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Healing Touch Program Case Management

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Case Management is a key component of the work of a Healing Touch Practitioner. It is the “big picture” of how a series of sessions with one client is managed over time within the framework of the Healing Touch Program. It provides the practitioner and client with not only with a clear progress report of what has been done and how the healing progressed, but sometimes serves as a legal record.

Practitioners clearly demonstrate their competency when managing clients over a series of sessions. Competent case management requires a thorough intake or history, mastery of goal formulation with a client, assessment of the energy system, selection of appropriate interventions to address specific energetic patterns, adapting Healing Touch interventions to best serve the client’s needs, documentation of sessions, planning a sequence of sessions to address the client’s problems over time, evaluating the efficacy of treatments, utilizing appropriate consultants as needed, and referring to other professionals for additional assistance when warranted.

Intake or History of Client’s Problem

A comprehensive intake interview is taught and practiced in Level 2. When the client seeks Healing Touch, a clear statement of the presenting primary problem or health issues is recorded. A multidimensional assessment is then conducted which covers important health and medical issues the client experiences. The medical review includes a modified medical history including past surgeries and illnesses/challenges, a list of current medications, and a list of health care practitioners the client works with. Social support, perceived stressors and self care practices are also explored. This history provides a background framework for treating the client.

Mastery of Goal Formulation:

Mutual goal setting or identifying the intention for healing is discussed in Level 2 after the intake interview is done. In this step, the client’s needs and wishes are assessed and modified by the practitioner to fit the practitioner’s skills and scope of practice and the desired direction agreed upon by both parties. Decisions may be made at that time as to whether the client will continue working with the practitioner. Sometimes the client’s needs are outside of the practitioner’s scope of practice or another health care practitioner’s skills from another modality or discipline may be needed in order to provide comprehensive care.

Often the desired direction may include both long term and short-term goals. Long term goals may be necessary since changes desired are likely to take a longer time to occur than within a single treatment. Short-term goals may occur within a single sessions or set of sessions. Often the short-term goals are adjusted from session to session depending upon the situation the client brings on a given day. Sometimes the long-term goal is fulfilled or a new need emerges, which requires the practitioner to assist the client formulate new intentions for healing. Regardless of the length of time to achieve the goal/s, they must be measurable in some way. For example, to lower pain can be measured by a decrease in the pain scale reported by the client or reworded in a positive framework such as “increased back comfort allowing client to return to daily walking”. The goal of achieving happiness most likely must be identified by asking the client, ‘what will that look like when it is achieved?’

Mutual goal setting / intention for healing is reinforced in HTP Levels 3, 4 and 5.

Energy Assessment

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

Energy assessment is done prior to, and after, each Healing Touch session and sometimes during the treatment as well. Documentation of the energy system allows the practitioner to make comparisons to any changes in the biofield within HT sessions, as well as across sessions. This information guides the practitioner in advising the client on length of time between Healing Touch sessions.

Ideally the period between sessions for a client with an active body-mind-spirit health issue is no more than two to three weeks. It may be as frequent as needed, even daily, for someone with an acute or freshly traumatic issue. Many clients’ energy systems will not remain stable or balanced for long periods of time based on energetic patterns the client has developed over months or years. A client’s positive response to Healing Touch may be difficult to discern if the sessions are weeks apart, or if the client is receiving multiple therapies for health issues.

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

The assessment process is used to create a statement based on the practitioner’s best ability to synthesize the subjective, objective, energetic and intuitive data in such a way that can be put in one or a few simple statements referred to as the Identification of Health Issues. It is not a medical diagnosis, which is outside the scope of practice for HT practitioners. While the client may have multiple issues of the mind, body and/or spirit, the practitioner and client usually identify one or two issues to focus on. A guiding principle in HT is that healing energy will go where it is needed, even if the client or practitioner are not specifically

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

Selection of Appropriate Interventions

The Healing Touch Program provides a wide array of full body and local interventions, taught through in the first four levels of the program, which have both specific and general uses.

Appropriate intervention selection is based primarily upon what the biofield shows it needs based upon the assessments and intake/update.

- The practitioner selects one or more HT interventions (refer to "purpose and use" of techniques in notebooks) to administer, based upon the information gathered. Practitioners who have a broader scope of practice may also include interventions learned from other modalities or disciplines.
- Some medications and exposure to radiation often influence the biofield. Practitioners should note in their documentation what medications or other factors may be impacting the energy system.

Consideration is made of physical, emotional, mental, and spiritual needs.

- Acute pain or emotional upset is addressed first in order to promote the relaxation response so that the client may receive the full benefit of the treatment.

The practitioner artfully uses her/his knowledge base, previous experience, inner wisdom, and intuition to guide the selection of treatment approach and sequencing of interventions.

Sometimes a change of approach in the administration of an HT method is necessary to meet a specific client's need. This change may be a "guided intervention" that occurs spontaneously and/or intuitively. The practitioner notes modifications to any standardized technique or sequence and documents them.

If a practitioner uses the same intervention(s) over several sessions and improvement is not seen, the selection of method(s) may need to be deepened or changed. Depth of interventions is cited in the sequenced course work from Level 1 to Level 4.

It is also wise to discern if a trusting relationship has been established between the client and practitioner. Clients need to feel safe and protected while receiving healing work and they also need to feel empowered to make desired changes in their lives. Addressing these topics as part of the client-practitioner relationship can offer new insights to both parties. The practitioner may wish to consult with a more experienced practitioner or expert for ideas on approaches if the biofield does not improve or stabilize.

Most importantly, the practitioner "follows the energy" of the client. What this means is that while following protocols and guidelines taught in the HT Program, the heart-centered and wise practitioner ultimately uses his/her inner guidance and intuition to direct therapeutic actions during all ten steps of the

HT Sequence, noting changes and following them with discussion or more treatment to further the work/release.

The practitioner is mindful that “less may be more” in selecting numbers of interventions in each session, understanding that the biofield can change in increments over time. Practitioners are aware that a simple and brief application of one method may shift a client’s energy toward health and healing. This shift may occur only upon being given the appropriate time to manifest. It is very important that the practitioner trust the process contained in each of the techniques if applied in a heartfelt, centered and conscious way.

Homework may be assigned if the client is able to assist him/herself in between treatment sessions. The practitioner assesses what the client might benefit from doing which will support the client’s intention for healing. Agreement and commitment from clients on their own self care is an important case management tool. Often the client must be taught how to help him/herself and need to be supported on an ongoing basis to integrate a new, healthier behavior or energetic pattern. Healing Touch self focused techniques are excellent as client homework assignments such as the Self Chakra Connection and Self Opening Spiral Meditation as well as a simple application of Magnetic Passes, Pain Drain or Ultrasound in specific body areas.

Documentation of sessions

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

Learning to keep accurate session notes is introduced in Level 2 and is encouraged throughout the remaining courses. In Level 4, documentation of Intake interviews and client sessions are required in the approximate year long practice and mentorship. Dates, length of session, pre and post treatment energetic assessment, mutual goals/intentions for healing, evidence of the 10 step Healing Touch sequence, plans for the next session (such as homework assignments) as well as reports on compliance in self care, and referrals to other practitioners are some of the key points that may be included in each documented session.

Accurately recording a detailed description of the biofield over time provides the practitioner with necessary information to track efficacy of treatments, changes in the energy system, and reduction in client problems. Documentation of the biofield is essential in case management as energetic patterns and changes determine frequency, length, and planning of treatment sessions.

Documentation should be complete so another uninvolved HT practitioner would be able to follow what care was given and the reasons for the administered approach.

