Volume XXVI, No. 1 Spring 2014





Trish Dean RP, TTNO Board Secretary, accepted a volunteer opportunity with the Leave for Change Programme, to work at Likuni Mission Hospital in Malawi. She is shown here with some of the local children. **More on page 13** 

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#### **MEDITATION**

As you relax into the chair, feeling the support at your back and under your thighs, feeling the security of your feet on the floor, being totally present with your own inner experience, I ask you to prepare yourself for the deep relaxation that is to come.

Allowing several full breaths to enter your lungs and breathing out fully, being grateful for the support of the chair, feeling secure in your surroundings, relaxing fully in the sense of peaceful awareness... and feeling the rising of gratitude through your body for this quiet occasion.

And allowing now your mind to search the chambers of your memory, letting your mind wander, letting it move to a place in your memory where you felt the interest and attention and fellow feeling from another human being at a time of sadness or disappointment. Reminding yourself when that time was... maybe long ago, as a child, or more recently when you were supported by a friend, or when you felt the interest and attention from a stranger... letting your mind recall such an occasion ... a time when you received the compassionate attention from another human being, or from an animal companion.

Letting your mind drift back to the occasion... welcoming again the awareness that flooded your body when you were on the receiving end of the compassion of another and feeling again the flood of warmth and gratitude as a result of compassionate attention from someone else. Recalling that you had no need to hear words... you could feel, you could sense the concerns of another... remembering the feeling of their value of you, their value of you as a person deserving of compassion. Looking again into those eyes regarding you so warmly and considerately, feeling the heartfelt connection, sensing that you matter to someone else, that someone else appreciates who you are, who understands you may be going through a difficult time, aware of the efforts from the other to feel with you, to try to understand your need and what you are experiencing... no excuses offered to the situation, no interpretation asked for, perhaps no words between you, but in you, deep within you, is a confidence that in one moment, you are understood by another... you are a valued... you have worth, and your need is quietly understood.

Remembering that feeling, stored deep within yourself... a moment to be treasured... a memory that occupies space within the energy of your heart. And knowing, feeling, recognizing that at some future time you can share with another person, another being, such compassion from you. And when the occasion does arise, you will know the feeling you want to project to another... you will know, with or without words, how to extend compassion to another... you will know that within yourself there is a well of compassion from which to draw, to share, to uplift another, to transmit to another without really knowing why, yet knowing fully what is needed. Resting in this awareness for a few moments and whenever you feel ready, with no hurry whatsoever, opening your eyes to this space, to this place.

Thank you.

Evelyn MacKay, RT

"What we desire for ourselves, let us also wish for others."

Stephen Lewis

#### in touch

is the newsletter of
The Therapeutic Touch Network of Ontario
290 The West Mall, Ste. 4, 2nd Floor
Etobicoke ON M9C1C6

Email: ttno.membership@sympatico.ca www.therapeutictouchontario.org

The opinions and ideas expressed by the writers in this publication are their own and are not necessarily endorsed by The Therapeutic Touch Network of Ontario.

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We reserve the right to refuse advertising not in keeping with the philosophies of, or the interests of, the members of the TTNO.

#### **PUBLICATION DATES AND DEADLINES**

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Deadline for submissions: May 15, 2014 Late submissions may be held for the following issue.

Articles may have a maximum of 850 words.

Please send submissions to TTNO office with "Newsletter + which issue + the nature of the submission" in subject line; e.g. "Newsletter Summer 2014 – Report from...." Advertising must be JPEG or MSWord submitted by deadline for issue requested. TTNO members will be billed for this service, while non-members are required to submit payment in advance with their ad request.

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## **Network of Ontario** therapeutictouchontario.org

#### 2012-2013 TTNO BOARD OF DIRECTORS

Chair:

Sharron Parrott, Windsor 519-256-0440

slparrott@cogeco.ca

Secretary:

Trish Dean, Guelph 519-822-7274

tdean@uoguelph.ca

Treasurer:

Simone Radman 416-617-1985 simone@radmans.ca

**Teacher Liaison:** 

Flo Harteib. Windsor

519-974-2157 theteagranny@hotmail.com

**Practitioner Liaison:** 

Laura Morasset 519-966-6992

laura.morasset@gmail.com

**Research and Professional Practice:** 

Open

Vice Chair:

Annefrances Morris, Toronto 416-975-3901

4annefrances@sympatico.ca

**Communications:** 

Open

Coordinators: in touch co-editors:

Mei-fei Elrick

delrick@uoguelph.ca

Evelyn MacKay

esmackay@xplornet.ca

#### WHO TO CONTACT FOR WHAT ...

Address changes, Membership Renewal forms, Practitioner Workbooks, teaching materials, extra Newsletters, Brochures, resources

**Contact the TTNO Office** Hala Riad, Office Manager

THERAPEUTIC TOUCH REFERRAL SERVICE 416-65-TOUCH (416-658-6824)

**Website Additions and Changes** 

Alison Cooke adcooke@xplornet.com

www.therapeutictouchontario.org

The Therapeutic Touch Network of Ontario

290 The West Mall, Ste. 4, 2nd Floor, Etobicoke, ON, M9C 1C6

Phone 416-231-6824

E-mail: ttno.membership@sympatico.ca

#### **CHAIR COLUMN**

#### Presenting the new CHAIR of the TTNO! Welcome, SHARRON!

Wow, what a winter this has been! I hope that this finds you all well and ready to welcome the new life of spring.

As I mentioned in my first column, while holding the position of Acting Chair, I would like to use this space and opportunity to keep you, the membership, "in the loop" about what your Board is focussing on.

At this time we are committed to identifying and clarifying role descriptions and terms of reference for standing committees. I know that this might not sound like much but, just as compassion is the engine that directs a Therapeutic Touch session, so too Bylaws, Role Descriptions and Terms of Reference are what directs an organization.

"If we build it they will come". We feel that if we are clear about what we want, need, and expect, then you can see better where you can fit into supporting the TTNO through volunteering your time and talents. How can we expect members to step up and into a position or become a committee member if they aren't clear about what they are stepping into? It is our job to bring that clarity to you.

With the guidance and leadership of Penny Craig. (Windsor, Past Assistant Director of Windsor Essex County Hospice and Past President of St. Vincent de Paul Canada) and Annefrances Morris (Vice Chair, TTNO), we hope to have this done by the end of March.

As well, the Board members have come to recognize that we all have a tendency to put up our hands and say "I'll do that". We now know that this attitude does not promote or encourage member engagement. We have agreed that going forward, our attitude will be one of "reaching out before reaching in".

We will start by reaching out to our Practice Groups. Through the Practice Groups we can identify how individual members would like to be involved in the TTNO and the skills they would like to share. With this valuable information we can then "reach out" and engage members in short term or long term projects.

Please hold the intention with your Board of making our "Field of Dreams" become a reality.

With much appreciation for all that each of you are doing,

Sharron Parrott, Chair

Page 3 in touch, Spring 2014

## **TTNO COMMITTEE REPORTS**

#### THE TTNO FALL EVENT & AGM

#### "EXPANDING OUR VISION"

Oct. 31, Nov. 1st & 2nd 2014

Kempenfelt Conference Centre, Barrie Ontario

www.kempenfelt.com

#### 2014 FALL EVENT PLANNING COMMITTEE UPDATE

Your planning committee for the Fall Event this year has been making plans for another amazing and TT rich program. Our committee, chaired by Annefrances Morris, includes Beth Hurley who was with us last year and we welcome new committee members Shirley Boon, Susan Keith and Mary Jane Phillips.

Thanks to your feedback and comments we plan to finish earlier on Sunday. The raffle draws and the closing ceremony will be right after lunch. Also, thanks to your feedback, we are finalizing the workshops with some new and exciting opportunities for you. More details will be available in the summer **in touch**.

We invite you to start thinking now about **raffle items** from your Practice Group! This is important to support for the Scholarship Fund and thinking ahead will add excitement to your plans for attending. Anyone in need of financial help to attend the Fall Event, or any other TTNO sponsored event, can apply to the scholarship fund if they have been a member of the TTNO for the previous 2 years and as always, we recognize this is a confidential matter.

By popular demand, we are returning to the Kempenfelt Centre in Barrie for 2014. Some people have commented that they would like to move the Event around the province. If you would like this to happen in your area, we need **YOU** to research what is available for 2015. We are starting NOW to look for a facility for 2015 so the date can be moved forward a little to have better travelling weather. Presently, the week-ends of Oct 16 to 18, or Oct 23 to 25, 2015 are being considered. If you would like the Fall Event in your area, contact the TTNO office, and a member of the planning committee will get in touch with you to provide you with guidelines about the type of facility we need with relation to space, rates, etc. We need to book more than a year in advance for most popular spots so we'll be making a decision for 2015 before the upcoming summer. You can be a part of this change!

Check our exciting new web site for updated information about the Fall Event as it becomes available. www.therapeutictouchontario.org

For another great weekend of Therapeutic Touch, we want to see you at the Kempenfelt Centre!

#### **TEACHER LIAISON COMMITTEE**

Is the Hand Heart Connection© a Therapeutic Touch Practice?

The Practitioner Liaison Team has once again given us an excellent Practice Day. The theme of the day is **Compassion and Therapeutic Touch**. During the day the participants will be experiencing the Hand Heart Connection© as both giver and receiver.

While bringing the Practice Day to publication, it came to light that there was a lack of consensus among teachers as to whether to teach the Hand Heart Connection (HCC) as a Therapeutic Touch practice - another "tool in the Therapeutic Touch practitioner's toolbox"- or not. Cathy Fanslow, who developed the HHC was contacted to find out how she would like it taught.

Her response provides a clear history of how the HHC came about and leaves no doubt that it is to be considered a Therapeutic Touch practice. I have copied part of her letter below:

"I am glad to have the opportunity to comment on why the Hand Heart Connection® (HHC) can be considered a Therapeutic Touch (TT) practice and how this came to be. Both Dee Krieger and Dora Kunz considered it to be part of TT practice and teaching and encouraged me in its development. It was actually Dee who praised me for developing and teaching the HHC as it so profoundly and simply demonstrated and described the strong connection between the hand chakra and heart chakra and the important use of both the hand and heart chakra's in the practice of TT.

The connection hand to heart through the chakras is the basis for Therapeutic Touch. The HHC is not only an example of TT, but an intensification of the connection between the hand and heart chakra. The reason Dr. Krieger and Dora were so happy with my developing the Hand Heart Connection© is because the description of the hand and heart connection is in the ancient writings of the Upanishads.

From the moment the importance and impact of the HHC began to take hold of my consciousness, as it was being taught to me so graciously by my dying patients, I sought the wisdom and counsel of Dora Kunz. She assisted and encouraged me every step of the way in creating and developing this approach within the context of TT. In fact, the beginning sentence of the HHC, "A technique which is profoundly simple and simply profound", was given to me by Dora when I first put pen to paper. It was her observation and support that guided me in the formulation in this remarkable healing technique. Dora's ability to "see" the healing interaction between helper and healing partner was so beneficial in describing the "letting go" emotionally and spiritually that is necessary as is the physical "letting go" of death itself. Every step of the way Dora reviewed, encouraged, and guided me in the creation of the HHC and also encouraged me to copyright it so that it would not be altered from my original intent.

