s cheeks and she says “that’s the problem I just can’t seem to get started”. Sue smiles gently and assures Tracy
Week 4 Resources

that they can work through what now appears to Sue as “writers block”. Sue asks Tracy to select a book she has read recently and just write half a page about what she learned from it while Sue makes some tea for them. When Sue returns to the room she asks Tracy to read out loud what she has written. While Sue sees that the writing style is a little rough, Tracy has captured the essence of her experience and impression of the book. Sue now asks Tracy to look at the requirements in her HT Level 4/5 notebook and include all the required information in a header or in the text she has written. When this is complete Tracy works on polishing up the wording and is all smiles when she tells Sue that her problem is solved and she’s going home to do this for all the books she has read! Sue gives Tracy a copy of the minutes from the meeting she missed and tells Tracy she is looking forward to seeing her at their next regularly scheduled meeting.
Conflict Resolution Example #2 – Unresolved Conflict

Joanie is one of Melissa’s mentees. She and 2 other mentees meet with Melissa monthly to discuss progress on their homework assignments for Level 5. The mentees are planning to go to Level 5 in 2 months. Melissa has reviewed several treatment sheets turned in within the last week by each of the mentees and she returns them to each group member with her comments.

The comments on Joanie’s treatment sheets indicate that Melissa does not think Joanie is performing adequate documentation for what is asked in the notebook. At the end of the meeting Joanie asks to meet privately with Melissa. Melissa has time after the meeting so offers to meet right then. Joanie explains that she has been in nursing for 25 years and knows how to document a case, so there is no need for Melissa to give her this kind of feedback. Joanie says that if she were to document all the things that Melissa suggests, she’d spend more time documenting than actually ‘doing the work’.

Melissa explains that this time between Level 4 and 5 is about learning. She says that it is important to document in detail in order to show Level 5 reviewers that she knows what she is doing, but also why she is doing it. Joanie says that she doesn’t think she needs to write it all down since it is all in the notebooks. She adds that the reviewers are all Certified Practitioners - so they surely know why each of the techniques is used. Melissa says this is not the point and that Joanie does, in fact, need to document in detail in order to reinforce the learning experience and to satisfy the readers at Level 5/Certification that she has learned the material. Nothing more is said.

Joanie goes to Level 5 two months later and is asked by the Level 5 Instructor to rewrite her 10 most representative treatment sheets with additional detail - including the reasons she chose the techniques/methods she used, how she grounds, centers, attunes, sets intention, etc., and what she observed as she was working with the client. She did not turn in rewrites of her 10 most representative treatment sheets, leaving the class incomplete and unable to receive her completion/graduation certificate. She was identified as attending Level 5, but was asked to complete this assignment in order to get credit for course completion. When she learned this, she shared that the requirement “is ridiculous” and she was not going to do it.

Things to consider:
Is Joanie receiving self-care to help her work through the blocks she is encountering in the challenging self-discovery process that takes place between HT Level 4 and Level 5?
Week 4 Resources

What behavior did Joanie engage with Melissa that could have contributed to a more favorable resolution if Melissa had been willing? (Such as bringing up her 25 years of experience, using it as the reason that Melissa’s feedback was not acceptable, mentioning time being the limiting factor that made Melissa’s request unreasonable and requesting an immediate meeting with Melissa.)

What stage of learning as a mentee is Joanie displaying?

What tools could Melissa used to contribute to a more favorable outcome? (Such as showing respect for Joanie’s professional knowledge-base, appreciation for Joanie’s extensive healthcare career, offering help with documentation efficiency, utilizing examples of documentations, suggesting acceptable shortcuts and/or setting the meeting for another day to give Joanie time to cool down.)
Week 5

1. Questions, feedback, issues since our last meeting?

2. Conflict:
   a. Discussion: What is conflict?
      i. An incompatibility between two or more opinions, principles, or interests
      ii. A communication break-down
   Conflict Resolution Styles (Mind Tools, 2010):

3. Compromising; Bargaining:
   a. Compromiser tries to find a solution that at least partially satisfies everyone
      i. Everyone is expected to give up something, compromiser included
      ii. Time consuming and expensive, but can be useful if a deadline looms
      iii. Appropriate for settling significant matters with a lot at stake
      iv. The best solution may not be chosen. (You win some, you lose some.)
   b. Avoidance:
      i. Ignores problems and avoids conflict
      ii. Avoider will delegate controversial decisions and accept defaults
      iii. Appropriate as a temporary technique while working out a more lasting solution
      iv. Appropriate for trivial issues, or when someone is in a better position to solve the problem
      Note: One person’s ‘trivial issue’ can be another person’s major issue. So, be sure to fully understand all aspects of an issue before labeling it as ‘trivial’.
      v. This is a weak and ineffective approach (Problem? What problem?)
   c. Competitive:
      i. Competitive people take a firm stand and know what they want.
      ii. Operate from a position of power (position, rank, expertise, persuasive ability, or “might makes right”)
      iii. Can leave people feeling resentful, abused and unsatisfied when used in less urgent situations
      iv. Can be an advantage when an unpopular decision needs to be enforced, or when one needs to be made quickly in an emergency (My way or the highway!)
   d. Collaborative: Someone who tries to meet the needs of everyone involved. This has positive and negative impacts
      i. Minimizes the importance of differences so a generalized agreement can be reached
      ii. No solution may be achieved
      iii. All parties are and feel “heard”
Week 5

iv. Appropriate as a temporary technique while working out a more lasting solution (Can’t please all the people all the time, but we will try!)

e. Accommodating: Indicates a willingness to meet the needs of others at the expense of the person’s own needs
   i. Accommodator often knows when to give in to others
   ii. Can be persuaded to surrender even when it is not warranted
   iii. This person is highly cooperative but not assertive.
   iv. Appropriate when issues matter more to the other party, or when peace is more valuable than winning
   v. This approach is unlikely to give the best outcomes (Whatever you think is best!).

4. Approaches for Conflict Resolution: This conflict resolution strategy respects individual differences while helping people avoid becoming too entrenched in a fixed position.

a. Avoid Unilateral action:
   i. One party takes action with minimal or no consent on the part of the other party
   ii. May be appropriate in crisis situations
   iii. Power-based, win – lose resolution
   iv. Can lead to ethical and legal issues
   v. Damages commitment and morale

b. Examine responses/issues for your own healing/clearing:
   i. Are you hearing the mentee’s concerns/needs? Listen first; talk second.
   ii. Are your expectations reasonable and necessary for the mentee’s development?
   iii. You are developing your future colleague and a representative of Healing Touch. Model the behaviors and problem solving skills you want your mentee to learn and use in their Healing Touch career.

c. Control the Interaction to keep discussions positive and constructive.
   i. Confrontation can be difficult if it becomes personal. What are the facts?
   ii. Focus on the partnership between you and the mentee. Imagine yourself and the mentee sitting side-by-side facing the situation in front of you both. Keep good relationships the first priority.
   iii. Address the necessary development/changes, not the individual.
   iv. Speak from the “I” instead of “you”.
   v. Use this conflict constructively. This is an excellent opportunity to encourage the mentee to go deeper into a personal healing/clearing process and can be a very necessary part of doing healing facilitation work.
5. Successful Conflict Resolution
   a. Pre-requisites:
      i. Each party must be motivated to resolve the issue
      ii. Each party must have equal power relative to the issue
      iii. Each party must have the necessary information about the issue
   b. Strive for a win-win solution
   c. Reveal important issues to all parties involved (transparency)
   d. Stimulate an open, honest sharing of views
   e. Improve all parties’ understanding of the issue/s
   f. Leads to optimal “win-win” solutions
5. Successful Conflict Resolution
   a. Pre-requisites:
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   c. Reveal important issues to all parties involved (transparency)
   d. Stimulate an open, honest sharing of views
   e. Improve all parties’ understanding of the issue/s
   f. Leads to optimal “win-win” solutions

6. Process Model of Conflict Resolution (Stages 1-4) (Grohar-Murray, 2003): The following model is adapted for conflict resolution between two people.
   a. Stage 1 – Define the Issue: Note: Not all issues can be negotiated. Policy, resources or contractual obligations may make an issue inappropriate for resolution. In these cases do not proceed past Stage 1 and ask the participant(s) to reassess their situation in light of this. You may need to consult the HTP Ethics committee.
      i. Determine the nature of the conflict (see types of conflict above):
         (1) How important is the issue?
         (2) How has the nature of the conflict expressed to this point?
         (3) What style is each party using to handle this conflict? (i.e. avoidance, accommodating, collaborative, competitive, compromising)
      ii. Power of individuals:
         (1) Is the power equal enough between parties for negotiation to take place?
         (2) If not, can it be equalized? (Mediation?)
      iii. Cooperation:
         (1) Is the level of cooperation such that both parties can respect the other’s point of view?
         (2) Can respect be developed?
         (3) Are either of you coming from a place of competition?
      iv. Open Communication:
         (1) Is communication open, spontaneous and without hidden agendas?
         (2) Do you need to evaluate learning styles? (See Week 1 – Learning Styles)
   b. Stage 2 – Make use of Facilitative Techniques:
      i. Neutral setting:
         (1) Mutually agree on a location in which neither party has an advantage
Week 5

(2) A setting away from the location associated with the conflict is helpful

ii. Depersonalize the issue:
   (1) Use active listening (listen without interruption or distraction) to restate, paraphrase and summarize each person’s perception of the problem, until the problem is clear from each point of view.
   (2) Keep discussions to the facts

iii. Identify a reasonable time frame for resolution:
   (1) To keep the process moving
   (2) To give the subject the time it deserves
   (3) To create focus on accomplishing a resolution

c. Stage 3 – Move Toward Resolution:
   i. Once the problem has been defined and agreed upon
      (1) Brainstorm solutions for resolution and identify suggestions with letters or numbers, rather than the person who is suggesting them
      (2) Focus on the advantages and disadvantages of each suggestion
   ii. Validate perceptions and restate positions – Both parties integrate their initial perceptions with the information they gained from stages 1-3 and reexamine their position. Individuals will typically be stating their revised position.
   iii. Create a final summarization or statement of the situation and your agreed upon resolution

d. Stage 4 – Implement Resolutions:
   i. Identify any new expectations
   ii. Identify how to make a smooth transition
   iii. Monitor the outcome until the change is established

7. Emotional Intelligence: Some researchers identify differences in human interactions based upon IQ versus Emotional Intelligence. (Appendix EI)

8. Our Next Meeting date and time
   a. Homework due 24 hours before the next class to provide time for review
      i. Read “Statement of Scope of Practice” and “Code of Ethics” for Healing Touch found in the Healing Touch Level 4/5 Notebook, or on the HTP Mentor webpage
      ii. Submit one to two written pages about any single conflict you have been engaged in and how it was, or is being handled. If it wasn’t handled, what happened?
         1) What were the individual approaches to the conflict resolution?
         2) How long did it take to resolve this issue?
         3) Was there resolution, or were ongoing issues a problem?
Week 5

4) What could have been done differently?
5) What did you learn from this experience?

(This does not have to be a mentee or practice situation, but can come from life in general.)
Week 5 Resources
Week 5 Resources
EI - Emotional Intelligence

Emotional Intelligence (EI) is our ability to relate to, assess, manage and learn from our own emotions and the emotions of others. It is typically more common to think of intelligence (IQ) as reasoning skills, mathematical ability and logical thinking ability. However, Daniel Goleman, in his book, *Emotional Intelligence: Why It Can Matter More Than IQ*, compiles and discusses research that leads to understanding that the way we deal with others and their feelings, as well as the way we deal with ourselves and our own feelings, may matter as much, or more, than IQ in determining our personal success and happiness. This book relies on the research of John Mayer, Robert Sternberg, Jack Block, Peter Salvoney and Howard Gardner, which suggests that people with high emotional intelligence are likely to do well in life, even if they have an average IQ. These researchers also observed that people with a high IQ might find it difficult to relate to others and succeed in life without some emotional intelligence to help them communicate with and understand the people around them.

Emotional Intelligence is the difference between seeing the actions around you as being only about you and being able to see the actions around you as being about the person committing the actions. How you act and conduct yourself is your own personal business in your private life. However, when you are entrusted with representing HTP it is imperative that you recognize the significance of how others interpret and perceive your behavior. Anyone representing the Healing Touch Program has the responsibility to be concerned with other’s interpretations of their actions, or per this discussion, exhibit Emotional Intelligence.

See http://www.queendom.com/tests/access_page/index.htm?idRegTest=1121 for a free online, 106 question, test to help you understand and assess your own emotional intelligence.
Week 6

1. Questions, feedback, issues since our last meeting?

2. **Key elements of HTP Certification Criterion 3 – Self Evaluation and Development:**
   Consists of a one to two page, single-spaced report addressing your development as HT Practitioner.
   a. How have you grown in this process?
   b. Describe your understanding of yourself as an energy being.
   c. How has your consciousness grown to include multidimensional/non-local phenomena?
   d. How are you continuing your professional development?
   e. How do you integrate your personal gifts/talents as an HTP in your personal/professional life?
   f. Include information about your HT practice and what you envision for yourself, clients, and/or community.

