

Notes from Open Space Topic Convenors

What was your topic or practice?

Therapeutic Presence

What were major discussion points?

- 1) Can therapeutic presence be taught, and if so how?
- 2) What if staff members are uncomfortable coming from their hearts, uncomfortable with the vulnerability and level of intimacy that therapeutic presence requires?
- 3) Is it appropriate for caregivers to be self-disclosing with their patients?
- 4) Is it depleting to be therapeutically present?

What did you learn?

- 1) Yes, therapeutic presence can be taught; there are several models out there that include it. Such a class needs to, among many things, teach staff members the specific behaviors of presence, to learn how to become aware when they're not present, how to be present to themselves, and how to shift into and out of a state of presence. It might be necessary to reframe therapeutic presence—e.g., call it “mindfulness”—and teach it slightly differently for staff who are uncomfortable coming from their hearts. (“Hiring for Fit” can also help ensure that staff members are comfortable being loving and compassionate.) A class that teaches the specific behaviors of therapeutic presence might feel mechanical at first to some, but these behaviors should, in time, come authentically as they become practiced and embodied.
- 2) It's probably a good idea to teach therapeutic presence to all staff who enter a patient's room. Might want to make it a competency.
- 3) It's okay for us to be self-disclosing, but we need to know the purpose of our sharing and make sure we're not doing it to meet our needs. We need to constantly keep the patient's needs in mind (“meet the patient where they are and go where they want to go”).
- 4) Therapeutic presence shouldn't be depleting if we're channeling energy from the greater Source beyond us. If the energy is just coming from us, it probably will be depleting.
- 5) The mere physical presence of a staff member in a patient's room can be therapeutically present—even if the staff member is silent and busy with tasks--if they're at the same time psychically available for the patient (requires awareness and intentionality on the part of the staff member).
- 6) Might be a good idea to survey patients after their stay to discover what specifically was most therapeutic to them. What else might we be doing?
- 7) Therapeutic presence changes the power equation—it gives the patient more power.

Whom should we contact for more information?

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Who helped create this new practice? Many, many insightful people!