The HHC was created in the context of my Therapeutic Touch practice and our co-founders supported and encouraged me in its development and in my sharing and teaching it. So, bearing all this in mind, I have difficulty accepting the statement that the HHC is NOT part of TT practice since its roots are derived from TT and it has been utilized by so many TT practitioners and is an effective part of their TT practice, not only with the dying, but in all healing.

I am grateful for this opportunity to delve deeper and explain the key role our co-founders played in the development of this effective technique. I am grateful too to have the chance to share my thoughts and the history behind the Hand Heart Connection© in conjunction with my forty year plus journey with Therapeutic Touch.

I hope your upcoming Practice Day goes well and is successful and thank you for providing my original article as one of your handouts.

Sincerely,

#### Cathy Fanslow

You will notice that this clarification is being discussed in two columns of the **in touch**.

Laura Morasset, Chair of the Practitioner Liaison committee is addressing the issue from the perspective of the RP and Workbook Practitioner and I am addressing it from the perspective of the RT and student teachers.

We felt that this was the perfect time to set the record straight and have all who are teaching the Hand Heart Connection© in their workshops make it clear that the HHC is a Therapeutic Touch practice, that it was developed with the encouragement of Dr. Krieger and Dora Kunz by one of their first students, Cathy Fanslow, that it can be used as a Therapeutic Touch practice and also stands alone as a technique that can be taught to families.

Thanks to Cathy for developing this technique within the framework of Therapeutic Touch ...your contribution cannot be underestimated and you have made a profound difference in the lives of thousands of patients and their families. Bless you!

Members can have their own copy by accessing it on the website and printing off a copy. Teachers may choose to use Cathy's own words as a handout for TT students.

More teachers? ...yes we continue to recruit more teachers...congratulations are extended to the following teachers who had their Level 1 Workshop submission approved:

Marian Wierenga, Brighton; Kathy Armstrong, Chatham; Ashley Murray, Sarnia.

And we are also pleased to advise that Craig Niziolek has had his Level 2 submission approved. Therapeutic Touch is alive and well in Ontario!

Two more Continuing Education workshops were approved in February. Both submissions were from seasoned teachers. "Imagery and Therapeutic Touch" was submitted by Crystal Hawk and "Fine Tuning Your Inner Healer" was submitted by Diane May... two more fine offerings for those seeking classes to achieve or maintain Recognized Practitioner status. Watch for dates and times in the in touch or on the website.

The Teacher Liaison Committee has formed a new Ad Hoc committee - Watch for details about an exciting new adventure being taken on by the Guelph teachers under the leadership of Valerie Morrell and Evelyn MacKay in the next issue of the **in touch**.

Flo Hartleib RT, Chair Teacher Liaison Committee

#### PRACTITIONER LIAISON COMMITTEE

This year, Practice Day explores Compassion. It is going to be a wonderful day and I urge you to attend if you are able. The committee (as always) has done a fantastic job creating a day that is both enriching and rewarding. I'm looking forward to attending, and I know you will find it well worth your while.

Any discussion about compassion and Therapeutic Touch leads naturally to the Hand-Heart Connection© (HHC). Over the years we have used and celebrated Cathy Fanslow's wonderful gift. Anyone who has used the HHC has been moved by this technique that is 'profoundly simple, and simply profound'.

Recent conversations with Cathy Fanslow have clarified and confirmed that the HHC is indeed a Therapeutic Touch practice that has been supported and endorsed by both Dr. Krieger and Dora Kunz.

This is wonderful news for all of us, but I think it is especially important for workbook practitioners. Because the Hand-Heart Connection is recognized as a Therapeutic Touch practice, Workbook Practitioners can reference HHC in their workbooks. So, for example, when documenting a Therapeutic Touch session in your workbook, you may say: "....sensed sadness, used HHC", or perhaps: "Client at end of life and expresses distress, offered HHC". A detailed description of the technique does not need to be written, it is enough to say "Used HHC". However, please remember that as with all Therapeutic Touch interventions, the Workbook Practitioner needs to document WHY they chose to do what they did. That is, what is the cue to which they are responding. Documenting thusly demonstrates understanding of Therapeutic Touch and the Therapeutic Touch process. I know I can rely on workbook supervisors, mentors, and Teachers to encourage accurate and complete documentation, perhaps helping the Workbook Practitioner to more clearly define the cues that they discover and how it guides their energy care plan. Remember, the reviewers rely on Supervisors to be their 'eyes'. It is through this careful documentation that reviewers 'see' the beauty, the skill, and yes, the compassion of the Therapeutic Touch session.

So, good news all around...we are surrounded by Blessings and Abundance and I am filled with Gratitude for all the opportunities for growth that have been presented. I am looking forward to reconnecting and exploring Compassion. I hope you are too!

If you are interested in presenting a Practice Day, please contact Linda LeRoux (lindaleroux@sympatico.ca) for a Practice Day package.

Laura Morasset, RP

"Compassion is caring so much that you don't invoke your own needs into the situation."

- Dr. D. Krieger, at the TTNO Conference in Toronto, 2000

#### HEALING-AT-A-DISTANCE STUDY RESULTS

The December/13 issue of the Cooperative Connection, the quarterly newsletter of the Therapeutic Touch International Association included the results of a recent study done by Dolores Krieger, PhD, RN, Pat Cole, MD and Sandy Matheny, BS. In addition to the major conclusions it included recommendations for future studies.

The 16 page article "Healing at-a-Distance: an Exploratory Study" is of great interest to those who practice healing at-a-distance(HAAD). The study included 40 volunteer Therapeutic Touch practitioners, each of whom had at least 3 years experience. It was based on an intensive questionnaire which delved into the practitioner's sense of interiority as she proceeded through the process from the beginning of the session to the end. In the letter of introduction to participants Krieger stated, "Although healing-at-a-distance has an ancient history ...it is only within the past two decades that validating studies have demonstrated its scientific authenticity. Since then there has been a significant rise in interest in this manner of remote healing that has attracted professional attention, notably in the fields of the biosciences, social studies, and the health sciences."

Those of us who regularly participate in HAAD are aware of its effectiveness as we regularly receive feedback from gratified recipients or their families, in which they tell of good results, often with a statement such as, "The doctors were surprised at her fast recovery." Those of us who are on email lists to give distant healing do not usually discuss it with each other. I was therefore surprised and gratified to read that so many others have had my experiences. The article brought up memories of experiences that were true for me but which I would have had problems describing. I found myself weeping with joy thinking how awesome it is that our experiences are so similar! I think we can now 'come out of the closet' as distant healers and perhaps make it a discussion topic for our Practice Group.

Some of the conclusions that resonated with me include:

- focusing inward on the needs of another, intending good, yields a mysteriously satisfying calmness and possibly brings new information to the healer.
- the experience itself is rewarding, uplifting, joyful, profound and often touches a core place that is deeply satisfying.
- there is a humble sense of gratitude for the privilege of entering this healing encounter. Through this study, Dr Krieger has given us an immeasurable gift and we are deeply grateful.

Mary Simpson, RN(Ret), RT.

The full text of the "Conclusions: What we understand, what we know" from this study will be in the Spring newsletter of the TTNC.

## **WEBSITE REPORT**



Here's The Latest on the NEW WEBSITE.....If you haven't checked out yet, please do!

The Members Area is where the action is for you! Your login is your first name and last name typed with no spaces between. Your password is you member #.

Once in, you'll find a 'welcome' and 'thanks to the Engine Communications team' who built the website for us. It turned out to be a bigger undertaking than we expected, but the result is awesome.

I thank too my terrific website committee for all the hard work they have done and the support they have given me. Suzette Morgan, my assistant webmaster, also Crystal Hawk, Dori Nicholson, Renée Hartleib, and Susan Keith. They were awesome!

My husband, David, is also to be thanked. He has proofed the entire website for us and is photographed on the Hand Heart Connection page. He is wonderful!

You'll see that I have tried to include lots of photos on the website. I need your help so that these can keep changing.

A group media release form has been created that you can use at Health Fairs, retreats, workshops and Practice Groups so that all signatures are on one page. You can download it from the Members Only section of the website (File name Photo/Video Permission Forms.) So please, take your camera everywhere with you when you attend functions where TT is being presented and start clicking!

It is important to keep the Feel Better/Testimonials page updated and changing. So send in your feedback comments as well as those of your clients – initials and city would be nice to add.

The calendars are a huge improvement and are easy to use. The most recent upcoming events are always visible on the Home Page.

Please let me (Alison Cooke) know when you are going to be out in the community talking about Therapeutic Touch – at community clubs, Health Fairs, colleges. I can put Health Fairs on the calendars to advertise that we will be there. (Gail Lafortune reports that already she has had an inquiry about workshops from someone who found her on the website!)

Then, while there, if you get good feedback, ask people to let you take a posed picture during their rest period following the treatment session. Check out the website for more pointers on taking the photos for your new website! Help to make it a community project! Suggest to all your friends and colleagues that they visit our site!

Go to Engine Communications on Facebook and 'Like' their post about our website (February19) https://www.facebook.com/enginecommunications Then 'Like' our website! That way the word gets out! Visit it often – keep connecting! You can be a vital and energetic part of this new venture!

ALISON COOKE, RT (adcooke@xplornet.com) Webmaster

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## **OBITUARY**

#### LORAH RODGERS OF HUNTSVILLE

Lorah Rodgers, special friend to Shirley Boon, left this life on Dec 19, 2013. Lorah was an active Therapeutic Touch practitioner, attending Practice Group meetings, volunteering at the Huntsville Hospital and Health Fairs, and attending many Pembroke Therapeutic Touch retreats. She was a gentle soul, loved by everyone who knew her. From the time she was diagnosed with Alzheimers, she kept saying "I want to go home" while pointing upwards — and, indeed, Lorah was HOME for Christmas! She will be missed by all her TT friends and everyone who knew her.

## THANK YOU LETTER

There are many people who have aided my continuing recovery from the fracture in my back last fall. However, special thanks must go to Heidi Klaming and Evelyn MacKay, who came and gave me wonderful sessions of Kreiger-Kunz inspired Therapeutic Touch. I'm indebted to Trish Dean not only for her TT sessions but for making colleagues within the network aware that I would appreciate distance energy sent my way.

I know so many offered compassionate care because I felt peaceful thoughts and feelings cocooning me frequently throughout this recuperation period.

Thank you one and all.

Sincerely, Elaine Charette

# **UPDATE FROM THERAPEUTIC TOUCH NETWORKS OF CANADA**

Would it help you if your clients' health insurance plans covered Therapeutic Touch sessions? Cheryl Larden, Past-President of TTNC, leads a committee looking into extended health care coverage for Therapeutic Touch™. If you have ideas or input, please email her at clarden@shaw.ca.

We continue to have an excellent price for liability insurance for practitioners of Therapeutic Touch and other non-invasive modalities. Consider changing to our group insurance program. Learn more at www.ttnc.ca/insurance.