3. **Key elements of Certification and Level 5 Criterion 5 – Educational Resources:**
   a. Categories of books, audio books, courses and conferences
      i. Cover page with books in listed categories
      ii. BOOKS ONLY for Level 5! (unless someone has a reading difficulty – then books on tape ok)
   b. Personal reflections on how this book/course influenced you as a person and practitioner
   c. Word count: 250 words or one-half page maximum (headers do not count – should be close!)
   d. Name on each page of packet
   e. Author, title, publisher, date, city, etc.
   f. What to include in reflective summary:
      i. Brief summary of what the book/course is about (This is the book report part!)
      ii. What you learned
      iii. Whether you found the information useful/sound
      iv. How you will incorporate the ideas/skills learned
      v. How will you use what you learned (apply, referral, client homework)
   g. Requirement differences between Level 5 and Certification
      i. HT Level 5 Completion:
         (1) 7 Books, reflective summaries, one for each category
      ii. Certification Criterion
         (1) 10 Books minimum, 15 Total with conferences, tapes, each category represented

4. **Certification Criterion Eight, Part 2 – Healing Touch Treatment Documentation (Certification Only):**
   a. Purpose and Requirement Details:
      i. To demonstrate the use of a technique/method/sequence not used in the Case Study
      ii. Review and discuss requirements:
Week 6

(1) Highlight the technique NOT featured in the Case Study in two separate documented client sessions

(2) Make sure that between the case study and the extra documentations that a variety of upper (3 & 4) and lower (1 & 2) level techniques/sequences are represented!

(3) Document all 10 steps of the HT Sequence – refer to HT 4 notebook for detail on steps

b. Review individual treatment session documentation:
   i. Format:
      (1) Narrative or
      (2) Original Treatment Sheet
   ii. Importance:
      (1) Written record to support what happened in the session/s
      (2) Documentation of goals, plan and discussion, which shows case management
      (3) Shows knowledge-base of practitioner

c. “What it is and what it isn’t” – a review of documentation sheets:
   i. Client focus:
      (1) What did the client tell the practitioner?
      (2) What was identified through visual assessment?
      (3) What was identified through pendulum assessment/hand scan?
      (4) What information came from intuited sources? (guides, inner guidance)
      (5) Whose truth is this?
   ii. Practitioner focus:
      (1) How did you ground, center, attune, and set intention? Describe method used for each.
      (2) Why did you choose each of the Healing Touch Techniques used? (To achieve what?)
      (3) Why did you choose the order or sequence of techniques used?
      (4) If something was altered from the ‘norm’, say what and exactly how
      (5) What did you experience during the session? (Practitioner feedback!)
      (6) How did you ground the client and release the energetic connection at the end session?
   iii. Common problems seen at certification review:
      (1) Not enough detail
      (2) Didn’t address what was present (client) or asked (homework)
      (3) Didn’t follow directions on application!
      (4) Used other methods/techniques (these must be explained in energetic language of HT)
      (5) Poor or no use of effective homework
      (6) No referral when evidence present
Week 6

(7) Working outside of Scope of Practice
(8) Unethical or questionable behavior (see #7)
(9) No evidence of case management
(10) Unedited material, tense changing throughout
(11) Misuse of theory, techniques/sequences or case management

5. Class review of treatment sheets submitted in Week 2 (According to Step 4. above)

Review the partial chart of Level 5 Requirements versus Certification Requirements:

<table>
<thead>
<tr>
<th>NO.</th>
<th>Level 5 Completion Criteria</th>
<th>Certification Criterion</th>
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<tbody>
<tr>
<td>3</td>
<td>100 Treatment Sessions</td>
<td>Self Evaluation and Development Summary of your personal and professional growth throughout the program. Summary of practice, listing of goals/vision for continued growth</td>
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<td></td>
<td>• Include 15 intakes</td>
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<td></td>
<td>• All sessions follow must follow the 10 Step HT sequence and include rationales.</td>
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<td></td>
<td>• Best 10 on top in notebook used</td>
<td></td>
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<tr>
<td>5</td>
<td><strong>Educational Resources</strong> - summary sheet of seven books and 7 half-page personal reflective statements on books read since Level 4. One book to represent each of the 7 categories. 250 words without headings</td>
<td>Educational Resources - Include a summary sheet identifying the title, author, category of books read and 15 half-page reports, 10 of which shall be reflective of books. The remaining 5 may be on books on courses, audio books or conferences. Each of the 7 categories must be represented.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Evidence of Healing Touch Practice</strong> – Draft Case Study. This case study should have been reviewed with your mentor. Approx. 10 pages double-spaced – see guidelines from cert packet. 4-5 treatment sessions reported. Review CASE MANAGEMENT document.</td>
<td>Evidence of Healing Touch Practice Case Study in its final, edited and professional form. Two documented (documentation forms or narrative format) individual client sessions including highlighted methods not used in your Case Study. Follow Case Mgmt document.</td>
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6. Our Next Meeting date and time
   a. Homework due 24 hours before the next class to provide time for review:
      i. **Submit** one-half page written Educational Resource reflective summary (250 words)
Week 6

ii. **Submit** a written self evaluation and development study including all 6 elements noted, as required for certification (one to two pages-you can update what you previously used)

iii. **Submit** a current documentation sheet showing all ten steps! (Refer to HT Level 4 notebook for descriptions of all 10 Steps! You can incorporate feedback to a sheet previously submitted.)
Week 7

1. Questions, feedback, issues since our last meeting?
2. Review Educational Resource and Development Homework from last week
3. Guest speaker of the Director of the HT Professional Association (if available)
4. Review Leadership Model:
   a. Identify your current stage of readiness with respect to the material presented so far (See Week 1, page 2).
   b. As you identify your stage of readiness, discuss the mentor behavior that goes with that stage of readiness.
5. Essential elements of consent and disclosure forms:
   a. Consent:
      i. Explain your legal status and your adherence to your level of training under HTP Scope of Practice
      ii. Explain what you call yourself (both in Healing Touch and other) – Define any acronyms used
      iii. Explain that consent is giving permission to touch during treatment
      iv. Explain how touch is / is not included, or restricted under Scope of Practice
      v. Clearly state that HT is never meant to replace allopathic healthcare
      vi. Clearly state that you are not trained to diagnose or treat physical illness
      vii. Clearly state that you may not advise on use of drugs or surgery
      viii. Parent or guardian signs consent for minors
   b. Disclosure:
      i. List your educational background, training and experience
      ii. List and explain your professional titles
      iii. List client’s rights, such as confidentiality
      iv. List situations that restrict a client’s rights, such as stating intent to do harm (self or others)
      v. List how a client is to make a complaint and how a relationship is ended
   c. These may be combined in one document
6. What is a ‘Safe Practice’?
   a. Review the Healing Touch Program Code of Ethics (HTP Mentor webpage)
   b. Review the Healing Touch Program Statement of Scope of Practice (HTP Mentor webpage)
   c. Discuss Integrity in practice and in general
   d. Discuss confidentiality
   e. What effects a ‘safe practice’?
      i. Intention
      ii. Dark energies
      iii. Sexual energy
Week 7

7. Legality of Touch:
   a. Laws and trends
      i. Understand your state laws and how touch is, or is not addressed
      ii. Maintain appropriate business and professional licenses
   b. The issue of liability:
      i. When to call 911
      ii. When to refuse treatment
   c. Insurance (See handout):
      i. To satisfy state, federal and professional laws
      ii. To protect the practitioner
         (1) Protection for the level of training practiced
         (2) Property protection/replacement
      iii. To protect clients
         (1) Accidental harm
   d. Combining HT with other disciplines:
      i. If hired by someone else, you must notify employer and get permission to practice HT
      ii. You must abide by the rules, standards and description of your job
      iii. Make sure your insurance covers the change in practice
      iv. See listing of what HTPA insurance covers the practice of

8. Our Next Meeting (date and time)
   a. Homework due 24 hours before the next class to provide time for review
      i. Read Article 11 on use of consent by Willard on page 76 in the HT Level 4/5 notebook.
      ii. Review Sample Consent and Disclosure forms (Resources)
      iii. Read Insurance article (Resources)
      iv. Submit 1 copy your informed consent form (if you don’t use one, state why and submit a sample you write for your practice)
      v. Submit 1 copy your disclosure statement
      vi. These can be combined if you choose to use both, or you may want to modify an existing Consent Form to include disclosure information. If you don’t use a disclosure form, state why.
      vii. You will receive an emailed case study this week.
Week 7 Resources
Week 7 Resources

Practitioner’s Name

Address, City, State and Zip

Client Consent for Treatment

I understand that:

• An assessment will be conducted to determine the general health of my energy system and this information will be shared with me.
• Any suggestion made by the practitioner will be to assist my body’s natural ability to heal - to the extent that my body or my highest knowing will allow.
• The goal of my treatment will be identified as part of the treatment process and I will have input into my goal setting.
• These sessions are not meant to replace treatment by established medical practices, but to complement them.
• No guarantees as to the results of treatment are expressed or implied by the practitioner.

I agree to:

• Raise questions about anything I do not understand, or about anything I find uncomfortable.
• Consider suggestions the practitioner raises concerning referrals to other health care practitioners, homework, or focus of introspection needed to facilitate my healing.
• Take full responsibility for my own health care.
• Give consent to {practitioner’s name} to conduct a session to balance my energy system.

I understand that all issues related to my energy treatment/sessions will be kept in confidence unless specified in writing, or governed by law.

Cancellation Policy: If you must cancel a session, please cancel 24 hours prior to the start time of the session. If you do not, because I cannot book another client in your reserved time slot, I will ask you to pay for the missed session. (In the case of an emergency such as serious illness, the fee for the late cancellation will not be charged.)

Signature__________________________________________________Date_____________________

Name (please print)__________________________________________
Client Consent for Treatment

I understand that:

♦ An assessment will be conducted to determine the general health of my energy system and this information will be shared with me.
♦ Any suggestions made by Janna will be to assist my body’s natural ability to achieve/maintain a balanced state and that this reflects the extent to which my body or highest knowing can allow.
♦ The goal of my treatment will be identified as part of the assessment process and that I will have input into goal setting, as well as give intent for the healing/balancing.
♦ These sessions are not meant to replace treatment by established allopathic medical practices, but to complement them. They can also create a more synergistic result with other interventions and the work done can continue for up to three days post-session.
♦ No guarantees as to the results of treatment are expressed or implied by Janna.

I agree to:

♦ Raise questions or concerns about anything I don’t understand, or that makes me feel uncomfortable.
♦ Consider suggestions that Janna may raise concerning referrals to other health practitioners, or for homework, consultations, or needed or desired focus/introspection.
♦ Take full responsibility for my own health care.
♦ Give consent to Janna to conduct a session to balance my energy system. I acknowledge that this involves non-invasive touch while I am clothed.

I understand that all issues related to my sessions will be kept in confidence unless specified in writing, or governed by law.

Cancellation Policy: If you must cancel a session, please cancel 24 hours prior to the start time of the session. In the case of an emergency (e.g., serious illness) please contact me as soon as possible.

Signature________________________________________Date____________________
Week 7 Resources
JANNA MOLL, HTCP, HTCI, CMT, MSN
Energy Medicine Specialist – 303.346.3809
6594 E Dutch Creek Street, Highlands Ranch, CO 80130

Disclosure Statement
This statement is required by Colorado law:

1. The State of Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of all psychotherapists, both licensed and unlicensed. (I am in the unlicensed category.) For information concerning this service you can contact them at the Mental Health Section, 1560 Broadway, Ste 1370, Denver, Colorado 80202. (303) 894-7766.

2. I have degrees in Business (Associate’s) from Normondale Community College in Edina, Minnesota (88), in Environmental Biology and Chemistry (Bachelor’s) from Tennessee State University in Nashville, Tennessee (95) and in Nursing and Science (Master’s) from American Sentinel University in Aurora, Colorado (09). All degrees were awarded with honors or high honors. I also hold current certifications from Healing Touch Program (practitioner and instructor) and in Massage Therapy (09). I teach all levels of the Healing Touch Curricular Program and hold a 700-hour massage certification. I trained in the ‘70s in various areas of psychotherapy including: Transpersonal Analysis, Encounter Psychotherapy, Behavioral Therapy and Experiential Therapy. The category of psychotherapy I practice is Eclectic Psychotherapy, as I have interest in all of these areas. I have been practicing as a psychotherapist since 1975.

3. Client Rights and Important Information:
   a. You are entitled to receive information from me about my methods of therapy, techniques I use, the duration of your treatment (if I can determine it) and my fee structure.
   b. You can seek a second opinion from another therapist or practitioner and terminate therapy/treatment at any time.
   c. In a professional relationship such as ours, sexual intimacy between therapist and client is never appropriate. [If sexual intimacy occurs, it should/will be reported to the Department of Regulatory Agencies, DORA, Mental Health Section.]
   d. Generally speaking, information provided by you to me and to a client during a therapy session is legally confidential if the therapist is an unlicensed psychotherapist in the State of Colorado. Therefore, I cannot be forced to disclose the information without your consent.
   e. Nothing in the work I do is considered the practice of medicine. I work in a complementary manner to allopathic medicine and can refuse to treat you if I feel you should get a medical opinion for symptoms that you are having.
Week 7 Resources

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications do not apply to any delinquency or criminal proceedings (except as provided in section C.R.S. 13-90-107). There are exceptions that I will identify to you if such situations arise during therapy.

4. If you have any questions or would like additional information, please feel free to ask me.

I have read the preceding information and understand my rights. I have also been given a copy of this form.

