Proposed TFH Consultant Candidates Final Case Study Guidelines

ABSTRACT:
TFH Founder, John Thie, advocated gathering TFH anecdotal reports and session records. Analyzing and publishing statistical reports has proven an elusive goal, although the eTouch program has provided a platform for documenting sessions, and uploading to a central database, the John Thie Memorial Research Project.

The presentation will briefly review the concept of anecdotal reports, Session Reports, and Case studies that are detailed in the paper, as well as ideas for publishing this important information. Our purpose is to provide support to students, practitioners, and TFH Consultant Candidates for evidence of practice, competency, and record keeping. However, this documentation also represents a potential resource for information, insight, inspiration and further development, for the general public, for our peers in the TFH/Kinesiology field, and potentially the wider scientific community. As part of TFH Proficiency assessment, we have required gathering session records, and with the implementation of the TFH Consultant designation, we add the requirement of a formal Case Study of multiple sessions and results over time.

For many years, John Thie had the hope that we could have a systematic method of gathering anecdotal reports and session records from the many students and practitioners using TFH/ Kinesiology worldwide. As part of TFH Proficiency assessment, we have long utilized records of individual sessions as a means of documenting practice and competency, deepening practitioners' self-awareness of their balancing process, and critiquing individual practice and record-keeping. With the implementation of the TFH Consultant designation, we not only ask for additional individual session records, but go a step further in requiring a documented study of a particular case, including multiple sessions, outcomes in each session, and results over time. These exercises are beneficial for the developing Instructor/Consultant (or any Kinesiology practitioner), related their balancing and record-keeping skills. However, they also represent a potential resource for information, insight, inspiration and further development, for the general public, for our peers in the TFH/Kinesiology field, and potentially the wider scientific community.

The eTouch program has provided a platform for documenting sessions, and uploading to a central database, the John Thie Memorial Research Project. While this is not a controlled statistical study, it does provide a resource for looking at a large volume of sessions, documenting general outcomes of TFH/K and finding clues to what factors might be contributing to the best outcomes. The hope is that this will inspire many of us to investigate and develop established or new aspects of our

practice, as well as provide necessary background for sound designs for statistical studies.

With the advent of social media, and the potential and concept of "social evidence", we have additional outlets and purposes for our documented methods, sessions, and outcomes. While anecdotal reports of the benefits of balancing lend themselves well to sharing information across social platforms, more formal Session Reports and Case Studies will provide a more detailed picture of the practice of TFH/Kinesiology and more practical resource for the public and practitioners alike. The Session Report/Case Study guidelines are suggested for TFH Consultant candidates, and any practitioners interested in contributing to the evidence base of TFH/ Kinesiology.

Of course, depending on the credentials of the practitioner, background in formal research, and target publication venue, the guidelines will need to be adapted to fit the research model/ publication standards. Let's publish our anecdotes, Session Reports or Case Studies via social media, the TFHKA website and/or TFH Archive, or publish in the professional/ scientific journals! By generating and sharing these reports, we create greater access to these life-changing processes through greater awareness and understanding among the general public, the international Kinesiology community, and perhaps even in the scientific community.

As the framework for the TFH Consultant program is based in large part on the successful model of the TFH Consultant program pioneered in Italy by Maurizio Piva (and recognized in Italian legislation), the final case study is based heavily on Piva's original outline, which he shared with the IKC Consultant Committee. This version includes expanded details and adaptations with the current Consultants, Instructors and students in the USA in mind.

Additional ideas and considerations have been integrated from the published work of JFT Biographer Joseph C. Keating, Jr., Ph.D., *Toward a Philosophy of the Science of Chiropractic: a Primer for Clinicians and Students*, (1991). Obviously not all practitioners of TFHK and potential TFH Consultants are Chiropractors, physicians or licensed health-care practitioners of any kind. Therefore, priority has been given to use of general, non-medical language that emphasizes the self-responsibility model as used in TFH Kinesiology, which is a powerful approach for lay people, as well as for professional/licensed practitioners. Finally, my own experience, my observation of John Thie, and his writings about Goal-Setting and Pain Control were considered in relation to the guidelines. ~Matthew Thie

Purposes for Case Studies

Learning experience:

TFH Consultant Case studies serve primarily as a learning exercise for Consultant Candidates, to gain greater understanding of the context, expanded awareness of significant details in a session/case, and a better understanding as well as

confidence in the results of their balancing practice over time. The case studies will allow Consultant assessors another evaluation/feedback opportunity in the certification process.