A customizable brochure is now available to members of our Canadian Networks. You can download it from www.ttnc.ca/brochures. The password is: brochure. Mary Simpson represented TTNO on the committee.

The curriculum committee, which includes TTNO's Flo Hartleib, has started working on national curriculum guidelines for Therapeutic Touch. TTNO has a lot of experience in this area. New Networks and some existing ones will be able to use this as the Therapeutic Touch community grows.

The board is working to finalize our mission, vision and values, and revising the by-laws to meet new federal government requirements and the changing needs of TTNC. If you are interested in working on national initiatives, send an email to me at britaball@sympatico.ca. We are currently looking for a webmaster and a communications person. Brita Ball RP

TTNO Representative on TTNC

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#### **Therapeutic Touch Quiz**

Therapeutic Touch can be used for:

- a) Promoting relaxation
- b) Reducing anxiety
- c) Altering the client's perception of pain
- d) Facilitating the body's natural restorative processes
- e) First aid to reduce the severity and alleviate the symptoms of minor injuries.
- f) All of the above.
- g) None of the above.

Persons receiving Therapeutic Touch must abandon all other medical treatments.

- a) True
- b) False

## THERAPEUTIC TOUCH™ IN ACTION

#### Therapeutic Touch as a Health Professional Skill at Hamilton Health Sciences.

Hamilton Health Sciences skills review day, at the General Hospital site, was a big success. Annually, the Clinical Practice and Education department put on a "skills review" event for the staff. This gives the nurses and other health care professionals the opportunity to review and re-certify in various skills. One educator said to me, "Therapeutic Touch is a nursing skill, right? Would you like to run a booth?" I enthusiastically, said "yes" and there was no looking back.

Over 5 days, 184 people stopped at the display booth and 64 wrote comments after a demonstration. The TTNO presentation package was used for the display and handouts as well as the TTNO brochure and video. Many thanks go to: Seiichi Ariga, Lynda Hill, Connie Price, Fran Gallager-Shuebrook, Jori Morrison, Vicky Wolkensperg, Lynne MacPhearson, Mary Simpson, and Natalie Richie, who all joined me in answering questions and doing demonstrations over 5 days.

Some comments from those who experienced a demonstration:

- I felt relaxed and I felt warm "wave" around my hands, unbelievable! It is so good, I really enjoyed it.
- · Very interesting! Could be a great tool for staff well-being.
- I like the idea of energy field, I believe more people need to know it and apply it to help patients.
- Interesting concept; would be great to incorporate into nursing practice.

The reception from the staff was wonderful. Those that stopped at the display were open and interested. We look forward to being invited to the skills review day at other HHSC sites!

Laura Pokoradi, RT

## TTNO DONATION REPORT SPRING 2014

#### **DONATIONS RECEIVED FROM:**

- Gwen Goodwin, Susan Keith, Ann Ginou, Lynn Woods, Darka Neill and Myrna Markovich in memory of Joyce Reynolds, a member
  of the Kingsway/Etobicoke Practice Group. Joyce was always a joy to be with at Hospice, Practice Groups and Socials. Her friends
  will miss her light in their lives.
- Etobicoke Practice Group in memory of Katarina Marjan
- · Sharron Parrott in memory of Debbie Simone's sister, Lynn
- · Sharron Parrott in memory of Heather Gurd's mother
- Debbie Simone in loving memory of her sister, Lynn
- Margaret Deane, Betty Farrish, Mary D'Ambrosio, Beverley Monaghan and Meli Notholt in memory of Louise Aikman who worked tirelessly to teach staff in Niagara's nursing homes
- · Katherine Poulin in memory of Katherine Keeping's mother, Jesse Arnone
- Trish Dean in memory of Annefrances Morris' father
- Crystal Hawk in memory of Annefrances Morris' father.

#### IN SUPPORT OF OUR MEMBERS:

- Thelma Feldman, with thanks to Ronni Garshowitz for her compassionate healing
- Maria Rossiter-Thornton
- Elaine Charette for the TT support she has been receiving.

#### IN SUPPORT OF TTNO:

- The Fergus Practice Group
- Marleene Burfield
- Evelyn Fisher
- Julia vonFlotow
- The Casey House Practice Group

## REMEMBERING MICHEL



In September 2013, Michel Kristensen, a Therapeutic Touch student who had recently been diagnosed with a variety of complex cancers, had been given 3 - 6 months to live. To provide comfort and support my Practice Group and body of students put together a team of practitioners. Soon, Michel had an 8-member Healing Team that included Joni Cass, Michael Georgie, Maggie Fruitman, Sandra Dixon, Jane Graham, Julie Hagan, Noel Palmer and me.

Team members offered Michel 67 sessions over the next three months, to her transition on December 9, 2013. From September 6th, daily sessions were scheduled to help Michel get a good night's sleep, provide comfort and alleviate pain. In early October, during radiation and chemo, Michel was offered sessions every other day. It was a profound experience for all involved. What follows are some of the team members' reflections on their experience.

To be a part of the team with Michel seemed important for me – I didn't question why. I gained a lot of insight into how I "read" people and was able to get feedback to validate what I was experiencing. I've never worked with someone who was shifting both physically and emotionally so much, so quickly; I now feel much more confident and competent. It was touching to witness the love and joy that was always present. Pictures by Michel's niece and nephew with their declarations of love for her, pinned close by, became a part of each treatment. Laughter drifting through the curtains, sounds of teeth brushing and getting ready for bed, all part of the session. I so clearly felt being a part of the whole – the web that connects us all. I am still sorting through the time I was with Michel, and her passing. I am so grateful to have met Michel and her family and to have been part of the team that brought Michel comfort. - Julie Hagan

"To give Therapeutic Touch sessions to a young woman living through deep uncertainty and pain was an immensely valuable learning experience. Stepping beyond the safe world of exchanging sessions with fellow practitioners there has always been the luxury of obtaining feedback. When treating Michel I was very aware of her real and immediate need, and her fear, and I felt honoured by her trust. I wanted to be able to help her deal with the painful now.

I certainly began to appreciate the importance of grounding myself. Sometimes I felt self-conscious and awkward and it was harder to 'get out of my own way', but as soon as my heart was engaged I was thoroughly grounded, compassionate, and sensitive to her field. Why did I feel this awkwardness sometimes? On reflection, it had a great deal to do with not being able to talk about the treatment, not receiving feedback from the healee. I was able to leave this behind, unattached to outcome, and rely on sensing the field and trusting the process, restoring balance. (Leaving her sleeping was feedback enough.) Thank you, Michel." - Maggie Fruitman

"The opportunity to join a team came at a time when I was wondering what direction I wanted to go with TT and working with Michel, I felt the pull towards becoming a recognized practitioner grow stronger within myself.

Although my treatments with Michel were one on one, I never felt alone. The team was with me and I knew each of us brought our own unique abilities; somehow all our abilities would mesh and provide Michel with what fit her needs. There was of course my own judgement of my effectiveness and not being so comfortable in a hospital setting, but again, focusing on the client and The Team, helped me to set that aside.

I felt honoured to have shared just a very small part of Michel's journey towards her transition and able to assist her in a way that she felt would best support her. The courage she needed to face the change in her life's path and somehow through her fear of the unknown was able to find strength to encourage us to assist her reminds me of how the human spirit lives on, even as we are dying. - Michael Georgie

Michel, with her radiant smile and beautiful eyes; we made an instant connection.

I nto her world of confusion, anxiety and pain I was welcomed with open arms.

C ompassion, unconditional love, loving kindness and trust -all part of weekly visits.

**H** er body - often weary, in pain- she was always ready with a thank you hug,a hand squeeze.

E very session ended with a Hand Heart Connection© and I left her sleeping peacefully.

L ight, unconditional love and gratitude from me, will remain with her always.

Her beautiful spirit and memory will remain with me always.

My last visit with Michel was December 4. On December 9 I woke feeling very sad. Later that morning, still with that feeling of sadness, I learned that Michel had passed. - Sandra Dixon

Thank you Michel, for sharing so much of yourself and opening yourself to receiving the light and love that is Therapeutic Touch, with us all in your healing journey and thank you too for giving us permission to share your story and our memories of you. Blessing be!

Julia von Flotow

# REFLECTIVE PRACTICE: TURNING OUR EXPERIENCE INTO KNOWLEDGE

At the beginning of this new year let's take the opportunity to look at the many things we can do to grow as individuals and to expand our skills and knowledge in the understanding and practice of Therapeutic Touch. One of the most rewarding ways we can achieve this is through Reflective Practice. To begin with I will look at the definition and purposes of Reflective Practice. I will show how this approach already is integrated into the process we follow in TT. Lastly I will suggest some ways we can implement or enrich Reflective Practice in all we do.

By definition Reflective Practice is, "... the capacity to reflect on action so as to engage in a process of continuous learning" (Argyris, & Schön, 1978). Or it can be understood as "a term used to describe professionals studying their own practice in order to improve it" (Costello, 2011, p. 5).

What prompts us to actually take the time to reflect on what we are doing? Often we pause to reflect when a routine response produces a surprise or an unexpected outcome, either pleasant or unpleasant. At other times we need to consciously plan a time to reflect on what we take for granted. We do this to see what we can do to learning from our experiences, be they good or uncomfortable.

Most times the decisions we make and the actions we take are constrained by our conditioning, over learning and life experiences. We fall into routine ways of doing things and tend to accept things as they are, not questioning our repertoire of expectations, images and techniques. We become less subject to surprise the more stable our situation (Schön, 1983).

Reflection opens the door of perception. Insights can be revealed about our experience and offer a way of paying attention to this inner knowing. We can become mindful of each unfolding experience in a way that enables us to learn from that experience and move toward more desirable and satisfactory ways of being. Dr. Krieger writes in her instructive book, The Therapeutic Touch- Inner Workbook, that when we engage in reflection we become more clear about who we are and become aware of and gain access to our deepest self and knowing. Her book offers an excellent guide to Reflective Practice. Information turns into knowledge by conducting a cognitive post mortem.

Reflection involves reviewing and reliving an experience to bring it into focus. Reflection-on-Action is what we traditionally do when we look at a situation in retrospect. For example, doing a case study is one way of completing this type of Reflective Practice. The form for completing a case study can be found on our web site or in the TTNO's Practitioners Workbook.

Reflection-before-Action and Reflection-in-Action are two other ways of looking at our practice. These also appear to resonate with our Practice of Therapeutic Touch. For example, using Reflection-before-Action you pause and reflect before you take action. We pause and Centre as we begin a TT session. Centering helps us prepare for and clear our mind for what we are about to do. By being completely focused in the movement, our client becomes our most important concern. Dr. Krieger says "The point of entry into the therapeutic touch process is the act of centering. The therapist remains on-center even while proceeding with other phases of the Therapeutic Touch process: the assessment, rebalancing, and reassessment of the healee's vital-energy field" (1997, p 17).