______________________________________________  _____________________
Client Signature                                  Date
Week 7 Resources

Insurance

“Maintaining adequate business and malpractice insurance coverage is crucial and some localities require specific coverage. Accidents happen and nature has been known to strike devastating blows; without proper coverage you could be out a considerable amount of money. The United States is a highly litigious society and no one is shielded from the possibility of a lawsuit, even if his/her behavior is above reproach. A practitioner might win the case, but without insurance most practitioners would be hard-pressed to afford the astronomical costs of litigation. Be sure to carefully read your insurance policy. For instance, some policies do not cover sexual misconduct while others cover the litigation cost but not the damages awarded, if you are found liable. Also, some insurance companies will nullify a policy if the practitioner does not uphold all local, state and federal legal requirements.”

The Ethics of Touch by Ben E. Benjamin, Ph.D., and Cheri Sohnen-Moe; copyright 2003 by Sohmen-Moe Associates, Inc. page 196-197
1. Questions, feedback, issues since our last meeting?

2. Transference and Counter-transference (handout):
   a. In **transference** the **client** transfers unresolved feelings/issues onto the practitioner. This may include the client recreating the elements of past relationships and perceiving them in the practitioner. This is a normal phenomenon in therapeutic relationships and is further reinforced by the perceived power differential between the client and the practitioner.
   b. In **counter-transference** the **practitioner** exhibits unresolved needs, feelings and issues and transfers them onto the client. The practitioner recreates elements of past relationships and perceives them in the client.
   c. **Boundaries:**
      i. Definition: A dividing line marking the limits of an area (or energy)

3. Essential elements of a Case Study - Certification and Level 5 Criterion Eight:
   a. **Requirements:**
      i. Four to five treatment sessions with one client, each approximately one hour in length. These are to occur in fairly close succession in order to demonstrate the practitioner's ability to manage a case.
      ii. Edited, consistent use of grammar
      iii. 10 pages double-spaced, Arial 12 point font size, 1 inch margins
      iv. Case study for HT Level 5 should follow guidelines for certification, but less rigorous review
   b. **Use of methods:**
      i. Use a variety of techniques throughout the case study, both upper (3 & 4) and lower (1 & 2) level techniques/sequences.
      ii. State why methods/sequences were used and if modified, how
      iii. An effective session will usually include relatively few techniques
      iv. Only methods from HT Levels 1-4 (HTP core curriculum) are allowed in the case study
   c. **Claims and statements made:**
      i. Did the client contribute the information?
      ii. Did you observe the situation, or was the information intuited?
      iii. Was the information gained from the pendulum assessment or hand scan?
      iv. Client feedback in format “he said,” “she said.” Practitioner feedback essential as well.
Week 8

v. Make sure that the new Case Management document (curriculum) has been read and followed.

4. Recommendations for working with mentees:
   i. Have the mentee write up a sample case study of two to three sessions mid-year
   ii. Discuss this write up to identify mentee’s concerns and needs for further development
   iii. Provide examples of case studies to help mentee visualize the scope of this Criterion
   iv. Case Study is to show best work at Case Management and professional knowledge of HT!
   v. Overall - keep it simple. ‘Harder’ is not always ‘better’!

5. Use of Sample Case Studies:
   a. Pointers on formatting case studies:
      i. Headings to give readability, think “reader, reader, reader!”
      ii. Where session/s occurred and length of each session
      iii. Whatever is done over and over can be written up front as “this is how I do this unless stated otherwise” and then referred to elsewhere
      iv. NOT lots of sessions to condense or review
      v. Timeframe between sessions not so far as to dilute impact of work/outcomes
      vi. Enough information to give historical perspective
      vii. Clear goals that are measurable
      viii. Homework to support flow/success and continuing balance between sessions
      ix. Referral made?
      x. Editing and tense consistency
   b. Hallmarks to look for and what to look out for when reviewing:
      i. All 10 steps of the HT Sequence – spelled out (What done? How? What for?)
      ii. Evaluation and feedback – both client sound bites and practitioner feedback required
      iii. Clear, measurable goals and outcomes
      iv. Dated sessions
      v. Location and length of sessions
      vi. Time between sessions
      vii. Flow within a several weeks or months timeframe – not spread out over months or years
      viii. PRACTITIONER’S BEST WORK?
      ix. Best or effective use of techniques/methods/sequences
      x. Case management evident
      xi. Exit review and discharge planning showing professional level of practitioner
      xii. Evidence of ethical behavior within HTP Scope of Practice
6. Our Next Meeting date and time
   a. Homework
      i. Read:
         (1) Transference and Counter-transference handout
         (2) Ethics Committee policies, procedures and FAQ’s from the HTP website
      ii. Take the “Discovering Your Boundaries” Quiz
      iii. Read Critiqued Case studies one and two
      iv. Submit the critique of one “Rough Draft” Case Study which will be sent via email by the instructor
   b. You’re not in this alone. Call or e-mail me for support when you need it.
Week 8 Resources
Week 8 Resources

Transference and Counter-transference

Transference

In transference the client transfers their unresolved feelings and issues onto the practitioner. This may include the client recreating some of the elements of their past relationships or traumas and perceiving them in the practitioner. This is a normal and expectable phenomenon in therapeutic relationships that is further reinforced by the power differential between the client and the practitioner. The practitioner has a duty to be aware of the potential for transference and pay special attention to maintaining the integrity of the boundaries in the professional relationship.

Signs of Transference

- The client frequently asks you very personal questions.
- The client calls you at home even though your policies state calls should be placed to your office.
- After only one or two treatments the client is overly complimentary of your work and of what a wonderful person you are.
- The client keeps trying to bargain for a reduced rate even when you have clearly stated your policy.
- The client regularly requests that you change your schedule to work at a time that you do not normally see clients, to accommodate his schedule.
- Every time you see a particular client she brings you a gift.
- A particular client repeatedly invites you to social engagements and feels rejected when you explain your policy of not socializing with clients.
- At the end of most treatment sessions the client asks you to do just a little bit more and expresses disapproval if you do not comply.
- The client often asks you to help him solve personal problems.
- The client frequently asks you questions in areas that you have previously explained are not in your scope of practice.
- This client often mentions that you remind her of someone.
- The client has difficulty maintaining a physical boundary and attempts to inappropriately hug or touch you at the end of each treatment session.
- The client has great difficulty leaving after the session and tries to repeatedly engage you in conversation.
- The client gives you details of his personal life, which feel too intimate and makes you feel uncomfortable.
Week 8 Resources

Counter-Transference
In counter-transference it is the practitioner that exhibits the unresolved needs, feelings and issues. The practitioner recreates elements of past relationships and perceives them in the client. It is important that the practitioner understands the potential for this and guards against it by maintaining professional boundaries in the relationship with a client. Dual relationships are more likely to result in counter-transference among practitioners.

Signs of Counter-transference
• There is a strong emotional charge, either positive or negative, toward a client.
• The practitioner’s thinking is distorted; she may have an idealized view of or feel very negatively toward a client.
• The practitioner goes over and beyond for one client, while holding better boundaries with others.
• The practitioner feels irritable or angry with a client for not changing, not improving, or not cooperating with the prescribed treatment plan.
• The practitioner thinks his work is so much better than most practitioners’ work, or feels his work is totally ineffective and worthless in relation to a specific client.
• A pattern exists of feeling exhausted, exhilarated, depressed or uneasy when the practitioner sees a particular client.
• Recurring themes exist such as frequent sexual attraction to clients, or the recurrent desire to make friends with clients.
• The expectation of praise and resulting disappointment when clients do not praise the practitioner’s work.
• Feeling guilty when clients experience painful reactions lasting extended periods after treatment.
• The practitioner frequently experiences anger when a client crosses minor boundaries, questions the practitioner’s competence, or otherwise “pushes his buttons” in some way.
• The practitioner undergoes secondary trauma upon hearing painful/graphic stories about the client’s past.
• The practitioner frequently helps a client in matters taking place outside the sessions, such as offering rides and introducing the client to social contacts.
• Even though the client is not improving, the practitioner keeps seeing the client because they need the income, or they have a need to ‘fix’ successfully.
Discovering Your Boundary Issues

Oftentimes as health care practitioners you may be unaware of when you are overstepping boundaries with clients. You may feel uneasy about your relationship with a particular client, yet the reason eludes you. This checklist (adapted from the work of Estelle Disch) helps you illuminate boundary issues with one or more of your clients. To do this exercise, imagine a problematic relationship that you are having or have had with one of your clients. Place a checkmark next to the statements that apply to you in this particular situation. This is a wonderful tool for identifying areas of concern and expanding upon your understanding around professional boundaries. Copy for future use as well.

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<tbody>
<tr>
<td>1.</td>
<td>This client feels more like a friend than a client.</td>
</tr>
<tr>
<td>2.</td>
<td>I often tell my personal problems to this client.</td>
</tr>
<tr>
<td>3.</td>
<td>I want to be friends with this client when treatment ends.</td>
</tr>
<tr>
<td>4.</td>
<td>I think the goodbye hugs last too long with this client.</td>
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<tr>
<td>5.</td>
<td>Sessions often run overtime with this client.</td>
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<td>6.</td>
<td>I accept gifts or favors from this client without examining why the gift was given.</td>
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<tr>
<td>7.</td>
<td>I have a barter arrangement with this client that is sometimes a source of tension for me.</td>
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<tr>
<td>8.</td>
<td>I sometimes choose my clothing with this particular client in mind.</td>
</tr>
<tr>
<td>9.</td>
<td>I have attended small professional or social events at which I knew this client would be present without discussing it ahead of time.</td>
</tr>
<tr>
<td>10.</td>
<td>This client often invites me to social events and I don’t feel comfortable saying either yes or no.</td>
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<tr>
<td>11.</td>
<td>Sometimes when I’m touching this client during our regular sessions, I feel like the contact is sexual for either or both of us.</td>
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<tr>
<td>12.</td>
<td>This client is very seductive and I often don’t know how to handle it.</td>
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<tr>
<td>13.</td>
<td>This client owes me a lot of money and I don’t know what to do about it.</td>
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<tr>
<td>14.</td>
<td>I have invited this client to public or social events.</td>
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<tr>
<td>15.</td>
<td>I am often late for sessions with this particular client.</td>
</tr>
<tr>
<td>16.</td>
<td>I find myself cajoling, teasing and joking a lot with this client.</td>
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### Week 8 Resources

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<tbody>
<tr>
<td>□</td>
<td>17. I am in a heavy emotional crisis myself and I identify so much with this client’s pain that I can hardly attend to the client.</td>
</tr>
<tr>
<td>□</td>
<td>18. I allow this client to comfort me.</td>
</tr>
<tr>
<td>□</td>
<td>19. I feel like this client and I are very much alike.</td>
</tr>
<tr>
<td>□</td>
<td>20. This client scares me.</td>
</tr>
<tr>
<td>□</td>
<td>21. This client’s pain is so deep I can hardly tolerate it.</td>
</tr>
<tr>
<td>□</td>
<td>22. I enjoy feeling more powerful than this client.</td>
</tr>
<tr>
<td>□</td>
<td>23. Sometimes I feel like I’m over my head with this client.</td>
</tr>
<tr>
<td>□</td>
<td>24. I feel that I am the only person who can really help this client.</td>
</tr>
<tr>
<td>□</td>
<td>25. I often feel hooked or lost with this client and advice from colleagues and former teachers hasn’t helped.</td>
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<tr>
<td>□</td>
<td>26. I often feel invaded or pushed by this client and have difficulty standing my ground.</td>
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<tr>
<td>□</td>
<td>27. I feel overly protective of this client.</td>
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<td>□</td>
<td>28. I have been doing things for this client that I don’t usually do with other clients.</td>
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<tr>
<td>□</td>
<td>29. I sometimes have a drink or use recreational drugs with this client.</td>
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<tr>
<td>□</td>
<td>30. I am doing so much on this client’s behalf I feel exhausted.</td>
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<tr>
<td>□</td>
<td>31. I am reluctant to discuss certain client/practitioner interactions in my peer supervision group.</td>
</tr>
<tr>
<td>□</td>
<td>32. I accommodate this client’s schedule and then feel angry/manipulated.</td>
</tr>
<tr>
<td>□</td>
<td>33. This client has invested money in an enterprise of mine or vice versa.</td>
</tr>
<tr>
<td>□</td>
<td>34. I have hired this client to work for me.</td>
</tr>
<tr>
<td>□</td>
<td>35. I find it difficult to keep from talking about this client with my close friends and colleagues.</td>
</tr>
<tr>
<td>□</td>
<td>36. I find myself engaged in a lot of self-disclosure with this client – telling stories and carrying on peer-like conversations.</td>
</tr>
<tr>
<td>□</td>
<td>37. I feel emotionally drained after working with this client.</td>
</tr>
<tr>
<td>□</td>
<td>38. My body feels heavy or has pain after working with this client.</td>
</tr>
<tr>
<td>□</td>
<td>39. I feel that a particular client really needs me.</td>
</tr>
</tbody>
</table>

If you checked off any of these items, boundary issues may be interfering with your ability to work effectively and ethically with a client and it is highly recommend that you seek professional supervision to assist you in developing stronger boundaries.
Week 8 Resources

Periodically fill out this boundary exercise sheet to give you insight into areas where you might want to further your knowledge, work for improved boundaries, or get professional or personal support.

The Ethics of Touch by Ben E. Benjamin, Ph.D., and Cheri Sohnen-Moe; copyright 2003 by Sohmen-Moe Associates, Inc. page 48
Week 8 Resources

Critiqued Case Study - Example 1

Setting: Private Practice, Home Healing Office. One-hour sessions.

