# TT C.A.R.E.R. NOTES©

### LONGTITUDINAL CASE NARRATIVE FORM

(may be downloaded and saved)

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| **Date**:  | **Pract. initials**: | **Hp Initials**: |
| **Referral Source** (as applicable): |
| **Frequency** (daily, weekly, etc.): | **Average duration of sessions**: | **Total number of sessions**: |

**This is a narrative reflection of observations you made regarding changes in your Healing Partner’s (Hp’s) energy field patterns over a series 8 TT sessions, carried out over a minimum of one month.**

* **Submit 3 *Single Case Study with Human Energy Field Cue Form* that record the first session, one session from the middle of the series, and the last session with this Hp.**
1. **DESCRIBE HEALING PARTNER’s (Hp’s) NEED FOR HELP OR HEALING.** What was your **CALL TO COMPASSION** to help this person? including related health care/medical history and any additional therapies, as appropriate. How did the Hp’s needs change over time?

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1. **PSYCHOSOCIAL HISTORY:** Describe. as appropriate, information that supports your developing relationship with Hp. For example - family and living situation, support systems, work, educational and vocational status, any mental health or addiction issues. What changes did you notice over time?

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1. **APPROACH:** Describe how you approached the Hp and initiated a healing relationship with the Hp through sustained centering and intention. How did your approach change over time?

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1. **ASSESSMENT:** Give a description of the Hp’s dynamic energy field. Include sensory cues, any perceived differences, and your interpretation of energetic cues as to whether they represented congestion, deficit, diminished flow, etc. Also include intuitive impressions and overall sense of the field. How did this change over time?

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1. **REBALANCING PLAN:** Outline initial and subsequent plans to rebalance Hp, reasons for changing plans over time.

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1. **DESCRIPTION OF INTERACTION:** Describe the actual TT process along with pertinent information about your interactions with the Hp’s dynamic energy field over time. Include changes in your approach or any imagery/ visualizations based on reassessments to facilitate re-patterning and wholeness.

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1. **EVALUATION/REASSESSMENT:** Describe how you were aware the session was **DONE** or complete. Summarize the ways the Hp’s dynamic energy field changed by the completion of each session and how the final assessments informed subsequent TT sessions.

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1. **RESPONSE/FEEDBACK:** Objective data (i.e. monitor change, vital sign changes, relaxation response, etc.) as available, and subjective data as able, (i.e. Hp’s comments about the TT experience, family/caregivers, and staff comments) about sessions and overall healing relationship. Include ease or difficulty in maintaining centeredness for the practitioner.

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1. **REFLECTIONS/RECALL:** Describe your personal insights and/or what impact the healing relationship with this Hp had on you as a Therapeutic Touch Practitioner and your relationship with your inner self. What new knowledge of TT or yourself will you apply to future healing relationships?

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1. REFERRALS: Did you use any other therapies with this Hp? Did you make referrals to other health professionals?

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### Additional Narrative Reflections as needed: