

# NeuroAffective Touch® Case Study Guidelines

---

[Outline provided at the end of this manuscript ]

Case studies are valuable records of your clinical practice. They provide important teaching material that can help people understand how touch contributes to the process of healing change.

## Getting Started

Whether you are an experienced psychotherapist, trainee, or bodyworker, these basic guidelines will assist you in preparing a qualitative case study that can serve a double purpose: fulfill the requirements for NATouch Certification and give you a case study that is publication-ready.

These guidelines lay out a standardized format for presenting a case study. You may follow this structure, or decide that your particular case justifies digressions from these recommendations. If you do digress, and should decide to seek a publisher for your case study, an editor may ask you to explain your alternative choices.

## Confidentiality and Informed Consent

You have probably taken notes after the therapy sessions with the client you have chosen for this study. These notes will help you shape your case study. However, remember that your notes are confidential and should not be part of the writeup. You can, however, use short quotes taken from these notes to better convey your client's experience.

Ethical considerations demand that the significant personal details of a case be changed to protect client anonymity and confidentiality. It is also considered imperative that clients give their **informed, written consent**. It is not considered ethical to present or publish a case study without a client's informed knowledge and written permission. Your client should see and approve a final draft of the study before it is presented to be read by outside sources.

**A sample consent form is attached at the end of these guidelines.** This signed consent should be kept in the client's confidential case file and the client should be given a copy. The manuscript should state: "The client has given informed written consent for publication." It is standard procedure for editors to request a redacted copy of this consent form before considering publication of any type.

Case studies will be stored in the NATouch library which will be password protected and made available for graduates to consult. As we build our library of case studies using touch, the Institute intends to edit a volume of case studies integrating touch and psychotherapy that can contribute to disseminating the importance of the therapeutic use of touch in psychotherapy.

## Length

Published case studies are conventionally between 3,000 and 5,000 words, which may or may not include the abstract and references. For the NATouch Certification, your case study should be between 3,000-4,000 words in length but you can go as long as 5,000 words if you wish.

## Writing Your Case Study

It is useful to have a clear sense of the reason why you choose a particular case. Ask yourself:

- *Why this specific client?*
- *What is singularly interesting about this case?*
- *What does it demonstrate?*
- *What do I wish to communicate?*

Keep the answers to these questions in mind as you write because it is easy to get lost in details and forget or deviate from the overall message.

Before beginning to write the study itself, gather all the materials relevant to your case: session notes, consultation and supervision notes, the original referral, outcome forms, etc. These documents will help you formulate the story you wish to share.

An important rule for writing case studies is to *stick to the facts*. A case study is a description of what actually happened. It should provide an accurate record of the clinical events with supporting evidence and appropriate references. Avoid speculation about underlying mechanisms and lengthy theoretical explanations.

## To Remember

- A case study is a chronicle of a patient's progress. It is not an account of your therapeutic success though hopefully you were successful. Editorial, observational, or promotional remarks do not belong in a professional case study, no matter how great your enthusiasm or insight.
- A single case study cannot be used to demonstrate the efficacy of a method or particular type of intervention. You cannot generalize from a single case.
- Tell the story simply and clearly and let the outcome speak for itself. Avoid flowery language, and pseudo-medical or technical jargon.

## Looking Through a Somatic Lens

Traditionally, somatic therapists have hesitated to engage in writing case studies. One of the issues facing touch approaches is that current research methods do not fit the nonverbal subtleties that emerge within a touch process. Current research methods are based on traditional talk therapy which relies on explicit verbal communication and on explicit verbal methods of collecting and analyzing data such as interviews and measurements. Current methods of gathering data do not take into consideration the nonverbal, implicit, experiential information that surfaces in somatic psychotherapy.

NATouch integrates talk and touch, and so, your case study should bring together the body's story together with the mind's narrative. Connecting with the body through touch helps clients connect with information that has been unconscious or on the periphery of their awareness. It is therefore essential to include conscious verbal language as well as unconscious affective nonverbal communications. The interventions you describe in your case study should include not only what your client says, but also the somatic cues that are the body's communication. It should include indicators that would not normally be reported in traditional talk therapy, but are crucial when looking through a somatic lens.

- What you sense and feel with your hands as you touch your client's body.
- Your inquiries into your client's gestures and movements that reveal the energetic component of the story.
- Meaningful pauses and changes in the prosody.
- When does the narrative come from the body, and when does it come from the mind?
- Changes in the breath that accompany a narrative: shallow or deep breathing, chest or belly breath, etc. These changes reveal the presence of emotions that words may miss.
- Changes in eye gaze and facial expression that do not match the words.

Touch invites and triggers sensations that express as perceptions of weight, texture, color, shapes, and impulses within the musculature, viscera, or present themselves as symbolic imagery. When contacted, these implicit experiences from within the body reveal new information. It is this kind of felt experience and symbolic imagery emerging from the body that, when put into words, is at the heart of what makes touch therapy unique.

The body holds a yet untapped wealth of knowledge and how somatic psychotherapy works is still somewhat of a mystery. If touch practices could inspire new research methods, body-centered approaches could potentially enrich traditional research paradigms that do not include the body's experience alongside the verbal narrative.

## Case Study Structure

### 1. Title Page

The title page should contain the full title of your study and the phrase "case study." It should provide your contact information along with your academic qualifications and professional position(s).

The two most common case study title formats are *nominal* and *compound*:

- **A nominal title** is a single phrase, for example, *A Case Study of Anxiety Which Responded to Touch Interventions*.
- **A compound title** consists of two phrases in succession, for example, *Response of Anxiety to Touch Interventions: A Case Study*.

Keep in mind that most journal titles average about 8 to 10 words. Readers decide whether to read an article or not by looking at the title. A non-specific title will most likely not attract much interest.

## 2. Abstract

Abstracts include the title and subheadings, no author name, and should generally not exceed 150 words. They follow one of two styles:

- **A narrative abstract** consists of a short summary of the whole paper. There are no headings within a narrative abstract. The author simply presents a summary of the study.
- **A structured abstract** uses subheadings. Structured abstracts are becoming more popular for scientific and clinical studies since they standardize the abstract and ensure that certain information is always included. This is useful for readers who search for articles on the Internet. A search engine, or a journal webpage, often display the abstract and on the basis of this abstract, the reader decides whether to download the full article.

Subheadings in a structured abstract can include:

- a. **Introduction.** A sentence that summarizes the article and is often an extension of the title.
- b. **Case Presentation.** One or two sentences that describe your client's background and history, their presentation, and the results of any initial, objective assessments. It includes a working diagnosis—or clinical formulation—taking into account the client's struggles.
- c. **Therapy and Outcome.** A simple description of the patient's main challenges with an outline of the course of therapy. When possible, briefly mention any outcome measures or observational techniques used to objectively demonstrate how the client's condition evolved through the course of the work.
- d. **Discussion.** Synthesize the previous subsections and explain any associations and/or apparent inconsistencies. In one or two sentences outline lessons to be learned, or next steps such as a more extensive study.
- e. **Keywords.** Provide 3 to 6 keywords under which to list the case study. Choose words most likely to be used in a search, if possible from a standard list such as MeSH (Medical Subject Headings) or a list for psychology and psychiatry.

## 3. Introduction

The introduction need not be more than a few paragraphs long. The objective is for the reader to have an overall understanding of why it would be interesting and useful to read your case.

- Place the study in a historical, psychological, or social context.
- Bring out anything that seems particularly challenging about the diagnosis, treatment, and management of your case. If you refer to a previous study, cite the reference at the end of the sentence—for example: (Rossi & Jones, 2020) or (Drew et al., 2015).

## 4. Case Presentation

Introduce the basic information about your client and present your overall clinical impressions.

- **Describe the issues that brought your client to seek therapy.** It can be useful to quote the client's own words and describe your impressions of their embodied presentation—their posture, gesture, body language, affect, presence, appearance, etc.
- **Give the context of treatment.** A short description of how and where you saw the client—in a hospital, clinic, or private practice, and how they found you.
- **Introduce important information obtained from their background or history.** No need to include every detail—only information that helped you find a direction, therapeutic formulation, or possible diagnosis.
- **Present your information in a narrative form.** Use full sentences that summarize your formulation. In some cases, it could be useful to conclude this section with your original understanding of the formulation or diagnosis.

## 5. Therapy and Outcome

- **Describe the agreed treatment plan.** Give the frequency of sessions, significant breaks or disruptions in the therapeutic process, and any other additional details of importance.
- **Describe the interventions you provided.** Be specific in your description of the methods and interventions used. When you can, name the technique and describe the procedure. Remember that your case study may be read by people who are not familiar with your type of therapy.
- **Include the client's own reports of improvements, changes, or worsening symptoms.** Whenever possible, use a validated method of measuring change.
- **If you no longer work with this client, include how and why therapy terminated.** For example, did you end care, did the client withdraw from therapy, or did you refer them to another practitioner?

**Note:** Be careful with the use of the word "treatment" as there are professional restrictions as to who can and cannot use it. Its use can imply a degree of success which is unproven.

## 6. Discussion

Remember that you are writing a clinical account.

- Identify any questions the case raises. It is impossible to provide a complete explanation for all your observations. or to list or generate all of the possible hypotheses that might explain the course of the patient's process.
- Point out instances where the inclusion of conscious verbal language with unconscious affective nonverbal communications opened new options for your client.

- If there is a well-established aspect of psychology, or a pathology that illuminates the case, you should include it with references.
- Finally, you should summarize the lessons that can be learned from this case.

## **7. References**

In APA style, list references used in your case study in full.

It is easiest to build your reference list as you write your case study since it is common to use a reference and later find that it is hard to retrace its origin.

## **8. Acknowledgments**

Mention any significant input or feedback from mentors, teachers, supervisors, or colleagues. Include that you have your client's permission to tell their story and whether they have seen the final draft or not.

## NeuroAffective Touch® Case Study Outline

---

### Preparation

**Informed Consent:** Obtain your client's permission. A sample consent form is attached at the end of these guidelines.

**Length:** Your finished case should be 3,000-4,000 words, no longer than 5,000 words.

### Case Study Structure

#### 1. Title Page

#### 2. Abstract:

 A summary that should not exceed 150 words

- Introduction
- Case presentation
- Treatment and outcome
- Discussion
- Keywords

#### 3. Introduction:

 Convey what is interesting about your case

- Overall understanding and challenge

#### 4. Case Presentation.

 Introduce the basic information about your client

- The issue(s) that brought your client to therapy
- The therapeutic context
- Important information from their background or history
- Your overall clinical impression of the client

#### 5. Treatment and Outcome.

 This is the substantive section of your case study

- Describe the agreed treatment plan
- Describe the interventions you provided
- Include the client's reports of improvements, changes, or worsening symptoms

#### 6. Discussion.

 Remember that you are writing a clinical account

- Identify any questions the case raises
- Summarize the lessons that can be learned from this case

#### 7. References

#### 8. Acknowledgments

# CASE STUDY CONSENT

I ..... give my consent for information about my therapy sessions (or those of my child or ward) to be developed into a case study for possible professional presentations or publication by:

.....

.....  
*Author / Manuscript title and publication if known*

- I understand that:
  - This case study will not mention my real name or that of any other person involved.
  - The text will not disclose any specific details directly related to any person involved, such as an address, birthplace, date of birth, profession, etc. and that every effort will be made to ensure confidentiality.
  - I understand that total anonymity cannot be fully guaranteed.
- I understand that the case study may be published in print or electronically; made available on the internet; may be seen by the general public; and may be used for professional presentations. The text may also appear on other websites and may be translated into other languages.
- I will be given the opportunity to read the manuscript and approve it for presentation and publication.
- Signing this consent form does not remove my rights to privacy.

.....  
*Print name* *Date*

.....  
*Signature*

**Author's Declaration:** I guarantee to make every effort to write this case study in accordance with professional ethical guidelines and to ensure that the client's personal details remain confidential and cannot be identified.

.....  
*Print name* *Date*

.....  
*Signature*