Client: SP. Female 32 years, lives alone.

Problem: SP feels overwhelmed and is crying all the time. She wants to take control of her emotions.

SESSION 1: INITIAL INTAKE ASSESSMENT: September 12, 2009

CLIENT PROFILE:

Occupation: Massage Therapist. SP recently changed clinics and is now responsible for booking her own clients, yet has few. Meditation Experience: Once a day for 10 mins to 1 hour. Relevant Medical Information: Knees operated on at 18 and 19 years for sports injuries. Appendix removed at 19 yrs. At 20 yrs she was attacked by three men and sustained facial injuries. Night sweats for 8 months. Coughing up dark blood. Just recovered from 2 weeks with the flu and can’t seem to feel better. Extensive medical tests ordered by her General Physician (GP), including full blood examination and urine tests (HIV, hepatitis, diabetes, malaria tests-ones she remembers). Erratic eating habits: “I can’t seem to be bothered” eating. Medications: Self prescribed vitamins C and B, fresh garlic and Echinacea for recent illness. Stress Experienced: Extensive conflict in her family, work and current intimate relationship. She feels extremely close to Grandpa who has a recurrence of lymphoma. She says Grandma and parents are
selfish and unsupportive. She feels her only friend is Grandpa. SP says the person she is working for is manipulative. She considers not returning but has no other financial support. The owner of her last clinic sent her a sexually abusive client. *Relaxation In Personal Life:* SP says she’s a heavy smoker but doesn’t know the ‘packs’ a day as she rolls her own. I saw these were unfiltered. She says she meditates daily while smoking cigarettes or occasionally marijuana. She has no desire to socialize. Initial visit: *Pre assessment:* I noticed SP cried frequently throughout the session. (I answered my door and she started crying.) I also noticed her skin was yellowish and pale, she had dark circles under her eyes, a raspy, low voice and frequent racking cough. She was non-communicative, cautious about answering questions about her history, and fidgeting with eyes and body. She said, “I just can’t go on like this”. I intuited that SP needed to commence with treatment and that once trust was established she would be more willing to share personal information. **Mutual Goal Setting:** We contracted to 1) Address her need for balance and 2) Find an energetic release and/or control for built up emotions. *Pre Assessment; Pendulum:* Chakras and field: Crown flat, 5 degrees right of vertical. Brow 4mm. Throat 2 cm, horizontal. Heart 2 mm. Solar Plexus 10 cm. Sacral 2 cm, elliptical horizontally. Root 6 mm. Field extended about 6 cm further to the right. **Hand Scan:** Cold cloud over her head. Throat to diaphragm feels like dead tissue; cold and lifeless. A colder cloud on either side of her sacral chakra felt with more density, surface and downward flow on the left side. **Practitioner Preparation:** Hara Alignment Meditation to build energy.
Week 8 Resources

Techniques Selected: 4 Level Chelation to open, clear and elevate a blocked and depressed system.

Attune by holding SP points on feet. At right knee and hip SP started to cry and said, “a fear washed up my body to my heart”, which she was unable to identify. I noticed her left hand covered her sacral area.

Afterward the field felt dense and still, especially around the upper torso. I was guided to hold the high heart, spleen and sacral areas to boost SP’s immune system following her depleting illness. Etheric Template Clearing, especially around the trunk of the body and head, to clear and revitalize the 5th level. 6th and 7th Level Intervention to clear, fill and seal the fields. Ground with water and release with Intention. Post Assessment: As I assessed Sacral and Root chakras with the Pendulum, SP started to sob.

When I asked about the trigger of tears she said, “I know I’m not little anymore and I am worthy.” I asked, “So why the tears?” SP said she has been treated as unworthy all her life. I asked, “Who is saying you’re unworthy?” She said, “Me, my boyfriend, my grandma, my parents.” I was guided to clear the Root and Sacral chakras by placing my left hand below and right hand above the chakras using Magnetic Passes: Hands Still (MP:HS). I was led to counterclockwise the chakras with my left hand using Hands In Motion (HIM) while SP said (to the people mentioned) “I AM WORTHY.” I observed she was tentative at first, gaining strength as she moved through the list. Additional History: After treatment SP said she had experienced childhood sexual exploitation, which indicated she had an increased sense of trust. SP said when she was 12 years old she was abused sexually by the man who boarded her horse. She said her
parents knew but kept sending her back because of financial compensation. She said she had been emotionally and physically abused by Grandma including two stabbings, which are referred to as “our past difficulties”. SP said, “I just couldn’t go on without Grandpa”. SP alluded to abuse with “my parents often didn’t feed me”. She said abuse carries into her relationship with her boyfriend of 6 years (AA), who treats her poorly. She said if she were to tell AA she didn’t want to see him, he wouldn’t care. She said sometimes she didn’t care if she ever saw him again. I asked, “When is that?” SP said, “When I’m feeling strong”. Evaluation: During 4 Level Chelation SP’s insight connected her with a fear she couldn’t identify. I noticed her fear was based in the Sacral, which she covered with her hand. It then moved to her Heart, as she described. I noticed tears here, and after treatment even more intensely during reassessment of the Root and Sacral chakras. I intuited that addressing the Sacral compromise released emotions held in the Heart. Final assessment by Pendulum showed Sacral and Throat chakras both elliptical (Throat fluctuating), with Heart and Root 6mm. Feedback: Following treatment SP said she felt more balanced. Her erratic eating behavior appears to be linked to her parents not feeding her as a child. I see SP moving toward health with her statement, “I don’t have the money now, but it is important to continue getting the work”. Plan: We talked about the importance of eating something every day. I suggested reading the Kryon books for boosting self worth. We set an appointment for 2 weeks with the payment every 2nd visit while she is not working.
Week 8 Resources

This is very well written. It also shows that a treatment does not always follow the expected flow. With reassessment a whole additional piece unfolded. I LOVE the quotations that show how the client is feeling and thinking and call these ‘sound bites’. These really help the reader understand outcomes! The practitioner effectively shows how the intuition of not pushing for much history up front led to more trust and history later. This is pretty typical in that about three pages are needed for intake and first treatment. Good job!

Session 2: 14 days later.

Update: SP says she is feeling and eating better. She even had a meal with friends. Medical tests are not back yet. SP said, “I went away with AA and had a great time until coming home when the usual pattern of blame leveled at me started.” Her admitted response is to get quiet and feel like a horrible person.

Problem Statement: Overly emotional. Mutual Goal Setting: Gain balance and control of emotions. Pre

Assessment: Pendulum: Brow horizontal, Throat elliptical, Sacral horizontal, Root reversed. Hand Scan:

Throat to diaphragm feels like dead tissue; cold, lifeless. Sacral cold, dense patch on sides of chakra with larger patch on left. Root has dense, thick band extending across thighs. Practitioner Preparation: Hara

Alignment Meditation to build energy, center and ground. Techniques Selected: 4 Level Chelation to clear and energize system. First hold is attunement. I was guided to add holds at the knees and palms, and place hands under shoulders (instead of on) during Chelation. (It is important to say how a technique was altered and why. I like this.) I did Mind Clearing to balance the brain and deepen SP’s relaxation. I intuited that I must first do 5th Level Etheric Template Clearing to clear her field of wispy, dark entities I saw floating 7 cm out from her head. I was telepathically told she had created these to
Week 8 Resources

support her fear. After Mind Clearing I did 6th and 7th Level Intervention to clear fields, fill them and seal in relaxation. Ground and Release: as in first session. Post Assessment: Final assessment shows Brow and Heart chakras elliptical with 6 cm diameter. Root asymmetric, 6 cm diameter. Others 6 cm, showing vast improvement over the original 6 mm. Feedback: Following treatment SP said she felt; 1) calmness, identifying “an opening from the sacral up through my body, which closed again”, 2) heat on her left side at arm and shoulder, which she said was needed and 3) relaxation throughout. Mind Clearing gave her tingles from the feet up. Evaluation: SP’s color and level of comfort were improved this visit. She fidgeted less and was more willing to share her history. Her skin was less pale. During Chelation I noticed SP’s breathing was shallow and intuited a chaotic mental state. This led me to do Mind Clearing during which I noticed she became relaxed with deep, rhythmic breathing. We discussed the benefits to SP of speaking her truth. SP says she no longer wants to accept other’s blame and anger.

Plan: I suggested walking meditations for grounding. We set next appointment for 1 week.

I like that this practitioner used the headings “Feedback” and “Evaluation”. It gives the client’s feedback and the practitioner’s evaluation of what happened. It is clear and really relates the assessment and techniques to the outcome.

Session 3: 8 days later.

Update: SP says she feels more positive and in her body than before treatments. She said medical tests ruled out serious illnesses and infection, but white blood count is elevated, iron is low and there is blood in her urine. Additional tests for leukemia, Ross River Virus, TB and other infectious diseases are being
run by GP, who also referred her to a psychiatrist for depression. “My throat was open to my power for the first time ever during a fight with AA”, she said. She reported him nicer afterward. **Problem and Mutual Goal Setting:** Address chest tension on left side and pain across back. **Pre Assessment:**


Field even but very close to body. **Hand Scan:** Dense, hot mass over left breast. Cold, heaviness over liver and spleen and cold air down left leg from hip to knee. **Practitioner Preparation:** Hara Alignment Meditation to build energy for deep clearing work, center and ground. **Techniques Selected:** 4 Level Chelation to clear and balance system. First hold is attunement. I was guided to do an organ cleanse of both Liver and Spleen with MP:HIM to remove toxin build up and I boost again to the High Heart, Spleen and Sacral to support the immune system with MP:HS over every position. I then had SP turn over in preparation for back work, which was done to address pain and problems ‘behind her’ related to abuses of the past. Vertebral **assessment with pendulum** showed blocks of 2 Thoracic, 3 Lumbar and all Sacrum vertebrae (with all but one reversed). **Visual and hand scan** of spine gave no input. Vertebral Spiral technique completed and **reassessment** showed 1 Lumbar and 5 Sacrum blocks remained. Hopi technique followed on compromised vertebrae. **Reassessment** showed 2 Sacral vertebrae remained elliptical. I bodily felt an intense clearing during Spinal Cleanse, (moving swiftly in spirals up the spine
Week 8 Resources

and off) which I was guided to do. 6th and 7th Level Intervention was done to clear, fill and strengthen SP’s fields. **Ground and Release:** as stated previously. **Post Assessment:** Pendulum: Solar Plexus chakra elliptical with 8 cm diameter. All others 8 mm. **Hand Scan** showed heaviness over her liver and spleen, which tasted metallic to me. **Feedback/Evaluation:** SP said she self-medicated with double doses of zinc for a cold. I noticed SP arrived in high spirits, easily sharing test results and more history. She happily expressed knowing when her throat opened and she was in her power. I connected this with her stated desire to remove herself from abusive situations and a willingness to take new steps to health. During back work I intuited the need for the additional Spinal Cleanse, which resulted in a deep clearing of vertebral blocks. This was supported by Pendulum assessment and by my body sense. I further connected this clearing with SP’s claim of less tension and sensitivity across her shoulders post treatment. **Plan:** I suggested SP seek the advice of her GP regarding zinc intake. I recommended she journal (relative to her past) any results from back work and that she continue to speak her truth. We set next appointment for the following week, the day after her birthday.

*I am seeing a lot of Chelation technique as intervention. It seems to be working and is paired with varied other techniques, but the case study should show that you know many techniques. It seems to be working here, but watch for whether or not improvements are still forthcoming. Techniques from the case study are ‘paired’ with those in the additional two documentations to see if a variety of techniques are known and both lower level (1 & 2) and upper level (3 & 4) techniques are represented. I see a referral back to the GP. I like that. Also there is some very good homework being given. This shows how the case is being managed.*
Week 8 Resources

Session 4: 13 days later. *I like knowing how many days since the last session. Dates are also needed.*