With Reflection-in-Action we reflect in the midst of action. Assessment helps us Reflect-in-Action as we examine the field when we begin and as we repeatedly reassess the field throughout the TT session. In this way we can ask ourselves these interesting questions: What am I doing emotionally, energetically and consciously? What has become routine? Am I responding to the client's field?

The challenge is that Reflection is both subjective and particular. It is a fusion of sensing, perceiving, intuiting and thinking about this particular experience in order to develop insights into the Self and our practice. Therefore it is purposeful and mindful. In Transforming Nursing Through Reflective Practice, Eleanor Gully in the chapter, Creating Sacred Space: A Journey to the Soul, sees it as a path of self-awareness enabling us to become more self-conscious in the actions we take to realize our values and vision (Jones & Freshwater, 2005).

What can we do to explore these areas of our practice that have become habitual, that have caused us to wonder in surprise or pause in discomfort? Indeed there are different ways of developing a Self Reflective Practice. As we saw, we can use case studies and these can be very informative. Discussing situations on a regular basis in a Practice Group or with a colleague is helpful. Dr. Krieger highly recommends keeping and writing in a Journal. She says it brings us closer to the self, to the 'l' of who we are. In our writings we can also begin to notice patterns and areas is which we are strong and where we want to improve. Making art can be part of Reflecting on our work. Through images, colours and symbols we can reveal and relate to our not yet conscious knowledge. All these approaches are ways of discovering and bringing out our tacit knowing.

Dr. Krieger calls it a way of self-exploration of our latent abilities. She encourages us to take the time to work with our 'inner workbook.' Therapeutic Touch is an ever changing personal learning experience and a creative base for progressive learning about the inner self. Through AHA moments, insightful experiences, in our efforts to stay centered and to 'listen', we also learn what makes us tick (Krieger, 1997 p.18). In doing so we care for our client's wellbeing, our wellbeing and what is required of us to enrich and deepen and to create a more effective, perceptive, compassionate and skillful practice of Therapeutic Touch.

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# REFLECTIVE PRACTICE: TURNING OUR EXPERIENCE INTO KNOWLEDGE (CONT...)

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Judith Kanee RP

## THE EMPOWERMENT OF COMPASSION

"I frequently have wondered at the power of compassion. It is by no means a survival skill, and I am in awe that it has continued to surge in the hearts of humankind over the millennia. Why? One answer might be that this is how we are supposed to relate to one another – perhaps it is in Nature's best interests that we exercise this most humane of all human traits toward other beings. Perhaps the success of evolution is not so much a matter that we survive, as how we survive.

The point has been made in earlier chapters that compassion is a necessary background for the therapist's use of Therapeutic Touch practices. It is not merely that without compassion as the motivating factor, the practice of Therapeutic Touch is in jeopardy of being nothing but a power play. It is also a subjectively testable fact that it is the dynamic nature of compassion that provides the opportunity to plunge into the farther reaches of our own consciousness, access our finest capabilities, and thus bring the wonder of the healing act into being for someone in need. It is, indeed, this irrepressible passion to help others that supplies the remarkable energetic thrust necessary for the decisive quantum leap that distinguishes the vitalizing state of healing from the debilitating state of illness. The integrative force we know as compassion shapes a path for universal healing energies to flow through our being, and it is through the experiential knowledge that attends that outpouring that we get an opportunity, in the healing moment, to acknowledge the reality of our inner self."

Therapeutic Touch Inner Workbook - Dolores Krieger, PhD, RN



## **CURRENT NEWS AND VIEWS FROM CRYSTAL HAWK**

416-922-4325 E-mail: crystal.hawk@sympatico.ca

www.therapeutictouch.com

## IS IT TIME FOR A NEW APPROACH TO MAMMOGRAMS?

In an article written on Feb 13, 2014 Charles Wright reports that the answer is YES. When first introduced four decades ago breast cancer screening with mammography was widely regarded as an important tool in the fight against this terrible disease. It seemed obvious that the earlier it could be diagnosed the more lives could be saved. Aggressive treatment, it was thought, would prevent the cancer from spreading through the body. A huge amount of research evidence since then has slowly and painfully led to a different conclusion.

Cochrane Collaborations has been studying screening mammography intensively and in its most recent bulletin states that the benefits of screening 2,000 women regularly for 10 years is that one may have her life prolonged. Of the other 1,999 women, at least 200 will have false positive mammograms leading to biopsies and surgery, and at least 10 women will be falsely diagnosed with breast cancer and consequently subjected to unnecessary surgery, radiation therapy and chemotherapy. (They are talking about screening healthy women, not those with extra high risk factors.)

So what are we to believe and what are we to do? A close friend of mine, a well known doctor, recently had a successful lumpectomy on a very small but highly aggressive cancer tumour found during a mammogram. It was so small they inserted "a marker" into her breast during the biopsy so it could be located at a later date if needed.

I've been teaching at The Toronto Gilda's Club for 12 years for those living with cancer. What I've heard is that about  $\frac{1}{2}$  of the members diagnosed with breast cancer found theirs in a mammogram and  $\frac{1}{2}$  of them found theirs by self exams.

So we each have to make a very important decision for ourselves and keep up our self exams, no matter what we decide to do.

\* Dreamhealer newsletter, Adam Mcleod, Feb 14, 2014.

#### CAN A VIRTUAL BRAIN REPLACE LAB RATS?

Researchers from the University of Waterloo hope Spaun, the world's larges functioning model of the brain, will be used to test new drugs that lead to medical breakthroughs for brain disorders such as Parkinson's, Huntington's and Alzheimer's disease. Terrance Steward, a post-doctoral researcher with the Centre of Theoretical Neuroscience at Waterloo and project manager for Spaun, plans to tell and audience at the America Association for the Advancement of Science at their Annual Meeting in Chicago about the advantages of using whole-brain simulation as a tool to aid new discoveries in medicine.

"We showed that errors made in behaviour seen in people with those disorders correspond to the errors made by our brain model when neurons in the affected brain regions are damaged." he said. Spaun can see, remember and write using a mechanical arm. This

virtual brain which mimics the neuron firing patterns seen in the human brain allows researchers to study and understand how damage to individual cells affects the behaviour of the whole brain in different neurological diseases.

\*Provided by University of Waterloo

## PROTEINS IN HUMAN BODIES VIBRATE IN DIFFERENT PATTERNS.

Using a technique they developed based on terahertz near-field microscopy, scientists at the University at Buffalo and Hauptman-Woodward Medical Research Institute have for the first time observed in detail the vibrations of lysozyme, an antibactrial protein found in many animals.

They found that these vibrations persist in molecules like the "ringing of a bell". This opens the door to a whole new way of studying these basic cellular processes that enable life. "If you tap on a bell, it rings for some time, and with a sound that is specific to the bell. This is how the proteins behave," said Andrea Marketz, PhD, a UB physics professor who led the Study. "Many scientists have previously thought a protein is more like a wet sponge than a bell: If you tap on a wet sponge, you don't get any sustained sound".

This technique could be used in the future to document how natural and artificial inhibitors stop proteins from performing vital functions by blocking desired vibrations. "The cellular system is just amazing," she said. "You can think of a cell as a little machine that does lots of different things - it senses, it makes more of itself, it reads and replicated DNA, and for all of these things to occur, proteins have to vibrate and interact with one another."

I think from a Therapeutic Touch™ point of view, this is further evidence that our bodies - the cells and proteins in our bodies - vibrate in response to different stimuli, like when receiving a Therapeutic Touch session. I can send you the full article on request.

The Watchers, posted on Adonai, January 16, 2014, in Research Science.

#### **AUGUST 2014 - A SPECIAL MONTH**

In August of this year we will enjoy 5 Fridays, 5 Saturdays and 5 Sundays. This happens only once every 823 years so best to enjoy it this time around. The Chinese call it "Silver pockets full" and perhaps that will mean that it will bring abundance to all of us.

"Our lives begin and end the day we become silent about things that matter."

~ Martin Luther King Jr.

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## TRISH DEAN IS BACK FROM MALAWI!



A year ago, through the University of Guelph, I accepted a volunteer opportunity with the Leave for Change Programme, to work at Likuni Mission Hospital as a Therapeutic Advisor, supporting their Pain Management and Palliative Care programs. Arriving in Malawi mid-day November 18th, my four week adventure began.

As we drove through the gates of Likuni Hospital, I was pleasantly surprised to see a variety of buildings in what appeared to be an expansive compound. I was aware of a very peaceful, calm energy which was quite different from the busy rural street we had just exited. The women were dressed in colourful chitenjes, resting on shaded walkways of the wards. This was to be my workplace for the next three and half weeks!

I learned that Therapeutic Touch<sup>TM</sup> (TT) is quite a new concept for the staff of the 231 bed mission hospital; they meet daily challenges to support the surrounding community with limited resources, so they are quite willing to see how TT can be used as a pain management tool.

My challenge began. I visited each ward introducing myself, explaining the work I do. I was led to the bedside of a very ill woman and her daughter. The staff spoke English but many patients spoke only Chichewa, so I required an interpreter. This presented a challenge as many of the wards were busy with increased cases of malaria, meningitis and hepatitis due to the rainy season. The nurses could not spare the time yet accompanied me, proving to be gracious, supportive and patient. The daughter watched me closely and worked on the left side as I worked on the right.

Malawian hospitals require that each patient have a Guardian to see to their personal needs. Once the first patient receives TT, the Guardians would motion me to do TT for their loved ones. Since the staff were then free to attend to regular duties, body language and charades became very useful!

I did TT for staff and this proved positive. They soon understood the benefits and developed an interest in learning the modality. During a session for a male clinician, he giggled and moved away. Still he encouraged me to return to the paediatric ward the next morning, which I did.

A variety of responses were elicited from the babies. A baby unfamiliar with an azunga (white person) cried as I approached, while another reached up to me from his mother's arms. I lovingly engaged, holding my first Malawian baby. How honoured I felt!

I had the privilege of befriending a wonderful grandmother who spoke little English. With a gracious smile, she encouraged me to return to the crying baby. In broken English, she explained that the crying is due to the pain of meningitis. Reluctantly, I returned to the baby but the crying increased. Seeing the persistent look of the grandmother, I moved out of the baby's sight and tried distance TT. The cries escalated and I stopped.

I offered the grandmother TT and before I realized it, I had a line-up of guardians. My new friend became my interpreter. Two hours later, I finished the sessions and my friend and two guardians had tried TT. I provided a copy of my handout, which has pictures, so I left the grandmother with a reference that she understood.

The HIV/AIDS Clinic is another ward very excited about TT. Isabelle, the head nurse, arranged for me to accompany the palliative care team to a rural village. Upon arrival, we entered a small, bare, one room home where a mother wiped the brow of her daughter who rested on a straw mat on an earthen floor. I was invited to attend to the young woman who has recently developed a blood clot in her brain. Acting as interpreter, Isabelle explained to the mother while I did TT and the Hand/Heart Connection. I encouraged the mother to do the same. I have since learned that the young woman passed away in December.

Tuesdays and Thursdays I was set-up in my own treatment room in the HIV Outpatients. I find it interesting that people keep their eyes open. It was lovely to hear responses like "I'll see you next week!"