Enhancement of practice:
By knowing more about the context and results over time focusing on a particular individual, we can enhance our awareness in general of our management of our balancing process with other people, improving our meta-awareness, and our follow-through, support and service. The Case Study process necessitates reflection and evaluation of our balancing practice, focusing on an individual case, but also considering the context of our general philosophy and method in practice.

A Resource for Reflection and Development in TFH Kinesiology:
The potential benefit of these efforts is amplified by publishing anecdotes, Session Reports, and Case Studies (respecting privacy and not divulging any personal identifying information). As learning examples for students, practitioners and TFH Consultant Candidates, they can expand awareness of significant factors in the relationship and process of balancing over time, as well as possibly identifying new/novel factors, approaches, techniques etc. to expand general knowledge in the field and effectiveness of balancing.

Cumulative indications of the kinds of outcomes that are experienced using TFH, not only in particular sessions, but with some sense of progress over time can contribute to consumer education and confidence in the TFH balancing approach, and point to significant areas of potential development, research, and statistically organized studies.

• ***The final case study should be compiled in the following manner:***

- 12-point type, single-spaced, titles 16 pts, subtitles 14 pts, ½ inch margins.

-One case study must have a **minimum of 4 sessions**, ideally over a 4-week or greater period, with a final review meeting with the client. If the case involves more sessions, (potentially over a longer period of time) a chronological summary of sessions should be provided, including detailed notes of at least 4 sessions that are exemplary or significant in the progress of the Person/ case-study. Address as many of the points in the guidelines as possible/ appropriate, but do not include the questions from the guidelines, only paragraphs that provide the relevant information in coherent narration.

INTRODUCTION

• Give a general description of the client's initial reason for seeking help, your impressions of their general condition, and your mutual expectations arrived at through discussion.

• Refer to your philosophy and approach in general and in this particular case that informed your approach in the initial and subsequent sessions.

• Note your prior experience with the types of complaints/goals presented by the person, and general orientation of appropriate balancing methods for such situations. If this is a novel situation to you, note your thinking process about how to approach and apply appropriate/optimum techniques for the individual and the particular situation.

• Indicate why this case study is important, and how it will contribute to further understanding (e.g., reinforcing the typical kinds of benefits of TFH, indications of potential of the work, new application or surprising results or some anomalous, mysterious phenomenon or outcomes)

• Give a concise summary of the outcomes of the series of sessions. Changes in pain, condition, issues, challenges, goals, personal satisfaction, and any new insights/ surprises or confirmations through this case for you as a Consultant, and for the person through their balancing experiences.

• Compare the initial expectations of the person and the TFH Consultant with the actual the results. Why do you think it turned out this way, whether the final results were expected or unexpected?

Profile

Include the relevant general client information gathered in the first appointment (name/personal information should be omitted or be changed for privacy); highlight the most relevant aspects considered by the practitioner and/or the client.

Briefly summarize demographic characteristics (age, gender, marital status, ethnicity, occupation). Indicate how the person chose to participate as a Case Study. Was this person already seeking sessions from you, or did you ask them to allow you to practice for the purpose of a case study exercise? Why did the person accept, and were there authentic issues/goals that they wanted to work on during the sessions?

ASSESSMENT

Case History:

The Case History may be a detailed clinical history, when the session is done in a clinical context, or even as brief as notes about first incidence/ event related to the issue/ goal, duration, and improvements or progression of conditions/problems. (Unless you are a qualified practitioner to make a diagnosis/2nd opinion, of course you will make no comment that is out of your scope of practice, but rather LISTEN to the client to understand:

a. Is there any condition that may require special care or lead you to refrain from any activity without prior advice from their current supervising physician?

b. How does the person feel about their experience of previous diagnosis and treatment? Have they had a good outcome? Have they been told there is nothing to do, "Just live with it"? Apart from the diagnosis/prognosis/ outcome of previous treatment, how does the person feel about their treatment? Did they feel respected or treated like a number? Is there any emotional charge or trauma related to previous assessment, therapy, results?

We want to take into account factors related to diagnosis and treatment that may be affecting the overall energetic/emotional/ physiological/ structural balance, and things to watch for improvement during and after the balance, and possibly to communicate to medical practitioners in case of changes in medical condition, appropriate reassessment and optimum treatment.

(See TFH Complete Edition, pages 326-331, for more details related to Case History/ Interviewing for Pain Control)

Balancing Session Reports

It is highly recommended to audio record the balances and write/report the client/practitioner communication word for word, especially in the key moments of the session (while communicating to find the best goal, or speaking of an emotion or doing active listening or other techniques that require communication skills).

Memo recording apps are now quite effective at automatically transcribing the text of the dialogue. Of course, you may edit the text for clarity and brevity, striving to capture the essence of the quality of the dialogue.

1. Pre-Assessment and Measures

Describe any special materials used in assessment, and rationale for including the types of measures. Did you use any new/ creative measures that were customized for this person? Please describe in a way that another assessor could repeat these measures.

- Measurement devices
- Analogue scale (0-10) related to pain, emotions, energy etc.
- Personal notes/ Pain Journal
- ***If a continuing session, be sure to revisit previous measures!***
- Notes leading to, and Positive Goal Statement (+0-10 measure)
- Emotion related to the goal
- Any other pre-assessment or measure

(See TFH Complete Edition, pages 303-314, Goal-Setting and 326-331, Pain Control/ History)

2. Energizers, Pre-Checks, Educational Procedures and Exercises
Note which you used in this session, and whether these are your standard procedure, or whether you customized your pre-activities to fit the person and circumstances. Explain your rationale for the specific exercises and pre-checks. Did the person require much explanation/education? Were they already familiar with some form of Kinesiology (potentially requiring re-education and calibration for effective muscle testing together)?

3. Balancing Procedure
Describe which procedure and techniques that you used in the session, and your rationale for choosing the procedure (IM, 14/42 muscles, Balance-as-you-go, 1-point balancing, Posture/Reactivity, Color or Sound Balance, etc.) and which techniques you used (Sometimes just checking Cross-Crawl, Gaits, Auriculars and Visual Inhibition constitutes a session, or additional techniques are added to a general balancing procedure). For the purposes of the TFH Consultant Case Study, generally a minimum of 14 muscles should be balanced, but shorter sessions may be included in addition to the minimum of 4, especially when a simpler intervention has significant results in the moment, or over the course of the study. Indicate your rationale for choosing the procedure/ techniques for the session. (Were you following a set progression, as when teaching TFH 1-4 in a set order? Did you choose based on a logical association with the kind of goal/issue? Did you use a "Database" approach and check the IM to indicate which procedure/technique to use? How satisfied was the person/ Consultant with the choice of balancing?)

4. Session Record
To easily capture the information, it is suggested that use a template for recording the details of your session, either from your TFH manuals or a session template that you have developed for yourself. Your record must have:

1. The date/time of the session,
2. Energizers, Pre-checks, Education
3. Goal/measures, (pain, emotions, etc.)
4. Number of muscles tested (IM, specific muscles, 14, 14+, 42)
5. Status of each muscle,
6. Reflexes used to balance each muscle,
7. Alarm points found (if used) and
8. One-point/pattern chosen to begin balancing (if balancing Wheel/5-Element balancing).
9. Indicate if the one point balanced all, or additional muscles balanced-as-you-go
10. Additional techniques applied (Gaits, figure 8's, ESR, etc.).
11. REASSESSMENT: Changes in measures related to Goal, pain, emotions, etc.
12. Notes (such as interesting Metaphors explored during the balance).
13. Total time of the actual session. (Compare with time scheduled for the session.)
14. Consultant summary/reflection on the session
    a. Mutual satisfaction with results
    b. Woulda shoulda coulda?
    c. Thoughts for next/future sessions
    d. New Insights?
    e. Comments on repeatability/ areas to investigate or research

Examples of Session Record Templates:

- TFH Complete Edition (CE) pg. 88, 286: balance-as-you go up to 42 muscles
- CE 87, 89, 90, 284: tracking goals/muscles across multiple sessions
- CE 337: note 14-42 muscles, pre/post measures, Wheel/5 Element pattern

5. Outcomes

Be sure to indicate clearly what were the changes in any measures that you made at the beginning. Were any other/unexpected changes noticed? Summarize the specific changes, and the general impression in the overall change of posture, attitude and energy. Include quotations of the specific language the person uses in feeding back their experience, and determining their meanings for the session.