**Update:** SP said, “I had a horrible birthday. No one said ‘happy birthday’ and I didn’t get a card from AA, his son, or Mom and Dad.” She felt her birthday improved late in the day as she got recognition from a friend and a temporary job. Saturday she took Grandpa to his doctor, who said the lymphoma had spread throughout his body. He was scheduled for a CAT scan on Tuesday. When SP asked her mom to take him, she was verbally abused. SP said she has been able to forgive and get angry at others for abuse, but not her parents - before now. She admits she felt suicidal on the weekend with Grandpa unsupportive and pressuring her to contact her mom when she wouldn’t call her on Mother’s Day. SP is meditating 3 times a day. She says she smokes marijuana to relax the negative voices in her head. SP said, “I feel the night sweats are anger internalized.” *(What a great energetic statement/quote!)* SP feels she is finding her voice and the results of speaking her truth are positive. She feels she is still doing things she doesn’t want to, like going to the casino with AA because she has no money for her own transportation. **Problem and Mutual Goal Setting:** Balance of energetic system, which is off and needing addressed. **Pre Assessment; Pendulum:** Crown 4 mm, Brow horizontal 10 degrees from vertical. Throat elliptical, 1 cm. Heart horizontal 45 degrees from vertical. Solar Plexus elliptical, 1.5 cm, 60 degrees from vertical. Sacral horizontal. Root 3 cm. **Hand Scan:** Heat cap on back of head. Brow through Throat cool. Trunk of body very hot. Right side sluggish. **Practitioner Preparation:** Hara Alignment Meditation to build
Week 8 Resources

energy for higher level work, center and ground. Treatment Selected: 4 Level Chelation to clear and balance system. First hold to attune, as stated. At right knee/hip SP said she felt energy ‘whooshing’ up her legs, which pooled at her Solar Plexus. I added holds above the shoulders, which I intuited was needed to address trunk heat. Lymphatic Drain was done to clear toxins and congestion of 5th level. I felt a thick, glueyness being raked off at both the front and back of the chest and over entire right side. When working on SP’s back, my hands felt cold throughout, tingling extensively while on the right. 6th and 7th Level Intervention to clear and energize fields. Post Assessment: Sacral chakra blocks appear to be released through vocalizing as assessed by pendulum, however, Heart chakra compromise has not entirely cleared. Final assessment of chakras has crown unchanged (4 mm), Brow erratic; round changing to elliptical, 10 cm. Throat 8 cm. Heart unchanged (horizontal). (Yeah! Don’t make the reader go find it! Restate for clarity.) Solar Plexus and Sacral 8 cm. Root 3 cm. Feedback: SP was more vocal today, sharing more history and a deeper awareness of her growth. SP was emotional when I gave her a gift, sharing events about her birthday and parents. She said, “I cancelled my appointment because I felt so bad.” I noticed her cough had disappeared, her color was improved, her eyes were clear and she was less emotionally sensitive. She spoke of Grandpa’s deteriorating health without crying. SP feels things have ‘shifted’. She said she is 1) actually saying “NO”, 2) distancing herself from abuse with some, less tolerant and more vocal against it with AA, and 3) not waiting until exploding before speaking out. SP
Week 8 Resources

feels alcohol is a bigger threat to her health than smoking. She said she can’t deal with quitting smoking at this time. **Plan:** I suggested SP journal experiences, as patterns of behavior during crisis could be helpful in the future. I sent her Lifeline’s phone number, a crisis center for suicide prevention, and loaned her the JOY book. I told her she is stronger than she believes and encouraged her to continue her work toward health. We set next appointment for one week to review treatments.

**Wow. Chelation again, but needed before the 5th level intervention Lymphatic Drain. I might have used Lymphatic Drain earlier with her symptoms of night sweats and the amount of smoking she does. The deeper work through several sequences of Chelation seems to be paying off with SP feeling she has ‘shifted’. Hurrah. A referral to lifeline because of SP’s statement about being suicidal is noted. **Important referral!** If this has not been mentioned, I would suspect this practitioner to be ‘less than safe’.

Session 5: 5 days later

**Update/review:** SP said when she first arrived she felt lost and out of control. She knew she needed energetic balancing and came on a referral. Since then she feels she has improved. She feels more balanced, has found her voice and is saying ‘no’. She is setting boundaries and has gained insight on her fear, trust and self-love. SP feels the suggestions made have been very helpful; the BRAID technique from the JOY book, being kinder to herself, walking meditations and eating better. She feels the work is not completed and wants to address 1) keeping her chakras open and 2) saying ‘no’ and standing in her truth with AA. She said she and AA had a fight and he punched her in the stomach. She felt a revisiting of earlier abuses and said her system closed and went ‘back to front’ during the event. SP says recent deaths have left her with heart and stomach pain. She feels good about herself for keeping her
Week 8 Resources

appointment when she is depressed and stressed, as her pattern is not to. **Problem:** Compromised system with pain. **Mutual Goal:** Address system to regain balance. Reduce pain. **Pre Assessment:**

**Pendulum:** Crown horizontal. Brow and Throat 2 cm. Heart reversed, 2 cm. Solar Plexus reversed, 6 cm.

Sacral reversed, 6 cm. Root 4 cm. **Hand Scan:** Heat on left side of head between Crown and Brow. Dense patch over left breast. Solid heat band at Tan Tien. Dense, warm patch over sacral. **Practitioner**

**Preparation:** Centering and grounding with breath in and breath out method. **Treatment Selected:**

Chakra Connection to connect and balance energetic flow. Opening Spiral Meditation to open to deeper work. At Throat hold SP became aware of pain at the Heart, which she identified as grief. 5th Level Spiritual Surgery at heart while SP explored the grief she was feeling. Chakra Spread to open to extremely deep work. Intuited to Ultrasound and HIM on meridian lines from 1) Sacral to Solar Plexus and 2) Solar Plexus to Heart, to reconnect and strengthen them. Intuitive clearing with HIM in field over areas as well. Closing Spiral Meditation to tap down the very deep opening and seal in the deep clearing.

**Post Assessment:** **Pendulum:** showed all chakras open with 6 cm diameter! **Feedback:** During Chakra Connection SP felt energy was sluggish on her right side, as did I. During Opening Spiral Meditation grief was explored by SP. I intuited a sadness being cleared from her field during Spiritual Surgery and noticed she was in deep relaxation during Chakra Spread with slowed breathing and body twitches. Ultrasound and HIM connected major chakras (and meridians) and cleared densities sensed around her heart. I felt
Heart and Solar Plexus chakras warm under my hand after clearing. After treatment SP said the grief was for things lost, not people, which surprised her. She said grieving people was allowed and she identified grief over her lost childhood. SP relayed feeling great with her heart and back feeling clear “for the first time in months”. Plan: I suggested techniques for opening her chakras when feeling compromised and a power stance for when she feels her power is threatened. I gave SP the number for another HT Practitioner to call in my absence, if needed. I affirmed her for coming when feeling blocked and stressed, and on her willingness for improved health.

This is a great client review (exit interview) after 5 sessions and shows some interesting combinations of techniques. It seems like a lot of techniques, but it also seems to have huge benefit and the practitioner says why s/he is using them. I sure find these ‘client sound bites’ (quotes) very helpful and affirming of the work being done. Very nice job here and really effective demonstration of case management.

Overview of 5 Sessions: When SP arrived she was overly emotional, feeling overwhelmed and knowing she was not balanced. She had physical and emotional pain and low energy from a long period of compromise. Her Sacral chakra cleared with balancing and SP learning to speak her truth. Sacral blockages continue to be triggered by present abuses. I feel, however, that SP is moving toward health with increased self-protective and self-care behaviors. These increase her sense of empowerment. Back work released a partial Heart chakra compromise and cleared the Root chakra. In session 5, very deep work cleared the remaining Heart chakra blockage. Heart and upper back pain also disappeared with this work. I feel the ongoing balancing with higher energy work SP receives helps her cope with periods
Week 8 Resources

of being out of balance. I observe strong survival instincts with SP’s work toward health and feel she is highly intuitive. She says she feels less emotional, more in control and more balanced compared to the start of treatment. She says she has found her voice (except with AA), which she feels has helped her find her power. She says she has gained insight to her fears, how she trusts others, and her lack of self-love. Suggestions I made for better eating habits, speaking her truth, readings, walking meditations and continued work were taken by SP. Referrals were followed as well. Following session 5 I found SP’s chakras functioning at high potential for the first time since she arrived at my practice. Her outlook is now positive. She continues to see her psychiatrist and GP, in addition to receiving regular HT treatments. This shows her dedication to growth.

This is probably one of the best overviews of sessions I have seen. I like how the practitioner identifies where the work corrected a problem and met the goals, and the work is not just use of technique. This shows a well-rounded, skilled and professional practitioner who utilizes all aspects of the HT sequence to facilitate a client’s healing. This is excellent evidence of Case Management and the use of homework is exemplary. Good job. I would pass this case study with little comment or question.

Discharge Planning: SP has contracted to continue working on 1) her openness to abuse and reactivity with AA and 2) learning to hold her energetic balance between visits.

I feel deeply blessed to have worked with SP. She is extremely intuitive, strong in dealing with her abuses, cognitive and capable when instituting changes, and dedicated to her personal growth.

I also don’t often see discharge planning as good as this. Simple and direct, but lets us know that the work will continue and that it is being directed by the client. I would certify this practitioner. Excellent job. Without my notes this case study is 10 pages.
Week 8 Resources

Critiqued Case Study - Example 2

March 29, 2008 / Session 1 – 1 hour 50 minutes Where do treatments take place? TWO hour session?

Intake (35 minutes) Is this in addition to the session time listed, or included?

ST was referred by a CHTP/1, 3/29/08. ST, age 64, lives with her husband and dedicates much of her life to volunteer work. In November, she was experiencing some itching on both breasts, and in December was diagnosed with “Infiltrating Ductile” cancer in her right breast. ST has completed 5 of 6 chemotherapy treatments. Her 5th treatment was 3/16/08, and her 6th treatment is scheduled for 4/07/08. Depending upon the results of her chemotherapy, ST will have either a lumpectomy, or a mastectomy. The chemotherapy drugs she is taking consist of Taxotere, Carboplatin, and an antibody, Herceptin. She also takes a steroid, Decadron, (the day before, the day of, and the day after the treatment) to help offset the side effects of Taxotere.

This is a good beginning. The practitioner states what the medications are that the client is taking and identifies the interesting way in which ST discovered her cancer. S/he tells us where in her treatment process she is and what decisions she is facing.

ST visits her Oncologist at the state’s cancer center every 3 weeks. She sees an Acupuncturist monthly and has twice seen a Doctor of Integrative Medicine at the local Medical Center in a neighboring town.

Based upon a saliva test, the Doctor at the center told ST that, as a result of the Decadron, her adrenals were (are) depleted. Other side effects from the chemotherapy include loss of hair, loss of energy, and neuropathy in her feet and hands, as experienced by soreness and tingling.
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This is interesting. The research behind saliva tests for adrenal function indicates it is not exact. This doesn’t mean it isn’t ‘true’. Most people receiving chemo (not all) experience tiredness from the drug cocktail. Neuropathy is especially uncomfortable and common. This is written well and shows the level of self-care this client is engaging. Watch that the tense you use is consistent.

ST takes a variety of vitamins/supplements and anti-inflammatory medications, among them vitamin D, CoQ 10, calcium, Curcumin, glucosamine and chondroitin. She does not use alcohol, caffeine, tobacco, or recreational drugs. Prior to her cancer, she drank ½ glass of alcohol and ½ cup of caffeine per day. Her water intake consists of two large glasses daily with her supplements and her diet is balanced, which includes moderate amounts of red meat. This is not much water for the drugs she is taking.

Other than a bulging disc in 2005, experienced by spasms causing pain in her lower back, ST has been in very good physical health. Prior to cancer she exercised 5-6 days per week, doing Pilates and Cardio. This seemed to resolve her problem with spasms.

If the practitioner asked about the relationship between exercise and spasms, I’d like to know that. It would show me s/he is seeing beneath the intake and connecting (with questions) the client to the relationship of self-care and health. If it was stated as, “The client reports this resolved her problem with spasms”, we would see that she owned it and supplied it as history. Without it – not so clear.

Stresses in her personal life are a direct result of the cancer; however, she remains in good spirits. Her finances, relationships, and work do not cause her any undo stress. She has a very supportive network of friends and attends two cancer support groups. She is President of her alumni, and participates in a writing club. Although ST does not practice structured religion, she has (reports?) a very sound spiritual base and is generally a very happy, positive individual. Whose info is this?
Week 8 Resources

This is an excellent review of her mood, support, interests, fitness level prior to cancer and spirituality. Good job! I like this person’s writing style. Very clear. Please use, “she said, she reports”, etc. to show ownership of information. We do not want to confuse you stating her truth with her stating it.

ST has had one prior HT session with the CHTP who referred her, but because of the distance, can no longer make the commute. I have asked for, and received, permission to use Healing Touch. She is aware that if she chooses to continue with HT sessions, I will be using her story as a case study. From the onset, we have agreed that our overall focus would be to minimize the side effects of Chemotherapy (as stated above) and prepare her for transition to surgery.

How do you know before treating someone that they will be your case study? Did she just come along at the right time (right before level 5)? Or was there some other indication? The overall focus should be stated as the mutual goal.

Problem Statement  Where is it?

Note: to assess physical, mental, emotional, and spiritual levels of comfort/discomfort, I used a pain scale with values of “0 to 10”, with “10” being the most acute pain and “0” being no pain at all. For emotional, mental, and spiritual, the lower values toward “0” would indicate a positive feeling. Problem Statement: ST physically was feeling low in energy and tired (# 6), and neuropathy in her feet were (was) causing her discomfort, as she was experiencing soreness and tingling (# 3). Emotionally, she was feeling low (# 6). Mentally, she was not feeling very focused (# 6). Spiritually, she was feeling grounded (#4).

You can over use scales, especially scales that go in opposite directions. Remember to keep it simple for the reader. As you report pain you can write it 3/10 after you identify your scaling. For the rest you can report it as 3/0, since it goes the other way. But I don’t recommend opposite scales. This is a very good
Week 8 Resources

Overview of how she is doing once the reader gets used to the number of scales to track. If your goals are based on scales it is easy to show ‘outcome’.

Mutual Goals

Our mutual goal for this session was to increase (ST’s) energy levels by energizing and relaxing her physical system, clearing congestion in energy fields, relieve soreness and tingling in feet, help to focus mentally, and uplift her spirits. This sounds like a lot of goals for one session. Aren’t energizing and relaxing mutually exclusive?

Practitioner Preparation These headings are not that helpful. Use bolding or underlining and save space?