In the third week 20 staff attended my workshop and I provided the history, assumptions and characteristics of TT. I was very proud of how quickly they learned and are able to demonstrate that they are TT practitioners. Each participant received a copy of Janet Macrae's book and was encouraged to practice.

Through donations I stocked their resource library with Diane May's books, a TTNO DVD and research articles.

After receiving an email from Dr. Krieger offering me support in Malawi, I was able to pass along her 'Season Greetings' to the staff. Dr. Krieger also shared with me that she taught TT in South Africa in the 80's during her month long stay.

I was fortunate to meet Lucy Finch, founder of Ndi Moyo Hospice, who remembered Peggy Frank who taught TT at the Hospice. She will encourage her staff to continue with the practice.

This amazing modality continues to be practiced throughout the continent of Africa. I was proud to re-introduce TT in Malawi and am grateful for all those who supported me on my journey. I know it was through that support that kept me safe and healthy. Zikomo!

Visit my Blog: https://www.uoguelph.ca/hr/blogs/trish-dean

Trish Dean, RP

## A CASE FOR RETURNING TO ORDER

I am writing this in response to three separate events.

Some time ago, I presented Therapeutic Touch ™ to a group of Retirement Home residents. To explain to them what healing means, I asked what they do when they meet someone in the hall who looks sad. Perhaps they smile at that person, hug her, talk to her? Silence followed and finally a little voice at the back said: "We don't do that here".

Recently, something similar happened, this time it was a group of teenagers. From them, I got nothing, no response. There was emptiness. I walked away discouraged, for I always held high hopes in our youth.

In the last instance, I heard about a boy that was punished because he kissed little girl's hand. He was a young child, I do not recall the exact age group. The (school) rule was: NO touch allowed.

I realized that ignoring the news and television does not work; the reality catches up with one in other ways. We truly live in a very special time. The opposite forces are ever increasing in strength. On one hand, the society goes to extremes in promoting "safety" and "protection". Rules and regulations are put in place in response to deeds committed by very few. The rest of us have to be "protected" just for the case it happens again. The trespassers are punished instead of cared for in humane ways. Lately we hear about people in power disregarding common good in favor of their own, living by their own rules.

On the other hand, there are more and more voices calling for return to the concept of brotherhood, to altruism, to living our lives in cooperation. They tell us "we are one". They remind us that humanity is in serious trouble, we are literally destroying ourselves and our environment.

In our own Therapeutic Touch ™ community, we claim healing is about returning to order, for that is how the nature works. We use words like harmony and balance. When we treat someone, we aim to enhance returning to order and thus bring to the receiver a memory of wholeness, completeness.

When I talk about Therapeutic Touch, I often say it is about remembering we are brothers and sisters, and we are here to serve each other. Ram Das was supposed to have said that we are walking each other home.

Science is slowly getting on our side. Among others, I really like teachings of Dr.Rick Hanson, neuropsychologist, who talks about "Self-directed Brain Change". According to him, so called "positive neuroplasticity" causes physical changes in our brains – as evidenced by research findings. He is discussing strategies to "re-train" our brains, that in many ways agree with Therapeutic Touch practice: we have to return to order first, care for self, do our inner work. We can give only what we have, it is as simple as that.

David R.Hawkins says that we heal the world by who we are. So, in addition to self-work, how can we become co-creators of a better world? To me, one of the ways is teaching and practicing Therapeutic Touch and aiming to make it a family experience. In fact, it is our obligation. Having a Therapeutic Touch practitioner in every family would make tremendous difference for present and future generations. Healing is urgently needed here and now. We must step up to this challenge and contribute to the good of all. Hands on or hands off, from our hearts, engaging fully. For Good always wins. However, we have to create it; no one will do it for us.

Jitka Malec, RT

## **DON'T FORGET TO USE TT ON YOURSELF!**

I know without my TT training, I would have had to been taken to the hospital by ambulance a year ago to have my dislocated kneecap put back in place, as I had three times before. When it happened, at first I panicked, then because the pain was so bad I knew I had to control it, so started, with difficulty, centering, breathing and sending relaxation 'Intent' down to the knee. By having to concentrate so hard on the Centering and sending the 'Intent', I was able to reduce the pain enough to boost myself up onto the bed I was leaning against, (it happened while taking off my compression stockings no less). While doing this, the knee cap popped back into place. I firmly believe the TT relaxed it enough that it could. I lay there, still sending TT to relax it and take the pain away for about 10 minutes, then was able to get up, hobble to the medicine cabinet for a tensor bandage to wrap the rapidly swelling knee and to the fridge for the cold pack I always keep there. I was actually able to finally fall asleep without any painkillers. I had to have it wrapped and to use a cane 'till it healed, but no hospital and the Doctor was impressed with the whole process. We often forget to use our TT knowledge on ourselves, but thank goodness it kicked in for me.

Connie Price, Burlington.

## THERAPEUTIC TOUCH IN THE ICU OF A TORONTO HOSPITAL.

A woman came to my office last Tuesday for a Therapeutic Touch before a very extensive spine operation scheduled for the next day. I arranged to give her the Therapeutic Touch in my office on Tuesday, give her Therapeutic Touch by long distance on Wednesday after the operation mostly for pain, and then see her in the hospital on Thursday for another Therapeutic Touch<sup>TM</sup>. I usually only charge for the office visits but she insisted on paying me for all three sessions and she got her money's worth!!!

We had arranged that I would call her on her cell phone on Thursday to make sure that a1:00p.m.visit would be convenient. When I called her phone wasn't connected so I called the hospital and they told me she was in ICU. They put me through and all I said was, "I'm a Therapeutic Touch practitioner and so-and-so asked me to come and give her a session today at 1 PM." The nurse said "OK, come along, she's on the 2nd floor". I went to the ICU on the second floor and the nurse there didn't even look up when I got to the desk, she said "Your patient is in room so-and do." Someone had called up to expect me!!! it's totally amazing.. but the story doesn't end there.. the best part is to come..

When I entered her 'room' in ICU the nurse was saying, "Since you don't call for any pain medication I'm taking this special button away and if you need any pain meds you can use the regular nurses button". My client said that she had pain for about 2 minutes when she woke up and then none since then.... wow!!! She said her main problem was that she hadn't been able to sleep since coming to the hospital. She is a master worrier. I left her sound asleep and informed the very happy nurses of this before I left the unit. She has since e-mailed me that she's home, her daughter is taking good care of her, she's so happy she found me and TT and she's coming for more sessions as soon as she can.

Although only family is allowed in most Canadian ICU units I've never been refused as a Therapeutic Touch practitioner. This was different as I was actually being invited and expected. Very nice for the client and for Therapeutic Touch.

Crystal Hawk, RT

Sixth Annual, Advanced Intensive Therapeutic Touch Retreat

## "Inspirations & Echoes"

Theme:

Fine-tuning Your Inner Healer.

Credit for maintaining or achieving RP status

Hamilton, Ontario June 12 to 15, 2014

At Mount Mary Retreat Center Hamilton, Ontario

#### **Facilitators:**

Laura Pokoradi & Diane May with Linda Nelson

More information:

Laura: peaceandlight@sympatico.ca Linda: lindanelsontt@gmail.com

# Therapeutic Touch and Imagery

with Crystal Hawk Sunday, May 4th in Toronto.

Pre-requisite: Level II

From 9:30 - 5:30 Fee: \$95

Mid-town location with free parking/near subway

Imagery is enmeshed in all phases
of the Therapeutic Touch<sup>TM</sup> form ~
treatment, intention, & receptivity.
This workshop is designed
to give Therapeutic Touch practitioners
the opportunity to learn about imagery
in general and about imagery in relation to the
Therapeutic Touch process in particular.

For full flyer contact Crystal Hawk crystal.hawk@sympatico.ca 416-922-4325.

## THERAPEUTIC TOUCH NETWORK OF ONTARIO

#### **WORKSHOPS BY TTNO RECOGNIZED TEACHERS**

For workshops which may not be listed here, please contact individual Teachers.

(Refer to the list on page 27 of this issue of in Touch)

For email addresses please consult the website at www.therapeutictouchontario.org

#### **LEVEL 1** (Introductory / Beginner)

LOCATION	DAY(S)	DATE	TIME	TEACHER (	CONTACT	PHONE	EMAIL
Barrie	Saturday	March 22	9:00 - 5:00	Arlene Cugelman	Her	705-721-1850	acugelman@rogers.com
Burlington	Saturday	April 5	9:00 - 5:00	Mary Simpson	Her	905-825-0836	mary.simpson@cogeco.ca
Dundas	Saturday	April 26	9:00 - 5:00	Marian Wierenga	Her	613-921-7565	43aafke43@gmail.com
Elora	Saturday	April 12	8:30 - 4:30	Deborah Gould	Her	519-846-2770	gdgould@sympatico.ca
Etobicoke	Sunday	March 23	9:00 - 6:00	Julia von Flotow	Her	416 686 6463	julia.vonflotow@gmail.com
Grimsby	Saturday	April 26	9:00 - 5:00	Rose Philip	Her	905-309-4755	vipoma@cogeco.ca
Guelph	Saturday	March 8	8:30 - 5:30	Martha Hoey	Her	519-823-5847	info@elmtreecentre.com
Guelph	Saturday	April 26	8:30 - 5:30	Martha Hoey	Her	519-823-5847	info@elmtreecentre.com
Guelph	Saturday	May 17	8:30 - 5:30	Martha Hoey	Her	519-823-5847	info@elmtreecentre.com
Huntsville	Wednesday	April 9	8:30 - 5:00	Shirley Boon	Her	705-789-7434	shirleyboon@surenet.net
Kingston	Fri. & Sat.	April 11 & 12	4:30 - 9:30	Alison Cooke	Her	613-395-3691	adcooke@xplornet.com
London	Saturday	March 1	9:00 - 5:00	Carole Wray	Her	519-668-0272	carolewray@rogers.com
London	Saturday	June 7	9:00 - 5:00	Carole Wray	Her	519-668-0272	carolewray@rogers.com
London	Tue evg X 5	May 6 – June 3	6:30 - 8:30	Jitka Malec	Her	519-668-2409	jitkamalec@gmail.com
Peterborough	Sat & Sunday	March 8 & 9	1:00 - 5:00	Craig Niziolek	Him	705-740-2157	craigniziolek@gmail.com
Ottawa	Saturday	April 12	8:30 - 4:30	Gail Lafortune	Her	613-834-4524	c-g.tt@sympatico.ca
Roseneath	Saturday	April 26	9:00 - 5:00	Pat Hall	Her	705-924-9320	pathalleft@rogers.com
Thunder Bay	Fri evg & Sat.	April 11 & 12	7:00 - 9:00	Jean Riddell	Her	807-622-7790	thundermanitou@yahoo.ca
			9:00 - 4:00				
Toronto	Friday	Aprill 11	8:00 - 4:30	M. Rossiter-Thomton/T. Mo	ore Theresa Moore		theeresa.moore@bell.net
Toronto	Saturday	March 8	8:00 - 5:00	Julia von Flotow	Her	416 686 6463	julia.vonflotow@gmail.com
Toronto	Friday	April 11	8:00 - 5:00	Julia von Flotow	Her	416 686 6463	julia.vonflotow@gmail.com
Toronto	Friday	June 6	8:00 - 5:00	Julia von Flotow	Her	416 686 6463	julia.vonflotow@gmail.com
Windsor	Fri & Saturday	March 21 & 22	6:00 - 9:00	S. Parrott/F. Hartleib	F. Hartleib	519-974-2157	theteagranny@hotmail.com
			9:00 - 4:00				
Windsor	Saturday	March 29	9:00 - 5:00	Claire Massicotte	Her	519-948-9453	claires.care@sympatico.ca

#### LEVEL 2 (May be taken 1 month after Level 1, although this may vary with teachers.)

LOCATION	DAY(S)	DATE	TIME	TEACHER	CONTACT	PHONE	EMAIL
Barrie	Saturday	May 10	9:00 - 5:00	Arlene Cugelman	Her	705-721-1850	acugelman@rogers.com
Belleville	Fri evg. & Sat	January 24 & 25	4:30 - 9:30 9:00 - 3:00	Alison Cooke	Her	613-395-3691	adcooke@xplornet.com
Burlington	Saturday	May 10	9:00 - 5:00	Mary Simpson	Her	905-825-0836	mary.simpson@cogeco.ca
Etobicoke	Saturday	April 12	8:00 - 9:00	Julia von Flotow	Cher Curshen	416-626-0116 ext 228	ccurshen@mail.hospice.org
Guelph	Saturday	March 29	9:00 - 5:00	Mimi Craig	Her	519-827-1819	mimicraig@gmail.com
Huntsville	Wednesday	April 30	8:30 - 5:00	Shirley Boon	Her	705-789-7434	shirleyboon@surenet.net
Kingston	Fri. & Sat.	April 25 & 26	4:30 - 9:30	Alison Cooke	Her	613-395-3691	adcooke@xplornet.com
London	Saturday	April 26	9:00 - 5:00	Carole Wray	Her	519-668-0272	carolewray@rogers.com
London	Saturday	July 12	9:00 - 5:00	Carole Wray	Her	519-668-0272	carolewray@rogers.com
Ottawa	Sunday	April 13	8:30 - 4:30	Gail Lafortune	Her	613-834-4524	c-g.tt@sympatico.ca
Roseneath	Saturday	March 15	9:00 - 5:00	Pat Hall	Her	705-924-9320	pathalleft@rogers.com
Toronto	Friday	April 25	8:00 - 4:30	M Rossiter-Thornton/T Moore	Theresa Moore	416-493-7646	theresa.moore@bell.net
Toronto	Saturday	March 22	8:00 - 5:00	Julia von Flotow	Her	416 686 6463	julia.vonflotow@gmail.com
Toronto	Thursday	April 24	8:00 - 5:00	Julia von Flotow	Her	416 686 6463	julia.vonflotow@gmail.com
Toronto	Friday	June 20	8:00 - 5:00	Julia von Flotow	Her	416 686 6463	julia.vonflotow@gmail.com
Windsor	Fri evg. & Saturday	April 25 & 26	6:00 - 9:00	F. Hartleib & S. Parrott	Flo Hartleib	519-974-2157	theteagranny@hotmail.com
147 1	0	4 1100	9:00 - 4:00	01: 14: : ::		E40 040 04E0	
Windsor	Saturday	April 26	9:00 - 5:00	Claire Massicotte	Her	519-948-9453	claires.care@sympatico.ca
			9:00 - 4:00				

#### **LEVEL 3** (May be taken 6 months after Level 1)

LOCATION	DAY(S)	DATE	TIME	TEACHER	CONTACT	PHONE	EMAIL
Barrie	Saturday	April 26	9:00 - 5:00	Arlene Cugelman	Her	705-721-1850	cugelman@rogers.com
Burlington	Sat & Sunday	October 4 & 5	10:00 - 4:00	Mary Simpson	Her	905-825-0836	mary.simpson@cogeco.ca
Caledon	Friday	Marcy 28	8:30 - 4:30	Deborah Gould	Her	519-846-2770	gdgould@sympatico.ca
Huntsville	Wednesday	May 28	8:30 - 5:00	Shirley Boon	Her	705-789-7434	shirleyboon@surenet.net
Guelph	Saturday	May 10	9:00 - 5:00	Mimi Craig	Her	519-827-1819	mimicraig@gmail.com
London	Thurs evg X 5	April 3 – May 1	6:30 - 8:30	Jitka Malec	Her	519-668-2409	jitkamalek@gmail.com
London	Saturday	May 24	9:00 - 5:00	Carole Wray	Her	519-668-0272	carolewray@rogers.com
London	Saturday	August 23	9:00 - 5:00	Carole Wray	Her	519-668-0272	carolewray@rogers.com
Napanee	Tuesday & Wed.	May 13 & 21	9:15 - 2:45	Alison Cooke	Her	613-395-3691	adcooke@xplornet.net
Niagara Falls	Wednesday X 4	June 4, 11, 18 & 25	7:00 - 9:00	Doreen Sullivan	Her	905-354-8873	4doreensullivan@gmail.com
Ottawa	Saturday	May 24	8:30 - 4:30	Gail Lafortune	Her	613-834-4524	c-g.tt@sympatico.ca
Peterborough	Sat & Sun	April 5 & 6	1:00 - 5:00	Linda Nelson	Her	705-745-2849	lindanelsontt@gmail.com
Roseneath	Saturday	May 24	9:00 - 5:00	Pat Hall	Her	705-924-9320	pathalleft@rogers.com
Toronto	Sat & Sunday	May 31 & June 1	9:00 - 4:30	Julia von Flotow	Her	416 686 6463	Julia.vonflotow@gmail.com
Windsor	Saturday	March 1	9:00 - 5:00	Claire Massicotte	Her	519-948-9453	claires.care@sympatico.ca

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## PRACTICE DAYS

LOCATION	DAY(S)	TIME	DATE	TEACHER	CONTACT	EMAIL	PHONE
Guelph	Friday	9:00 - 5:00	March 21	Valerie Morrell	Her	al.val.morrell@gmail.com	519-821-4006
Toronto	Sunday	9:00 - 5:00	March 23	Crystal Hawk	Her	crystal.hawk@sympatico.ca	416-922-4325
Belleville	Saturday	8:30 - 4:30	April 5	Alison Cooke	Her	adcooke@xplornet.com	613-395-3691
Toronto EGH	Friday	8:00 - 4:00	April 4	J.Cole, M.Burfield & M Rossiter-Thornton	Marleen Burfield	gmb@pathcom.com	416-438-7720
Windsor	Saturday	9:00 - 5:00	April 5	Sharron Parrott	Lina Busico	michelinab@cogeco.ca	519-979-1228
Brampton	Sunday	9:00 - 5:00	May 4	Mary Simpson	Lillian Hutchinson	lillianhutchinson@rogers.com	905-457-2211
Peterborough	Saturday	9:00 - 5:00	June 14	L. Nelson/C. Niziolek/G. Hallman	Linda Nelson	lindanelsontt@gmail.com	705-745-2849
London/Arva	Saturday	9:00 - 5:00	July 5	Jitka Malec	Ellen Edmondson	wa.edmondson@sympatico.ca	519-660-0559
Grimsby	Saturday	9:00 - 5:00	September 13	Rose Philip	Her	vipoma@cogeco.ca	905-309-4755
Pembroke	Saturday	9:00 - 5:00	September 20	P. Tamosetis & G. Lafortune	Pat Tamosetis	earthwalks@distributel.net	613-625-2277
Claremont	Saturday	9:00 - 5:00	September 20	J. Fallaize & K. Marks	Janet Fallaize	janetfallaize@sympatico.ca	905-683-9264
Huntsville	Saturday	9:00 - 5:00	September 27	Shirley Boon	T. Chochlowsky	imuptowngirl@hotmail.com	705-641-0537
Chatham	Saturday	8:45 - 5:00	October 4	Charlottee Harris	Her	charlotte.harris@ciaccess.com	519-351-1025
North Bay	Saturday	9:00 - 5:00	October 25	Shirley Boon	Monica Giles	ngiles@onlink.net	705-724-5163
Niagara Falls	Sunday	9:00 - 4:00	November 16	Doreen Sullivan	Her	4doreensullivan@gmail.com	905-354-8873

## WORKSHOPS FOR CONTINUING EDUCATION

#### ENHANCING ASSESSMENT THE MULTI-SENSORY ASSESSMENT Prerequisite – Level 3

LOCATION	DAY(S)	DATE	TIME	TEACHER	CONTACT	EMAIL	PHONE
Guelph	Saturday	April 12	9:00 5:00	Mary Simpson	Martha Hoey	info@elmtreecentre.com	519-823-5847

## RELAXING AND LETTING GO: A PRACTICE GUIDE FOR THE THERAPEUTIC TOUCH PRACTITIONER Prerequisite – Level 3

LOCATION	DAY(S)	DATE	TIME	TEACHER	CONTACT	EMAIL	PHONE
London	Friday	April 25	9:00 5:00	Jitka Malec	Her	jitkamalec@gmail.com	519-668-2409

## THERAPEUTIC TOUCH AND IMAGERY Prerequisite – Level 2

LOCATION	DAY(S)	DATE	TIME	TEACHER	CONTACT	EMAIL	PHONE
Toronto	Sunday	May 4	9:30 5:30	Crystal Hawk	Her	crystal.hawk@sympatico.ca	416-922-4325

#### STILLING THE RESTLESS MIND, Exploring Mindfulness To Enhance

The Art And Craft Of The Therapeutic Touch Practitioner

#### Prerequisite - Level 3

LOCATION	DAY(S)	DATE	TIME	TEACHER	CONTACT	EMAIL	PHONE
Toronto	Saturday	June 7	8:00 - 5:00	Julia von Flotow	Her	Julia.vonflotow@gmail.com	416-686-6463



#### Lose weight <> Feel better <> Look great

See what 90 days can do for you Call me for current specials

Dr. Brita Ball, RP PhD Food Science

Toll free: 1-888-939-6224 Email: HealthyChocDoc@gmail.com

#### A Two day Event in Shelburne . . .

## **Mastering EFT**

with Crystal Hawk

April 5& 6 10:30 am - 6 pm

Easily learned, extremely effective, meridian based energy modality - helps people to quickly & easily overcome fears, phobias, PTSD, addictions and physical pain.

It integrates well with Therapeutic Touch.

For details and to register contact Crystal at 416-922-4325

## Questions and Answers About Therapeutic Touch™

#### Both your Questions and Answers are very welcome ... Please let us know yours!

While there may be differences in the answers people send, they are all based on Therapeutic Touch's assumptions and concepts. As we all bring our own experiences to Therapeutic Touch, we may understand the modality somewhat differently. Hence, practitioners are encouraged to study with a variety of TTNO Recognized Teachers.

> Please send your response to the question for the next issue 2014 in touch to the TTNO Office ttno.membership@sympatico.ca or 290 The West Mall, Suite # 4 Etobicoke ON M9C1C6

Question: "I have completed Level Three Therapeutic Touch. Why would I wish to get my Recognized Practitioner certificate?"