6. Closing

How did you close the session? What was the level of satisfaction for the person with the time spent/techniques used in the session? What was their level of satisfaction with the outcomes? How did you handle payment, rescheduling, and any need for "integration time" or any instructions post-balancing?

7. Homework/Homeplay Chosen or Suggested at the end of session?

Did the person spontaneously discover, or decide on some element to continue working on between sessions? Was there some element of the balance that gave you a clue for a suggested "homeplay"? Did they like the ESR points, or get a lot of benefit from a particular muscle and NL point? Did you assign your "typical" homeplay, or was there some special logic for your suggested follow-up at home?

Case Study Outcomes

• Summarize the kinds of issues/goals, and the results of the individual sessions, including the person's level of satisfaction with each session.

• Note which issues/symptoms/challenges/goals were a consistent focus during the case study, and how the short-term changes compared with the longer-term changes. Were there temporary improvements that regressed in subsequent sessions? Was there a cumulative improvement in particular areas/measures?

• Were there any negative results attributed to the balancing process? Was there any fatigue, anxiety, or unexpected sensations associated with the sessions/ time for integrating the shifts in posture/energy? Were these "side-effects" transitory or temporary? Was there a need to follow-up to balance side effects or new/ secondary complaints?

• Were there any results that were not the focus of a session, or part of the intended results, but nevertheless are attributed to balancing by the person and/or the consultant?

• What are the final comments of the person and the practitioner upon reflecting on the Case Study process and results? Is further balancing recommended for the person? Does the person recommend this process to others, and would they be willing to actively refer others to the Consultant?

Discussion/ Conclusions

• Based on the outcomes of the individual sessions, plus the cumulative effects or longer-term outcomes, what is your expectation for the continued balance and Wellness for this person?

• To what extent does the person, and the Consultant, feel that any beneficial or negative outcomes were due to the balancing intervention, or due to some other factors/interventions? How much do you estimate that time and the natural healing process were a main factor in any improvements? What were other factors that were either the main healing agents, or contributing to the results?

• To what extent do you feel that the kind of results in this case have been repeated in other cases that you or others have facilitated, or can reasonably expect to be repeated in future cases, by yourself or others? If a third party were to observe the sessions and progression of the case, what objective criteria would lead them to concur with your conclusions, and what might they objectively critique related to your method and conclusions?

• What questions remain for further investigation with this particular person, or in general with TFH balancing? What further study/practice/ development do you intend to do yourself or recommend for peers in the field based on your experience in this case, and similar cases?

• What further/other activities/education/development is needed based on the person's own realization and motivation for themselves, your recommendation to them, or your further reflection in light of your documentation of this Case Study?

References

If there are any special references beyond your 1-4 Manuals and/or Complete Edition, that have influenced your general philosophy, your particular approach to this case, or specific measures/techniques employed, etc., Include: author's last name, first name/initial(s), title of article, name of book or journal, year, volume (if periodical), page numbers, publisher and city (if book)

Examples (and references for these guidelines):

Keating, Joseph C., Jr., Ph.D., ***Toward a Philosophy of the Science of Chiropractic: a Primer for Clinicians and Students***, (1991). Stockton Foundation for Chiropractic Research, Stockton, California

Lilley, Toni, IKC approved ***TFH 1-4 Workshop Manuals***, 1998, TFHKA, USA

Thie, John F. & Matthew A., ***Touch for Health: The Complete Edition***, 2019, DeVorss & Co, Camarillo, California

Dr. Bruce and Joan Dewe, *BKP 110 Functioning as a Practitioner*, ***Kinesiology Plus App*** (part of the PKP certification program).