I “grounded” by allowing energy to come up from the earth through my lower energy centers up through my heart, and “connected” by allowing energy to come down through my higher energy centers down through my heart. I then “attuned” with ST by placing my hands on her feet/ankles and made a heart–to-heart connection, setting my intention for ST’s highest good and asking my higher power for guidance. Throughout the session, I continued to ground, breathe deeply, and feel a heart-to-heart connection with ST. This is a very good description.

Pre-Treatment Assessment

As measured by a clockwise motion of the pendulum, her chakras were all just slightly open, about 1 to 2 inches in diameter. With my hands, I scanned ST’s upper and lower body. My hands felt warmth over the right side of her body, and I felt some tingling over her shoulder (which?) and right hip. When I asked
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her about this she did not report that she felt anything of significance in these areas. Her auric field was
very full over the top half of her body (2-3 feet) and more compressed toward her lower half (1-2 feet)
by her feet where she was experiencing soreness. *Good assessment reporting.*

H.T. Intervention

I started with a “full body” connection to fully balance the energy centers and release any congested
energy that may have occurred as a result of her *(cancer?)* treatments. The left knee and hip connection
took longer to feel balanced (2 minutes) as did the right elbow and shoulder connection (2 minutes).

This might have explained the tingling I felt over her right shoulder and hip on my hand scan. My left
thumb felt numb when I was over her head at the transpersonal and crown connection and I held that
position for a few minutes. *This is practitioner feedback and should probably go at the end of the
session report?* Next, I proceeded to do a “mind clearing” to help ST focus and quiet the mind. Next, I
applied the “scudder” to fully relax her body and promote energy flow. Next, I did a “magnetic clearing”,
approximately 30 passes along the etheric layer (6 inches), until the field felt smooth. This was to help
clear the auric field above the body of any congested energy resulting from ST’s drug treatments and
releasing any emotional debris due to feelings of fear or worry. Next, I did an “etheric template clearing”
above her right breast (6 inches to 3 feet) to help clear the outer auric field of any stagnant or blocked
energy due to the chemotherapy and cancer that might have not been cleared with the magnetic
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clearing. Next, I did a “lymphatic drain” to help relieve symptoms of lymphatic congestion as experienced by soreness in the feet (neuropathy). As this is used to help relieve congestion and pain in the etheric lymph system, I felt it would be of benefit. I finished with “magnetic passes” (hands still) over the adrenals to support hormone production of the glands and increase energy.

*Technique names should be capitalized. They can also be underlined.* After having done a full body technique, why would you do a Scudder (another full body technique) and then another full body clearing along with magnetic clearing? W-A-Y too many techniques! And you are not finished! Now you do an Etheric clearing AND a Lymphatic Drain? And still you are not finished. Were you trying to get all the techniques in one session? Please think “LESS IS MORE” and of your client. Remember that someone in a challenged state may need LESS energy work. You are not reassessing after technique, so how do you know what has worked and what hasn’t?

Post Treatment Energetic Assessment

With my hands, I scanned ST’s upper and lower body. I still felt some tingling over the right side of her body and some prickly sensation over her feet and knees. Her auric field was very full over her entire body (2-3 feet) as opposed to the pre-treatment assessment. This indicated that there was some clearance in the feet and ankle areas in which the auric field had been compressed. As measured by a clockwise motion of the pendulum, her chakras were more open, 3 inches in diameter, than in the pre-treatment assessment, which indicated an increase in energy flow.

*For all that work you got one inch of extra opening in the chakras and fields? Maybe you are overwhelming the system. Or maybe it is so much work she is just leaving her body. Relaxing, sure. Effective? I’m questioning this.*

Ground and Release

I grounded ST at the ankles/feet *(HOW? By holding them?)* and thanked my higher power for guidance *(What guidance? I don’t see you report intuition.*) I then released *(HOW?)* and suggested to ST that she lie still for a few minutes before rising. After she sat up, I offered her a glass of water.
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Evaluation and Feedback

ST reported that physically she felt “lighter and less dense”, more relaxed, and had more energy (# 4-from # 6). She said the soreness/tingling in her feet had disappeared. (# 0 from # 3). Emotionally, she was uplifted by the session and “hopeful” (# 4 from # 6). Mentally, she felt more focused (# 4 – from # 6). Spiritually, she felt grounded (# 4). ST’s body responded very well to the session. She went “deep” about ½ way through the session.

I would hope so with all that technique. Please remember to say HOW you know what you know, such as saying ‘she shared’ or ‘she said’ when you say what she felt, thought, or in giving information you share that is from her. It is obvious that this practitioner knows HOW to apply the techniques, but doesn’t seem to be trusting that they can do the work for the intention they are imbued with.

Plan

ST was very enthusiastic about continuing with sessions and wanted to continue with H.T. as an adjunct to her allopathic treatments. We scheduled another session for the next day.

After all this work and a two-hour session, why would you schedule again the very next day? Give your rationale. PLAN should include homework. Was homework given?

Summary of Session 2 (March 30th – 2 hours) and Session 3 (April 5th – 1 hour 45 minutes)

Sessions 2 and 3 were documented as part of my 100 sessions. The focus of both sessions were (was) to maintain and increase energy levels, clear stagnant energy in (her/SP’s) fields, minimize (her) neuropathy (as experienced by soreness in hands and feet), and quiet her mind, minimizing any worry or fear that she might be experiencing. After both sessions, ST reported feeling increased energy levels and
Week 8 Resources

relief from her neuropathy. In fact, ST reported that the pain in her feet, after the 4/05 session, had

“disappeared” for a few days. She also indicated that she felt hopeful. Monday, 4/07, she had her last
chemotherapy treatment.

Again, 2 hour sessions are extreme. This summary does not tell us what technique you did to accomplish
the outcomes you report.

April 19, 2008 / Session 4 – 1 hour 50 minutes

Update (20 minutes) Again, is this in addition to an almost two-hour session?

ST was very happy as she was able to go on a trip to New York last week with her sister. It had been
questionable whether she would be able to go (due to?), and (she shared that) it turned into a very
uplifting experience. When she came back, she had her MRI, which (she reports?) turned out well. She
has scheduled a lumpectomy for 4/29, one week from Tuesday. This was more great news, as a

mastectomy was also a possibility.

Editing and review is important to show you how a reviewer will read and understand your document.
SEVERAL sets of eyes should review a case study before it is ready for either Level 5 OR certification! The
tense used should be consistent throughout.

Problem Statement

It had been 14 days since ST’s last Healing Touch session and she reported (very good!) that her energy
level felt low. She shared that her physician mentioned her depleted adrenals, which could be the cause.

She was experiencing neuropathy, as experienced by soreness in her feet and hands. On the pain scale,

ST, physically, was feeling low in energy (# 5). (The pain scale is 0-10 for pain. What is #5? Very low
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would be less than ½, wouldn’t it?) she felt some soreness in her feet and hands (# 5). Emotionally, she
was feeling hopeful (# 2). Mentally, she was feeling a bit tired with so much to deal with (#5). We did not
discuss how she felt spiritually.

This is a very good update from the last session, bringing the reader up to date on what ST has done to
enjoy her life and how things are progressing for her. It also mentions her sense of her own situation and
condition with these numbers. Other than too many techniques and too long of sessions, this case study
shows good work in information collection and presentation. It also shows the practitioner is attentive to
the client. I am starting to get confused by the scales.

Mutual Goals

Our mutual goal for this session was to increase energy levels by energizing and relaxing her physical
system and support adrenal production. We also wanted to relieve soreness in ST’s feet and hands. We
also wanted to help ST minimize worry and maintain a clear focus and perspective on the forthcoming
surgery, by quieting the mind.

Have you been relieving her worry? If so, how long does it last between sessions? How are you going to
measure these results, like clear focus and adrenal production? There are a lot of goals listed here. Goals
MUST be measureable. Ask yourself, “What will it look like when the goal is accomplished?”

Practitioner Preparation as before (see session 1).

Pre-Treatment Assessment

A horizontal motion of the pendulum over her solar plexus and throat chakras indicated that energy
might be compromised in these areas. (It IS compromised based on what we learn in HT) The other
chakras were open about 2 to 3 inches in diameter. With my hands, I scanned ST’s upper and lower body
and the energy felt very lively and prickly. *Can you describe ‘lively’? You have told us she is low energy, so I’m not sure what this means.* Her auric field was very full over her body (2 to 3 feet) and also felt prickly. *Does 2 to 3 feet mean it was not symmetrical? Where did it differ? Please think about your reader when you are writing. Will they ‘know’ what you mean?*

**H.T. Intervention**

I started with a chakra connection to fully balance the energy centers, and release any accumulated or blocked energy that may have occurred as a result of her last chemotherapy treatment. I proceeded with a “mind clearing” to help her settle her mind, minimize worry and help maintain a clear perspective. *(How will you know if this is accomplished?)* Next, I did the “scudder” to fully relax her body to promote energy flow. Next, I did a “chakra spread” to fully open the chakras and create a peaceful environment in which ST could make? her transition to surgery. I proceeded with a “lymphatic drain” to help relieve any lymphatic congestion, and relieve stagnant energy in the joints in the feet and hands to reduce soreness. I finished with “magnetic passes”, hands still and hands in motion over her feet and hands to minimize soreness due to the neuropathy and “magnetic passes”, hands still and hands in motion *[These are good technique names to use acronyms for like Magnetic Passes: Hands in Motion (MP:HIM)]*, over the adrenals to support hormone production of the glands *(in order)* to increase energy.
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I would not follow Mind clearing with Scudder after Chakra Connection, and then again another full body technique. Then after Chakra Spread – which is usually a stand-alone technique, the practitioner also did Lymphatic Drain. If you know the purpose of the techniques you would not use so many. I would have to say again that this practitioner does not trust the strength and purpose of each technique. Less technique and more time on the ones you choose, plus, less time overall would show the reader a more accomplished practitioner (in my opinion). There is no use of homework, so the whole Case Management aspect is up for question in my mind.

Post Treatment Energetic Assessment

With my hands, I scanned ST’s upper and lower body. It still felt prickly over the left side of her body.

Her auric felt closer to her body, 1 to 2 feet, and felt warm and prickly above the left side of the body.

As measured by a clockwise motion of the pendulum, her chakras were all fully open, 3 inches in diameter. Good outcome here with the chakras, but not really with the field. As a reader I like having both a hand scan and pendulum assessment before and after to show changes.

Ground and Release as before (see session 1)

Evaluation and Feedback

ST was slow to get up. Her first comment was that she didn’t know if she had fallen to sleep or if she was just in a “very deep state of relaxation”. She said the HT treatments were really “very different than anything she had experienced”. The look on her face indicated that she was very relaxed and at peace.

She said she felt an increase in energy (#1 - from #5) and the soreness in her feet and hands were (was) gone, just some tingling (#1 – from #5). Emotionally, she still felt very positive and hopeful (#2).

Mentally, she felt focused and not as tired (#2 – from #5). We did not discuss how she felt spiritually.
From my standpoint, ST’s body seemed to respond very well to the session. She went very deep within about 10 minutes. She continued to be very enthusiastic about the sessions.

*This is a very good representation of further assessment from the practitioner’s perspective. In addition to the hand scan and pendulum, s/he is sharing that the ‘look on her face’ was noticed. The practitioner does need to tell us what “from my standpoint” means. Were there additional things s/he noticed that support the statement that ST’s body seemed to respond well? If the client went very deep within 10 minutes, why would you do Scudder (since it was for relaxation)? If she didn’t go deep until Chakra Spread, you are going too fast on techniques. Where is the mention of homework to keep this work going between sessions?*

Plan

ST felt that she was benefiting from HT sessions and wanted to continue as an adjunct to her allopathic treatments. We agreed to schedule another session prior to her lumpectomy.

*PLAN is not an overview and ‘do you want to continue sessions’? Yes of course that can be a PART of Plan. Plan shows what the practitioner’s plan is to keep the work going between sessions, to continue the system opening/strengthening, homework to address goals identified, etc. PLAN shows how the practitioner is managing this case. This is essential.*

May 8, 2008 / Session 5 – 1 hour 30 minutes. Update (20 minutes)

ST’s lumpectomy, which was scheduled for 4/28, was cancelled due to her white (*blood*) cell and platelet count being low. The doctors determined that she needed infusions to booster these counts. *(Do you mean ‘bolster’?)* She also was experiencing some nose bleeds as a result of the chemotherapy, but the bleeding had subsided. *(When?)* Surgery was rescheduled for 5/15. ST had been on an emotional roller coaster, and was disappointed. She had been experiencing a periodic problem with her balance as well as low energy levels, and was still experiencing neuropathy (some numbness in her hands and most
Week 8 Resources

particularly her feet, at night). She was also is feeling a bit unfocused at times or a bit “foggy” as she explained it.

Very good update, although be careful of leaving more questions than answers. When did the nosebleeds subside? In this session, or between sessions? Hours, or days ago? The reader knows by now what neuropathy is. What we don’t know is what is going on with her ‘balance’. What feedback is she giving you on how long after a session she feels relaxed? Does she think she is coping better than before, or at the start of HT treatments? How long is the neuropathy at bay following a session? Overall, is it better or worse?

Problem Statement

ST was feeling low in energy (# 5), and neuropathy in her feet were (was) causing her some discomfort as she was experiencing some numbness (# 5). Emotionally, she was feeling disappointed (# 5).

Mentally, she was feeling a bit unfocused (level 5). Spiritually, she was feeling grounded (# 2)

What about the balance issue? I’m getting lost on these scales. The 5s don’t mean anything to me without the full scale. Is this 5/10 or 5/0?