#### Answer:

Einstein said "All learning is experience - everything else is just information." Congratulations for completing the 3 Basic Levels of Therapeutic Touch. You now have the opportunity to really experience and teach yourself this work. Every person that you serve, as you fill your case study book, is your teacher. You now have the opportunity, as well, to have expert guidance from each person who volunteers to take the time to supervise your work! The hours of dedicated volunteer work that have gone into creating this program is not so that you get yet another certificate. It is so that you will have the most professional mentoring, and be able to recognize yourself as truly ready to offer this profound modality.

-Donna Logan Van Vliet RN (ret)

#### This is my experience:

People that take Level 1 may still be unsure if this is what they want to pursue. When they come to Level 2, I know they have that inner yearning for more. They also come to the Practice Group; want to participate, learn and enjoy the special kinship among people involved with Therapeutic Touch.

Desire to be RP comes naturally to those wanting to commit to practicing this modality. The other facet wants to present it to the world, to talk about it, to advocate for it.

Also, in this society, anyone that intends to practice Therapeutic Touch on a professional level needs the status. It gives her credibility in that she has to fulfill TTNO credentialing requirements.

-Jitka Malec, RT

This is a good question and it's one I have often wondered about especially while I'm reading through someone's workbook - and also when I hear people complain about the fees and the hours needed for maintaining RP status. The reason I had for becoming an RP was that I wanted to volunteer in a health care facility and that was the requirement. I think this is often the case. It is clear that doing the workbook deepens an understanding of and confidence in TT and this is sufficient motivation for many people. It also reinforces our commitment to the TTNO. However, I don't believe becoming an RP is for everyone and I know that the TTNO values its General Members just as much as the RPs. It's a personal decision based on many factors and needs some deep reflection. If I hadn't become a hospital volunteer I'm not sure that I would have done the work to become an RP but then I would never have become as involved as I have done and would likely never have made the close connections and friendships that I now have. No regrets here.

-Linda LeRoux, RP

If you feel that Therapeutic Touch is one of the most awesome things you have learned in your life, you will want to learn more. The basic course (3 levels) is actually an introduction to the modality. If you have a desire to learn more - to make Therapeutic Touch a part of your life - it is important to work toward becoming a Recognized Practitioner. It keeps you involved and this is important because 'if you don't use it you'll lose it'. If you do decide to make that commitment, find someone who will act as your mentor who will encourage you and keep you working at it.

Finding a person willing to receive Therapeutic Touch can be a challenge. If however, you are 'doing' your workbook you can say to friends/family/colleagues, "I am working on becoming a Recognized Therapeutic Touch Practitioner. Would you let me give you a session? There's no charge." Once they experience a session and know what it's all about, they will begin to refer their friends and family.

In spite of the fact that the number of case studies required seems daunting, you will find that giving frequent sessions becomes a very satisfying, fulfilling part of your life. And then you will become part of a world-wide group of very special people - and be accepted internationally as a Therapeutic Touch Practitioner!

-Mary Simpson, RT

While it is not a legal requirement to become a Recognized Practitioner in order to practice Therapeutic Touch in Canada (in fact the TTNO encourages the use of TT in every home),

I would want to for the following 10 reasons:

- 1. It shows that I am serious about learning all I can about TT
- It shows that I am, most likely, competent in my ability to give a TT session
- It meets all the institutional requirements I will ever need
- It shows that I am willing to continue my TT learning every year, by meeting the "Maintaining" RP status.
- It shows my support for the TTNO
- I'll never have to worry about using the Trademark
- It boosts the confidence that I have in myself to provide effective TT and more importantly
- It boosts the confidence that others have in that practice.
- It is simply more professional whether I am volunteering or charging for my TT services.
- 10. Personally, I love TT and want to continue learning about it all my life and becoming a RP is just part of my own 'healing journey'.

Linda Nelson, RT

#### Question for next 2014 issue:

"Could you tell me what you know about the effectiveness of Therapeutic Touch on pain, nausea, mood states, anxiety and fatigue involving cancer patients?"

Please respond and we will share your responses so that other practitioners can learn from you.

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## "I DIDN'T KNOW THAT..."

- The group liability insurance for practitioners is continuing. The rate is still \$125/year with a \$60 modality enhancement package for additional non-invasive modalities.
- The TTNC brochure committee completed a generic brochure for practitioners to use. You can add contact information at the bottom of the back panel. This is available for all practitioners to download. The password is: brochure.
- The new website is available for the use of all members and practitioners as well as for the general public. It is user-friendly, Look there for upcoming Practice Days, retreats, classes. Participate and make the website work for you!

#### Therapeutic Touch Quiz Answer

Question 1. F Question 2: B

### **SORRY WE MISSED YOU...**

We missed your call or somehow deleted your email, letting us know that you would like to apply your writing skills to the **in touch** newsletter!

Right now we are enjoying the process that goes into editing... receiving materials, checking on ads, selecting quotes and reviewing pictures, all for inclusion in this publication that means so much to all our members.

We think this is a really, really important asset to The Therapeutic Touch Network of Ontario and to all its individual members. It keeps our members informed and connected, it invites you to share opinions and experiences and it gives all members an opportunity to talk about the amazing effects Therapeutic Touch has in the greater world.

Mei-fei and Evelyn have been doing this for several years and we are ready to have others first join us and learn what we do, and then in the future, accept the opportunity for editing or co-editing, whatever works best for you.

If this is something you have contemplated, or would like to try your hand at, this is a great place to do it. Let us hear from you!

Mei-fei Elrick and Evelyn MacKay Co-editors, **in touch** 

## SEVENTEENTH ANNUAL EASTERN ONTARIO



## Fine Tuning Your Inner Healer

To register call: The Marguerite Centre at 613-732-9926 Pembroke, Ontario

For more information call: Pat 613-625-2277 or Gail 613-834-4524

May 2nd, 4 p.m. to May 4th, 4 p.m., 2014

Facilitated by:
Patricia Tamosetis & Gail Lafortune
Special Guest, Diane May

A One-Day Workshop in the Guelph area

with Mary Simpson, RT

## "The Multi-Sensory Assessment"

A 'fun day' of learning exciting ways of Enhancing Your Assessments to be more accurate and insightful through developing your magnificent inner senses!

#### Saturday, April 12, 2014

Prerequisite for this workshop is Level 3 OR comfort in giving Therapeutic Touch  $^{\text{\tiny TM}}$  sessions.

Accepted for achieving & maintaining RP status

For information please contact: Martha Hoey 519-823-5847 info@elmtreecentre.com

The workshop will be held at the delightful "Elm Tree Centre"

South of Guelph



## The Therapeutic Touch Word is Out!

## Where we've been... who we've been talking to...

Compiled by Jodi Cole

905-731-4713

Email: jodi.cole@rogers.com

As I sit and write, the sun is out and albeit it is still very, very cold outside but that sun! Well it makes all the difference to me! A hope of spring no matter what the groundhog said! And what's even more delightful is the wonderful news I have to share in the edition. I'll start with Helen Kuttner. This is what she had to share: "Exciting News for Therapeutic Touch™ and Baycrest Health Sciences - Abstracts for Therapeutic Touch poster presentations have been accepted at both an international and a national scientific conference this year!!

A scant 3 years have passed since a Therapeutic Touch policy was written and adopted specifically for the 31 bed Palliative Care Unit at Baycrest Health Sciences. I'm excited to share the news that, in this short time, we have made great strides in providing this modality to many patients who previously had never heard of Therapeutic Touch. The initiative was driven by a core group of dedicated staff, none of whom were Therapeutic Touch practitioners, and me. Our pilot project started with 2 patients and, as interest, support and patients for the program increased, I was joined by Sue Hartman, each of us offering sessions once a week. Now we usually have between 6 and 15 patients on our list and clearly need additional qualified volunteers to assist with this program. Part of our role is to educate new staff, students, patients and families about Therapeutic Touch. There are many benefits to volunteering on the Baycrest Palliative Care Unit. It is staffed by an extraordinary interdisciplinary team of compassionate people who go to great lengths to individualize patient treatment plans. Volunteers are considered an integral part of this team. Baycrest is a prestigious and world-renowned facility. Volunteers have access to educational sessions on subjects such as healthcare ethics and various aspects of palliative care. Fast forward from humble beginnings in 2010 to 2014. So far this year, as a direct result of our Therapeutic Touch program, 2 abstracts about our program have been accepted for poster presentations at international and national conferences. Details may be found at the end of this paragraph. This is truly exciting news for Therapeutic Touch and Baycrest Health Sciences. If anyone has questions about or is interested in joining our program, please call me at 905-637-6649 or Sue at 416-653-9812.

The following abstract has been accepted to be presented as a poster at the 2nd Asian Congress on Pain in Taipei, Taiwan, 27-30 March 2014".

#### Therapeutic Touch ™ in a Geriatric Palliative Care unit - A Retrospective Review

Helen Senderovich (MD, MCFP, PI)<sup>1,5,6,7</sup>, Mary Lou Ip (RN)<sup>1,8</sup>, Lynda Dunal (MSc, BScOT, OT Reg (Ont))<sup>1,3,7</sup>, Helen Kuttner (RP)<sup>1,4</sup>, Anna Berall, (RN)<sup>1</sup>, Jurgis Karuza, (Ph.D.)<sup>1,2,7</sup>, Michael Gordon (MD, FRCPC)<sup>1,2,6,7</sup>, Joshua Tordjman (RA)<sup>1</sup>, Daphna Grossman (MD,CCFP (EM), FRCPC) <sup>1,5,6,7</sup>

<sup>1</sup>Baycrest, Toronto, Canada; <sup>2</sup>Department of Medicine; <sup>3</sup>Department of Occupational Science & Occupational Therapy; <sup>4</sup>Therapeutic Touch Network of Ontario; <sup>5</sup>Department Family and Community Medicine; <sup>6</sup>Division of Palliative Care; <sup>7</sup>University of Toronto, Canada; <sup>8</sup>Director of Care, Complex Specialized Geriatric and Rehabilitation Program.

The purpose of this study was to conduct a retrospective chart review of Therapeutic Touch services provided to patients at Baycrest Health Sciences' in-patient Geriatric Palliative Care Unit to better understand the patients receiving the therapy and to identify their response to this treatment. The patients and their responses to Therapeutic Touch as observed by the Therapeutic Touch practitioners will be described.

The following abstract has been accepted to be presented as a poster at the Canadian Association of Occupational Therapists National Conference 2014 in Fredericton, NB May 7-10, 2014.