Planning of Treatment Series

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

- Long and short term mutual goals, which remain unfulfilled.
- Session frequency is based upon how the biofield responds to treatment and how long it holds the changes. Other factors to consider are; how disturbed the energy system was initially, the client's discomfort/pain levels, acuteness or chronicity of the problem, and what the client can do to fortify their energy system between sessions.
- Recommended numbers of sessions depends upon the severity and chronic nature of health issues and the client's response to treatment.

Evaluating the Efficacy of Treatment

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

Sometimes non-Healing Touch interventions the practitioner is skilled at can be incorporated into the treatment plan with the client's consent, if the rationale is provided and documented. A practitioner's individualized statement of informed consent discloses her/his scope of practice, set of skills and treatment options.

Often health issues change as the client heals or new situations or issues arise, which require goals be reset after a revised treatment plan is initiated. Changes in short or long terms goals are documented.

Empowering Clients is an essential piece of what HT practitioners are encouraged to do and homework is an important aspect of this. When clients are willing to take responsibility for their healing, the practitioner enforces their sense of empowerment to change unhealthy patterns – whether they are thoughts, behaviors, or emotions. A client dependent upon a practitioner for frequent direction or support, or friendship, demonstrates unhealthy boundaries within the working relationship. Practitioners are ethically bound to examine if the client-practitioners boundaries are maintained and healthy.

Contact with one or more of the client's health care professionals may be enlisted with the client's written permission if it is discerned that a consultation about how best to support the client would be beneficial. A sample form to secure written permission is offered in the 4/5 notebook. Discussions of the client's progress with another caregiver or a family member can be helpful, upon securing a signed release from the client. Practitioners should refer to Dorothea Hover-Kramer's text [Creating Right Relationships: A Practical Guide to Ethics in Energy Therapy](#) for further examples of what kind of communication require written permission.

Referrals

Referrals are made when problems lie outside the practitioner's scope of practice or desired change is not occurring or obvious. Sometimes energy work is not the appropriate intervention for a client. It may be seen that an additional holistic modality, such as massage or aromatherapy, can catalyze a positive effect. Practitioners usually know when they can assist a client and when the problem needs another type of professional assistance. If the practitioner's guidelines for care, or personal or professional boundaries are not being respected, a client may also be dismissed. Documenting suggested referrals is a key part of competent case management.

Case Management Discharge Planning

It is an important part of case management to understand the Discharge Planning process. Discharge Planning has two parts: an evaluation and a discharge statement.

Evaluation: A discussion occurs with the client after a series of sessions have been completed to evaluate what goals have been accomplished, changed, or remain unmet. Usually this happens after approximately three or more sessions. Discharge planning evaluation is a 'look back' on the sessions completed to determine how successful the treatments have been. If goals have been even partially met, it is necessary for the practitioner to understand the steps that led to this and the changes that resulted in the client. Goals established should be easily identifiable. For example, if the client's goal was to establish improved sleep patterns, this might be seen with the resulting increase in the number of hours a night that the client sleeps as well as the quality of sleep. In the evaluation, the practitioner and client would discuss and identify when the shifts occurred to note any correlations between health changes and administration of Healing Touch. Additional verification of improvements would be reflected in the improvements shown in the energy assessments of the client from session to session.

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

SAMPLE "Overview of 5 Sessions: *When SP arrived she was emotionally overwhelmed and upset related to a recent argument with her boyfriend and stated she knew she was not balanced. She relaxed into the treatment within several minutes of a Chakra Connection. Her insights post session included realizing that she is making progress as evidenced by learning how to speak her truth both with him and in other significant relationships. Assessments of SP's energy via hand scan and pendulum over the five treatments show she is now holding more balance between sessions. The sacral, solar plexus and heart chakras that had been consistently compromised at the beginning of all previous sessions were slightly open and clockwise today at the pre-treatment energetic assessment despite her upset. SP's biofield was also more expanded and symmetrical than it had been in past sessions before the treatment. Post treatment assessment today showed all chakras were strongly open and clockwise.*

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

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

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

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

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

Summary

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

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