Mutual Goals

Our mutual goal for this session was to increase energy levels and relax her system. Also, we wanted to clear any congestion over breast areas, minimize numbness in feet, help to focus mentally, and “boost” her emotional state.

What will it look like when she has better mental focus and increased energy levels? How is she noticing this and what is supposed to change? Will her activities change? Make sure your goals are clearly measurable or you can not claim you accomplished them.

Practitioner Preparation
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I grounded myself with a “Hara Alignment Meditation” *(Nice. Capitalized!)* setting my intention and

prepared *(preparing)* for a chelation *(not capitalized)* by spinning each of my chakras, building up my

energy, and proceeded *(proceeding)* with expanding *(expansion of)* my “Core Star” essence….one field at

a time. *(After talking with ST, I felt a Chelation *(capitalized – be consistent! This is what I mean by editing.)* would be of benefit so as to connect with the higher levels of her spirituality and reach a

deeper level of healing). I grounded ST at the feet and attuned by making a heart to heart connection.

*You must keep the tense of your wording the same. I’m not sure I know your justification for Chelation*

*from your description. I also do not know how much influence the client has or if she is just agreeing with you. How did you center? Do you always attune in the same manner? You need to say.*

Pre-Treatment Assessment

As measured by a clockwise motion of the pendulum, ST’s root, sacral, throat, brow, and crown chakras

were open about 2 inches diameter. The pendulum swung horizontal over her solar plexus and heart

chakras, which could indicate that energy might be compromised in those areas. *(? It DOES indicate this.)* I *(Hand)* scanned ST’s upper and lower body. My hands felt warmth over the right side of her body,

particularly over her right neck and chest area. Her auric field was very full over the top half of her body,

2 to 3 feet, and felt very “soft”.

*So it was imbalanced and bubbled out over the top ½? You are starting to lose me a bit as the reader.*
H.T. Intervention

I recognize that the chelation generally is used as a stand-alone technique; however, for this session, I chose to embody it within the spiral meditation (because) I set my intention to use the spiral meditation to connect ST’s energy centers and the chelation primarily to remove auric debris and fill the auras with energy. I started with an opening “Spiral Meditation” to fully open and connect her chakras; also to uplift ST’s spirits and give her a sense of “equanimity”. (Where is this in the description of this technique, or in her feedback from previous sessions?) I continued with the “Chelation” technique, all the while spinning my chakras, and vibrating my hips, to increase the energy flow within my system. After the last step of level 4 work, (do you mean Chelation?) with my hands on ST’s cheeks, I stopped the spinning and vibrating and proceeded to do level 5 work. I did an “Etheric Template Clearing” over her breast area (6 inches to 4 feet above the body) to help release any accumulated or stagnant energy over the outer energy fields. I proceeded with “Magnetic Passes” (hands still) over both feet to help relieve some of the numbness that she was experiencing. To help quiet her mind and more clearly focus (her or you? My guess is she is already out of body. How are you going to ‘focus’ her?) I did a “Mind Clearing”. Next, I did “scudder” to promote energy flow. (This is a meridian technique – which is the slowest of the energy systems, relating to the ORGANS and BODY SYSTEMS. Do you hear ‘lower level’ here? You are beyond working at the lower, more physical levels. You are out on the 5th level and beyond. Now I KNOW you
I proceeded with level 6 work, starting with my hands over ST’s brow chakra in a “v” form (do you mean a triangle?) and raising them slowly, pausing about 2-3 feet about her brow to allow the spiritual guides to do their work. I then proceeded with level 7 work (clearing/filling?), moving my hands around ST’s outer energy field repairing ruptures in her field as I felt them. (Where did you find them?) While holding the outer aural field, I honored ST and gave thanks to the guides. I then ended with a closing “Spiral Meditation”.

There is no reason to do Magnetic Clearing after Etheric Template Clearing. The first one you used is a fifth level technique (which is how you used it), the second one is not and you followed a 5th level technique with it. ? Then, when she was already very deep, you did Mind Clearing AND Scudder before 6th and 7th. These don’t even make sense to me. Also, I do not know how you mean that Chelation is a ‘stand alone’ technique. Chelation is to prepare for upper level work, so is seldom done alone…unlike Chakra Spread, which is most often done alone in a session.

Post Treatment Energetic Assessment

With my hands, I scanned ST’s upper and lower body. It felt very lively (“tingling”) over the left side of her body. Her aural field was very full, 2 to 3 feet above body, and also felt very lively with lots of “tingling”. As measured by a clockwise motion of the pendulum, her chakras were all fully open, 2 to 3 inches in diameter.

Ground and Release as before (see session 1)

Evaluation and Feedback
Week 8 Resources

ST reported that physically she felt very good, very relaxed (# 3 from # 5). She reported that her feet felt less numb (# 3 from #5). At this point, she did not know if her balance had improved, but she said she would touch base with me in the next day or two to let me know. (Two days later she reported that she did, in fact, feel more balanced.) She felt a high level of energy (# 3 from # 5). Emotionally, she was *felt* uplifted by the session and “hopeful”. (#3 from # 5). Mentally, she felt more focused (#3 from # 5).

Spiritually, she still felt grounded (the same) From my standpoint, her body felt very lively and responded very well to the session. During the session, she went very “deep” after about 10 minutes and by the end of the session she had fallen to sleep.

*What do you mean ‘from my standpoint’? I like how the writer puts the before and after self-assessment (#3 from #5) in the sentence to show improvement. This is excellent for the reader. How does the client know that her balance has improved? What happens when it is not good? We do not have enough information to track outcomes.*

Plan

ST will schedule another session after her surgery next Thursday, 5/15.

May 19, 2008 / Session 6– 1hour 20 minutes

Update (15 Minutes)

ST’s lumpectomy, which was scheduled for 5/15, was again cancelled. The morning of her surgery the doctor took a mammogram and calcifications appeared outside of the area of the tumor. After consulting with her doctors, ST elected to undergo a mastectomy, which was now scheduled for the day
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after this HT session. ST had been on an emotional roller coaster the past few weeks and although feeling disappointed, she was comfortable with her decision to go ahead with the surgery. What is in parenthesis?

Problem Statement

ST was feeling a bit worn down and was feeling some soreness in her feet as a result of the neuropathy (# 5). Emotionally, she was feeling disappointed and anxious, as all of this was quite a bit with which to deal (# 5). Mentally, a lot of decisions had to be made and her mind was tired (# 5). Spiritually ST felt grounded (# 5).

This actually belongs in assessment and is not a problem statement per se. I would list: ST shared that she was feeling worn down, having some neuropathy, was feeling anxious and was tired.

Mutual Goals

The main goal for this session was to help prepare ST for her surgery the next day. We wanted to help maintain high energy levels by energizing and calming her physical system. (Why high energy levels for surgery? Do you mean energetic balance? What does it look like when she is prepared for surgery – as opposed to how she is now?) We also wanted to reduce soreness in her feet, and to help clear and calm ST’s mind so at (as) to provide a peaceful internal environment into (within) which ST could transition to (through) surgery.
Week 8 Resources

Energizing and calming? Explain. It does sound as though you are working through this with her. As a reader I’m not sure I have the whole picture. I hope this goal setting is discussion-based, as it would show very good compassion and mutual work toward goals.

Practitioner Preparation as before (see session 1)

Pre-Treatment Assessment

As measured by a horizontal motion of the pendulum, ST’s sacral, and solar plexus chakras indicated that energy might be (was) compromised in those areas. Her other chakras were all open, (with) motion of the pendulum clockwise 2 inches diameter. I (hand) scanned ST’s upper and lower body. My hands felt warmth over the length of her entire body. Her outer energy field was quite full and soft, approximately 2-3 feet above body.

This sounds like it is finally symmetrical. Watch how you state things so that you are showing decisiveness and a knowingness regarding the assessment. You are making a correct connection between what you are seeing with the pendulum and what it means (according to what you learn in the HTP). You want to show your best work, so state it that way. If you question what you write – or sound like you are guessing, the reader will not be convinced that you know.

H.T. Intervention

I started with an opening “Spiral Meditation” to provide a sense of “peacefulness” and to connect ST’s energy centers. I proceeded with a chakra connection (consistency with names) to fully balance the energy centers. Next, I proceeded to do a “modified mind clearing” to help ST focus and quiet her mind.

Next, I did the “scudder” to fully relax her body and promote energy flow. I proceeded with a “chakra
spread” to fully open the chakras, provide a deep healing, and prepare ST for her transition to surgery the next day. I concluded with the “closing spiral meditaion”.

*Again, this was too many techniques, but less than you have been doing. This would have been better if the practitioner went to the closing spiral after the modified mind clearing.*

Post Treatment Energetic Assessment

With my hands, I scanned ST’s upper and lower body. It felt cooler than the initial hand scan, and smooth, with the exception of a heavy feeling over her hips. Her auric field was very full, 2 to 3 feet above body, and felt soft. As measured by a clockwise motion of the pendulum, her chakras were fully open, 2 to 3 inches in diameter.

*Here for the first time the practitioner records symmetry in the field, open chakras and a cooler, smoothness in the field. Fewer techniques performed and maybe greater benefit?*

Ground and Release

As before (see session 1)

Evaluation and Feedback

ST reported that physically she felt very relaxed and her feet felt a “tickle” as I touched them, rather than the “soreness” she had originally felt (# 2 – from # 5). Emotionally, she was uplifted by the session and her face reflected a sense of well-being. *(How??)* She reported feeling “hopeful” (# 3 from # 5).

Mentally, she was focused (# 3 from # 5). Spiritually ST was grounded (# 5). *(Isn’t a zero grounded??)* She seemed to want to talk more about the surgery, which she did. I pretty much just listened. I was glad
that ST felt comfortable and that my role as a facilitator had expanded to that of someone whom she could truly trust. Her body energy felt very soft and responded very well to the session. (?) During the session, she appeared to go “deep” within the first 10 minutes.

*Why is an ‘assessment’ under this heading? Her ‘going deep’ (pattern) did not change, however she is expressing a softness that you have not previously mentioned. It sounds to me as though some accumulative healing is really starting to occur with ST. It is also starting to look like the practitioner is choosing fewer techniques for greater benefit.*

**Plan**

We agreed to schedule another HT session after her surgery, which was the following day.

May 24, 2008 / Session 7 – 1 hour 45 minutes

**Update** (15 Minutes)

ST had her mastectomy last Tuesday, 5/20. The surgery went well, *(present tense)* but the doctor needed to remove 2 of 9 nodes. *(say what kind of nodes – lymph nodes)* The pathology report indicated that the cancer had not spread *(past tense)* farther into her system. ST was out of the hospital in 2 days.

*This seems incredible to me!* Thus far, she had not needed any pain medication. *(This is even more incredible! Good for you!)* Physically, she was well, but appeared tired. *(Appeared, or stated she was? If appeared, how did you determine that?)* Because of the abruptness of having to make the decision of a mastectomy rather than a lumpectomy, she *(shared she)* was experiencing a let down. *(Was this processed in any way with her?)* ST reports she will start radiation in 6 weeks.
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Problem Statement

ST, physically, was feeling low in energy (#6), and (with) neuropathy in her hands and feet, causing her some discomfort as experienced by numbness (#5). Also, she (shared she) was experiencing some soreness in the areas of surgery (#5). (Which were...? Left breast? Left arm pit? Right?) Emotionally, she was feeling a let down. ST was dealing with the perception of being (in her words) “disfigured”. Words cannot express how privileged I felt for her being able to share this information This should go in practitioner feedback (#6). Mentally, she was feeling as if there had been a lot with which to deal. Her affect was “flat” (#5). Spiritually, she was grounded (#2).

Again, this is huge trust. How did you process this let down and concern she shared? Did you give homework or a referral? Also much of this belongs in assessment. Problem statements are the actual problems she is having. I would put the numbers reflecting her scales in assessment and write the problems in a statement here.

Mutual Goals

Our mutual goal for this session was (is) to increase energy levels by energizing and relaxing her physical system. We wanted to clear congested and stagnant energy in the fields surrounding the areas of surgery. We wanted to minimize numbness in feet and hands, and soreness in chest area. We wanted to help to focus, and uplift her spirits. We also wanted to help ST to prepare for this mental and physical transition through which she was going.
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What would this look like? Goals must be measurable. Did you recommend talking through this with a therapist or in her support group? What homework have you been giving her? What is the plan between sessions? Now that deeper grief is coming up, where is it going to go?

Practitioner Preparation as before (see session 1)

Pre-Treatment Assessment

As measured by a clockwise motion of the pendulum, her root, solar plexus, brow and crown chakras were all open, about 2 inches diameter. As measured by a horizontal motion of the pendulum, her sacral, heart, and throat chakras indicated that energy might be compromised in these areas. With my hands, I scanned ST’s upper and lower body. My hands felt warmth over her right side (chest and hip areas) and smooth along her legs. Her outer energy field felt close to her physical body, about 1-2 feet.

It was hard to describe as it did not feel soft, but did not feel well defined. Was it symmetrical?