#### Exploring Therapeutic Touch <sup>™</sup> at End-of-Life within an Occupational Therapy context

Lynda Dunal (MSc, BScOT, OT Reg (Ont))<sup>1,3,7</sup>, Helen Senderovich (MD, MCFP, PI)<sup>1,5,6,7</sup>, Mary Lou Ip (RN)<sup>1,8</sup>, Helen Kuttner (RP)<sup>1,4</sup>, Daphna Grossman (MD, CCFP (EM), FRCPC)<sup>1,5,6,7</sup>,

<sup>1</sup>Baycrest, Toronto, Canada; <sup>2</sup>Department of Medicine; <sup>3</sup>Department of Occupational Science & Occupational Therapy; <sup>4</sup>Therapeutic Touch Network of Ontario; <sup>5</sup>Department Family and Community Medicine; <sup>6</sup>Division of Palliative Care; <sup>7</sup>University of Toronto, Canada; <sup>8</sup>Director of Care, Complex Specialized Geriatric and Rehabilitation Program.

This poster presentation will provide an overview of Therapeutic Touch, a summary of the literature describing Therapeutic Touch as an adjunct to end-of-life care and Therapeutic Touch within occupational therapy. The author will describe the role of occupational therapy as coordinator of a Therapeutic Touch program within a Palliative Care setting where Therapeutic Touch is provided by trained volunteers.

Thanks so much Helen and well done!

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Next, on a weekend in late January, Evelyn MacKay addressed the hundred attendees at their yearly two-day Meditation Retreat in Hamilton. All the attendees were following a path of spiritual development. This retreat was sponsored by the Canadian organization Edgar Cayce Canada. This same group will hold their yearly conference in Kingston where the keynote speaker will be Dr. Norman Shealy. He will be speaking on <a href="Energy Medicine">Energy Medicine</a>, A Path to Bliss- Doing Good for Others. (Readers may recall that Dr. Shealy spoke to our TTNO conference attendees in Niagara-on-the-Lake, several years ago.)

At this conference in May, Evelyn will be facilitating a breakout session on Therapeutic Touch™. Since their members attend from across Ontario, Evelyn hopes that out of the people who will attend there might be some who will be encouraged to study Therapeutic Touch. Attendees at the Therapeutic Touch session will be directed to the TTNO website, so they can locate a Recognized Teacher in their home location.

To further support our TTNO, Evelyn has placed an ad in The Open Road, the magazine of ECC, advertising Therapeutic Touch as 'an easily learned and researched healing modality', and also suggesting those interested can access information concerning local teachers through the TTNO website. It is hoped some of our teachers will hear from these readers and conference attendees! Again thanks Evelyn. What and an advocate for Therapeutic Touch you are!

And last but of course not least, Paula Neilson writes "In January I facilitated a four-week workshop on Therapeutic Touch and Self-care at Eastminster United Church in Toronto with 10-14 parishioners attending. They really enjoyed learning about this healing modality and I thoroughly enjoyed sharing it with them." Well done Paula and, as with Evelyn in the paragraph above, thank you for your advocacy of this wonderful modality.

I think that's all for this edition of the newsletter. It's good to see how busy people have been over this long and difficult winter. Keep up the good work everyone and looking forward to hearing more.

Jodi

## **PRACTICE DAY 2014 EXPERIENCES**

#### **Compassion and Therapeutic Touch**

I had the pleasure of attending the 2014 Practice Day with Evelyn MacKay and Mimi Craig in Guelph, Ontario on February 15th, 2014. As is always the case with Practice Days, the atmosphere in the room is warm and welcoming, the Therapeutic Touch sessions are wonderful and the reconnection with old friends is always special.

The topic for the day was "Compassion and Therapeutic Touch". The Practice Day provided us with numerous opportunities to discuss compassion in great detail! Questions posed to the groups were in-depth and thought provoking: "Is compassion an inborn natural response or is it learned?", "How can we maintain compassion?", "Where is the ego when compassion arises?", "What is the process of compassion?". The questions lead our table group into many interesting thought processes and discussions. We also enjoyed a meditation by Dora Kunz's mother (Melanie Van Gelder), which helped us to "feel" what it feels like to give and receive compassion.

After touching on the completion of the Practice Book, the Hand Heart Connection was also reviewed in its basic and extended form and provided the participants with a welcome reminder of this compassionate technique.

Even though I thought I "knew" what compassion was all about, I was struck with the thought that compassion itself has so many interesting nuances. I left at the end of the day feeling reenergized and humbled at the same time. Therapeutic Touch is so simple, but yet provides the practitioner with an opportunity to dive deeply into various facets of life – compassion being one of them. On behalf of all the participants I'd like to extend our sincere Thanks to Evelyn and Mimi for providing us with the opportunity to expand our horizons, yet again!

Kerstin Krämer RP, Guelph

## **RESEARCH**

Zolfaghari, M., Eybpoosh, S., Hazrati, M. "Effects of Therapeutic Touch on Anxiety, Vital Signs, and Cardiac Dysrhythmia in a Sample of Iranian Women Undergoing Cardiac Catheterization *Journal of Holistic Nursing* 2012 Vol. 30 (4) 225-234.

The purpose of the study was to investigate the outcomes of Therapeutic Touch (TT) on anxiety, vital signs and cardiac dysrhythmia in women undergoing cardiac catheterization. In cardiac cauterization a catheter is introduced into a blood vessel and guided into the heart in order to measure blood flow and evaluate structural defects "(Mayo Clinic Family Health Book Third Edition 2003, 1357). "....cardiac catherization is an invasive procedure that can be perceived as a threat to the state of health and consequently lead to a negative reaction of the autonomic nervous system, in particular the sympathetic response....exploring effective ways to minimize patients' anxiety before and during cardiac catherization is essential. One effective strategy in managing stress and anxiety is Therapeutic Touch" (226).

The female patients in the study had no history of hallucinations, anxiety or other physical problems. Participants were randomly assigned to an intervention group (n=23) who received 10-15 minutes of TT, a placebo TT group (n=23) who received simulated TT, and a control group (n=23) who received neither TT nor simulated TT. The women ranged in age from 35-65 years.

The authors explain that in the 1970s Dora Kunz and Dolores Krieger developed Therapeutic Touch "...on the assumption that the human being is an energy field.... TT is a process of energy exchange in which the practitioner directs the hands on the patient's body, focussing on healing. According to Krieger, imbalance in the patterns of energy around the body may appear as illness and can be assessed and patterned by the provider of TT" (226).

One of the researchers was a qualified TT practitioner who had taken a six month course in TT and had two years of experience. "Each participant in the intervention group received TT, using the process describe by Nurse Healers -Professional Associates International (2008). The process consists of the following: (a) explain the procedure to the patient, (b) concentrate on the patient; (c) decide to assist with the patient's therapy; (d) assess the patient's energy field by moving the palms of the hands from the patient's head to his or her toes, with the hand approximately 2-4 inches away from his or her body; (e) move the hands in a gentle and rhythmic manner to repattern the imbalances in the energy field, continuing until the energy field is completely balanced; (f) revaluate the energy field, give the patient a break, and appraise his or her response" (229).

The placebo treatment also was offered by the TT practitioner. However, in the placebo treatment the TT practitioner told the patients about the procedure but did not tell them they might be receiving simulated TT, the practitioner did not concentrate, did not decide to help, did not assess the patient's energy field and kept her hands 7-8 inches away from the body, imitated the movement of the hands and gave a break to the patient and appraised the patient's response.

Those patients in the third group, i.e., control group had no treatment either real or placebo.

Baseline data gathered sixty minutes before cardiac catherization included the participants' vital signs, completion of the Spielberger Anxiety Inventory which assesses the individual's state anxiety, i.e., how the individual feels in the moment and trait anxiety, which assesses the individual's usual level of anxiety. If participants had taken an antianxiety or opioid drug 24 before or after catherization they would have been excluded from the study. However, no one had.

At pre-test, there were no significant differences among the three groups, e.g. state- trait anxiety, blood pressure. However, at post-test it was found that: Therapeutic Touch significantly decreased State Anxiety but not Trait Anxiety and decreased the incidence of all cardiac dysrhythmias except premature ventricular contraction and regulated vital signs in the intervention group versus placebo and control group.

"Conclusions: TT is an effective approach for managing state anxiety, regulating vital signs, and decreasing the incidence of cardiac dysrhythmia during stressful situations, such as cardiac catherization, in Iranian cardiac patients" (225).

My thanks to Jodi Cole who give me the reference for this recent research.

Mei-fei Elrick

#### FOR ALL TTNO MEMBERS

#### **OUR "MEMBERS AREA" AT**

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Be sure to check in often to our private chat line at 'Let's Chat'!

Don't forget to send information about Health Fairs you are attending for the TTNO. They are added to the News section.

#### THERAPEUTIC TOUCH <sup>™</sup> RETREAT

Five Oaks Centre, Paris

June 6-8, 2014

#### **Relaxing and Letting Go**

A Practice Guide

for the Therapeutic Touch Practitioner and

an in-depth exploration of relaxation response.

Accepted for Achieving and Maintaining RP status

Prerequisite: Therapeutic Touch Level 3

Facilitator: Jitka Malec, RT

Guest Speaker: Evelyn MacKay, RT

Download the Registration Form and Flyer

on TTNO website or contact Jitka Malec:

jitkamalec@gmail.com 519-668-2409

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## ONTARIO THERAPEUTIC TOUCH™ NETWORKS RECOGNIZED TEACHERS

Teachers will travel to other areas on request.

The Therapeutic Touch Network of Ontario sets is own

criteria for curriculum and teaching.

\* indicates a teacher of all levels.

(Information on this page is accurate at the time of printing)

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	ONTARIO	
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Barrie:	Arlene Cugelman*, RN	705-721-1850
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Oakville:	Mary Simpson*, RN	905-825-0836
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Sarnia:	Ashley Murray	519-336-0941
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Otal-eff-illa	Melinda Whitehead	519-633-2506
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	Jodi Cole*, RN, BA	905-731-4713
	Crystal Hawk*, M Ed	416-922-4325
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Thunder Bay:	Jean Riddell	807-622-7790
Wawa:	Aldona Mitrikas	705-856-1889
Windsor:	Flora Hartleib*, RN	519-974-2157
	Claire Massicotte*, RPN	519-948-9453
	Sharron Parrott*, RN	519-258-0440
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#### ONTARIO

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Ajax:	Janet Fallaize	905-683-9264
Aurora:	Margaret Shearman	905-841-6059
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Grimsby:	Rose Philip	905-309-4755
Guelph:	Evelyn MacKay	519-822-4174
	Trish Dean	tdean@uoguelph.ca
near Moffat:	Martha Hoey	519-823-5847
Haliburton:	Marilyn Mighton	705-457-9560
Hamilton:	Laura Pokoradi	905-385-9217
Huntsville:	Tammy Chochslowsky	705-641-0537
Kitchener:	Sue Frid	519-885-3764
Kitchener/Waterloo:	Margaret McIntosh	519-894-0002
London:	Jitka Malec	519-668-2409
Midland:	Helen Will	705-534-1101
Mississauga:	Debbie Abate	905-712-8119 x225
Niagara Falls:	Pierrette Guise	905-356-2884
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October 31 - November 2, 2014

# THE TTNO FALL EVENT & AGM EXPANDING OUR VISION

Kempenfelt Conference Centre Barrie, Ontario

We are returning to this beautiful setting on Lake Simcoe by popular demand!



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290 The West Mall, Suite # 4
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