H.T. Intervention

I started with a “chakra connection” to fully balance the energy centers, release any congested energy, and energize her body. Next, I proceeded to do a “mind clearing” to help ST focus and quiet the mind and to help improve her emotional state and to create a state of peacefulness. Next, I did a “magnetic clearing”, approximately 30 passes until the field felt smooth (6 inches above the body), to help clear the energy field (remove?) of any congested energy resulting from her surgery and anesthesia, and release any emotional debris due to all the decisions that she has had to make over the past few weeks. Next, I did an “etheric template clearing” (ETC) above her right breast and chest area (6 inches to 4 feet above
Week 8 Resources

the body) to help clear the energy field of any stagnant or blocked energy due to the surgery. *This sounds like MP: HIM. ETC clears the whole template at the 5th level.* Next, I did “sealing the wound” technique above the area of surgery to seal the auric field from any tearing or ruptures resulting from the surgical procedure. *(Did you FEEL or SENSE any?)* Next, I did “magnetic passes” (hands in motion) *MP:HIM* over the breast and chest areas to relieve any soreness. Next, I did “magnetic passes” (hands still) *MP:HS* over the feet and hands to minimize numbness. I finished with a ‘chakra spread” to help prepare ST for the psychological and physical transition through which she was going.

*Why do you choose the techniques you are doing? Some are similar in what they do (open or clear), yet you are doing multiple techniques for the same gain. If you are intuiting to do them, do you know why? There are still way too many techniques being done in each session and your sessions are still running nearly two hours!*

Post Treatment Energetic Assessment

With my hands, I scanned ST’s upper and lower body. I still felt some heat over the right chest area, but it was not as widespread as the initial scan. It felt as if there were some heaviness and congestion over her lower legs. Her outer energy field was very full over her entire body, 2 to 3 feet. As measured by a clockwise motion of the pendulum, her chakras were all fully open, 3 inches in diameter.

*Ground and Release as before. (see session 1)*

Evaluation and Feedback
Week 8 Resources

ST reported that physically she felt “very relaxed”, and that her feet and hands were not as numb (# 4 from # 5/6). Emotionally, she was very happy to have had the session and was very open to talk about the future (# 5 from # 6). Mentally, she was clear (# 4 from # 5). Spiritually, she was grounded (# 2). ST’s body seems to have responded very well to the session. Again, ST went “deep” within 15 minutes of the session. She was hopeful and very enthusiastic about continuing with HT sessions. Perhaps the most significant change that I perceived in ST was an acceptance *(of what?)* that was more evident than in the past. Before the session began, she removed her cap. ST had always been open and frank with me, but had never exposed her *bald* head. For me, her willingness to show this vulnerability displayed a true sense of acceptance and I felt privileged. For me, healing has always been the process by which the body, physically and spiritually, completes itself. *I’m not sure what this means. Sorry.* Despite ST’s perception of being “disfigured”, I had the feeling that she was more complete than ever, and I felt privileged to be part of her process.

*This is truly wonderful healing. How much discussion has there been around this topic? Is she getting support in working this through in any other way? Although this is called evaluation and feedback, most people only give the client’s feedback. This is an excellent example of giving practitioner feedback and coupled with the intuitive pieces of what s/he experienced during the technique work, is very good Practitioner Feedback.*

Plan, Discharge and Continued Treatments

Our plan is to continue HT sessions throughout ST’s recovery. This will include another session prior to her radiation in 6 weeks and then continued sessions once radiation has begun. ST will continue to go to
Week 8 Resources

her 2 recovery groups. She will continue to receive acupuncture, as needed, and will continue to see her

Osteopath, Oncologist, and Doctor of Intergrative (words underlined in red are usually misspelled or not grammatically correct. These edits should all be made before submission to certification.) Medicine. As prescribed by her Oncologist, she will continue to take the steroid, Herceptin, until the end of the year.

For continued self-care, I taught ST the chakra connection so she could do some energy balance between our sessions. I felt she could add this to her meditation and physical exercise, which all help to engender within her a feeling of empowerment. (In retrospect, this was something I would have done during earlier sessions.)

Every session should have some kind of plan, which can include homework for self care, introspection, meditation, journaling, etc. Usually asking the client which ONE thing they can add to their schedule between this session and the next, is a way to build self-care without overwhelming them.

Summary  Here you can switch to past tense from present, as it is a look back.

Seven weeks ago, March 29, 2008, ST was referred to me by another CHTP/1. ST was in her 5th of 6 chemotherapy sessions. Our intention from the beginning was to minimize the discomfort of the chemotherapy and help support her emotionally through the transition to her lumpectomy or mastectomy, whichever was needed. Specifically, we focused upon depleted adrenals, as evidenced by low energy, and neuropathy, as experienced by soreness and numbness in her feet and hands, as well as creating a peaceful mental state. ST has felt that the sessions have been of great benefit in each of the aforementioned areas, and wants to continue with Healing Touch sessions throughout her recovery
Week 8 Resources

process. ST had her mastectomy last week, May 20, and is doing very well. The pathology reports are encouraging in that the cancer does not appear to have spread farther into her system. She has planned to begin radiation in 6 weeks. ST has always had a very optimistic attitude and continues to be very hopeful in her recovery process. For me, this has been, and will continue to be, an invaluable experience. I have learned much from ST, who has been a great inspiration. From the beginning, I saw my role with ST to be that of a facilitator of healing, to be part of her healing process. I told her from the onset that, for me, healing was about the process of becoming complete, whichever road that took. My guarantee to her was that I would support her throughout that process, and it is to that process to which we have dedicated ourselves.

This practitioner exhibits great compassion for this client and gathers and reports information well. There are too many techniques being done and the sessions are too long at 2 hours each, which leads me to doubt s/he knows what the techniques are for energetically, or else doesn’t trust them to work. I look at this case study as a rough draft as it would not be accepted for certification. It was also 12-13 pages long before my comments, where the limit is 10. I’m sure with feedback this practitioner will start to give the techniques the chance to actually do what they are for (and what energies they are imbued with) by taking more time with each technique and using fewer overall. Homework is a tool with great value and it was only used in the last session. Also, a referral to a therapist or cancer support person would have shown a greater understanding on the part of this practitioner to assist this client through a very trying time. We are not meant to ‘be all’ for the client and referrals are extremely valuable for widening the support system of a client, not to mention in recognizing when someone needs something we may not be able to give. Referrals and homework in general are important ways to demonstrate great case management.

Overall, I see tremendous heart capacity with this practitioner and do not question the benefits this client received. I feel like I have been given a sacred glimpse into a private and special bond between these
Week 8 Resources

two. However, there are some basic HT instructions that have not yet been grasped by this practitioner and certification is the process of showing your best work and proving that you know what the HT Program is all about. This one was not totally successful. Keep at it!
Week 9

1. Questions, feedback, issues since our last meeting?

2. Evaluating the mentee’s case management comprehension and expertise:
   a. Case Management comprehension:
      i. Identifying the mentee’s ‘stage of development’; coach to where they are
      ii. Utilizing time management:
         (1) Manage time as a mentor
         (2) Manage time as a mentee/practitioner
      iii. Mentor/practitioner competence:
         (1) Deliverables for homework
         (2) Setting boundaries on session time
         (3) Identifying problems and goals and writing effective (measurable) goals
         (4) Matching techniques with goals
         (5) Measuring outcomes
         (6) History taken through continuity
   b. Mentee/practitioner Case Management Expertise:
      i. Are the technique/sequence steps known?
      ii. Are method uses known?
      iii. Are communication skills effective?
      iv. Are all 10 Steps being documented?
      v. Does the mentee practice with a consent/disclosure form?
      vi. Does the mentee practice within good boundaries?
      vii. Does mentee carry liability insurance?
      viii. Does the mentee know how and when to make a referral?
      ix. Does the mentee know how to utilize/evaluate homework?
      x. Does the mentee work within his/her scope of practice?
      xi. Does the mentee practice within HTP Ethics?
   c. Mentor Helps:
      i. Identify what is yours and what is theirs
      ii. Arbitration and handling of serious issues
      iii. Time management to meet goals
      iv. Refer to the Healing Touch Skills checklist (see HTP Mentor webpage)
      v. Review forms for observing mentee and receiving treatment (resources)
   d. Healing Touch Program and the role of Healing Touch Certification
      i. Where we’ve come from
Week 9

ii. Where we are
iii. Where we’re going

3. Self-care, self care, self care!
   a. The physics of self-care: “It’s not just a good idea, it’s the law!”
   b. Model what you want to see in your mentee:
      i. Balance
      ii. Emotional intelligence
      iii. Boundaries
      iv. Compassion
      v. Good Case Management
      vi. Professionalism
   c. How much is ‘enough’ self-care? Can you do ‘too much’?

4. Final case study class critique:

5. Further support and resources – 6 months of supervising/advising included in course tuition!

6. Where to from here? HTP Instructor training, community service projects, networking (mentor group?), individual and/or group mentoring, certification reviewer, HTP committees, serve with the HTWF, member of the HTPA, consultant to mentors, HTP conference presenter, taking HT to healthcare facilities, creating your personal HT website, etc.

7. Evaluations

8. Graduation
## Mentor Tools

**Mentorship Monthly Progress Report**

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<thead>
<tr>
<th>Mentee Name</th>
<th>Jan</th>
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Mentor Tools

Mentor Observed Session Feedback

Mentee Name: ________________________________ Date: __________________

Session 1: ☐        Session 2: ☐        Session 3: ☐        Client initials: ________

Feedback:

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Suggestions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Mentor Tools

Mentor Received Session Feedback

Mentee Name: ___________________________ Date: ____________________

Session 1: ☐  Session 2: ☐  Session 3: ☐

Feedback:

________________________________________________________________________
________________________________________________________________________
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Suggestions:

________________________________________________________________________
________________________________________________________________________
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© 2009 Energy Medicine Specialists and Healing Touch Program
Resource Listing

Physics and Research in Energy Medicine Resource Listing

Amdahl, Kenneth., There Are No Electrons (Arvada, CO; Clearwater Publishing, 1991)


Brennan, B. Lecture Series, Volume One  (East Hampden, New York, 1995)

Capra, Fritjof. The Tao of Physics. (Boston: Shambahala; 1975, 1983)


Resource Listing


Dossey, L., Be Careful What You Pray For...You Just Might Get: What We Can Do About the Unintentional Effect of Out Thoughts, Prayers and Wishes (San Francisco: HarperSan Fransico, 1999).


Gerber, R. Vibrational Medicine: The #1 Handbook of Subtle-Energy Therapies (Rochester, Vermont, Bear & Company, 2001)


Herbert, N., Quantum Reality, Beyond the New Physics. (New York: Random House, 1985)


Resource Listing


Resource Listing


Wolf, Fred Alan., The Eagle’s Quest: A Physicist’s Search for Truth in the Heart of the Shamanic World. (New York: Touchstone, 1991)


Zukav, Gary., The Dancing Wu Li Masters: An Overview of the New Physics. (New York: Quill, 1979)

www.meta-list.org

www(ALTERNATIVE-THERAPIES.com

www.imjournal.com

www.holisticprimarycare.net

www.fammed.uchsc.edu/article

www.energyresearch.us

www.hado.net/
Resource Listing

Works Cited


## Evaluation Form

**Course Title:** HTP Mentor Training Course  

**Instructor:** Janna Moll, HTCP/I, MSN, CMT  

**Dates:** ____________________________  **Time:** ____________________________  

Indicate the extent to which participant, is able to meet the following objectives. Please rank the following items on a scale of 5-1.  

(5=excellent, 4=good, 3=average, 2=fair, 1=poor)

<table>
<thead>
<tr>
<th>1. The participant will be able to:</th>
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<tbody>
<tr>
<td>a. List the Mentor’s Tools utilized in the Healing Touch Program</td>
<td>5 4 3 2 1</td>
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<tr>
<td>b. Identify 6 key elements of a professional resume</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>c. Identify 4 ways a healing modality provider displays professionalism</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>d. Describe 3 ways to give constructive feedback</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>e. Describe 3 prerequisites for successful conflict resolution</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>f. State which two documents outline a Healing Touch practitioner’s safe practice</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>g. Define transference and counter-transference</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>h. Differentiate between Healing Touch Level 5 completion homework and HT Certification Criteria</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>i. Given a rough case study and practice, the student can successfully critique it to final certification application quality</td>
<td>5 4 3 2 1</td>
</tr>
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<tr>
<th>2. Relevance of content to identified objectives</th>
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<tr>
<th>3. Presenter’s ability to communicate knowledge of subject</th>
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<th>4. Effectiveness of teaching methods</th>
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<tr>
<th>5. Presenter’s ability to respond to questions</th>
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### Resource Listing

6. To what degree did the following teaching methods facilitate learning?

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<tbody>
<tr>
<td>a. Lecture/telephone seminar</td>
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<td>b. Syllabus/written course materials</td>
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<tr>
<td>c. Work/Practice sessions with homework samples</td>
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<td>4</td>
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<tr>
<td>d. Independent study or work sessions between classes</td>
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<td>4</td>
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<td>e. Discussion</td>
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<td>f. Homework</td>
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<td>g. Ongoing mentoring, help or support</td>
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<td>h. Tele-seminar recordings</td>
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7. What was the most helpful area of learning that you plan to put into clinical/mentorship practice?

8. To what degree was the course environment conducive to learning?

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<tr>
<th>Method</th>
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<tr>
<td>c. Ability to ask questions and be responded to</td>
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<tr>
<td>d. Sense of energetic connection to the instructor or group via virtual classroom</td>
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<td>e. Ease of use of online resources</td>
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9. Comments related to this program experience.

10. Suggestions for future offerings/programs and possible presenters.

11. Additional comments: