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The Quality of Presence: An Essential Component of Therapeutic Work

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by

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ABSTRACT

The concept of therapeutic presence has only recently been addressed in the literature. However the literature regarding this topic indicates that therapeutic presence is an important aspect of effective therapy (Boudette, 2011; Bradford, 2007; Greason & Cashwell, 2009; Hall-Renn, 2006; Nanda, 2009). As much of the literature is comprised of conceptual pieces, empirical data needs to be expanded on regarding therapeutic presence. One of the areas that is not addressed in the literature is how practicing counselors perceive or utilize presence The objective of this qualitative study was to gather information from a sample of expert counseling practitioners concerning therapeutic presence. In particular, to explore these clinicians perceptions of the impact of therapeutic presence on their roles as counselors and on therapeutic outcomes.

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CHAPTER ONE: INTRODUCTION

The primary idea in the concept of presence is paying purposeful attention what is in the moment, and accept it for what it is, without judgment (Hall-Renn, 2006; Wheeler & D'Andrea, 2004). "Presence is perhaps one of the most powerful, yet intangible and unquantifiable variables, which affects the course of therapy, and is an irreducible aspect within the therapeutic relationship" (Nanda, 2009, p. 159).

This chapter will describe the statement of the problem, which includes a detailed definition of therapeutic presence as used in this study; the benefits of therapeutic presence for addressing typical presenting issues of clients; how the use of therapeutic presence impacts counselor self-efficacy; and the primary barriers to therapists utilizing therapeutic presence. The theoretical background of this study is Person-Centered Theory. As the theoretical framework, aspects of Person-Centered Theory will be described in relation to therapeutic presence. Specifically, the connection will be made with the person-centered qualities or therapist-offered conditions (TOCs) of empathy, unconditional positive regard, and congruence. This chapter will also include the researchers' personal background with therapeutic presence; the purpose of this study; the research questions that will be the focus of this study; the significance of the study regarding the work of therapists; and what the theoretical sensitivities of the researcher are and how they will be addressed. The definitions and terminology used in this study will also be defined.

Statement of the Problem

According to Greason & Cashwell, (2009), one of the skills considered necessary for an effective counselor is the ability to strategically control their attention during the therapeutic session. For counselors, presence means controlling their attention during counseling sessions, as

well as verbalizing their cognitive and affective responses to their client in the moment. The ability for counselors to be present in-session impacts therapeutic outcomes for the client and counselor's self-efficacy.

Clients typically come into counseling relationships with issues that involve rumination, worrying about present or future situations, feelings of self-judgment, or lack of awareness of self or others. Being mindful or present is in contrast to these types of emotional reactions, as mindfulness is the practice of being open to each experience with all of our senses, as well as understanding that each experience is transitory in nature. When presence is modeled and experienced in the therapeutic setting it not only facilitates the alleviation of feelings of anxiety, self-judgment, and lack of awareness, it also provides clients with a frame of reference that can facilitate long-term emotional health. Focusing on present awareness teaches clients to observe and take note of their passing internal experiences, which in turn leads them to monitoring their emotions, without acting out maladaptive behavioral patterns (Boudette 2011; Hall-Renn, 2006). The idea of perceiving situations or experiences as being in a state of constant flux is a very helpful tool for clients. Many maladaptive behaviors or perspectives are rooted in self-judgment and the idea that nothing in their lives will ever change. Clients learning to be aware of these tendencies, as well as making more productive choices is supported by the practice of mindfulness.

In addition, many clients are inclined to speak about their feelings and experiences, rather than connect with their feelings and experiences. Calling attention to the present moment facilitates the shift from talking about, to connecting with feelings and experiences in the moment (Boudette, 2011). The use of presence in the therapeutic relationship brings the focus to current or core issues, which is essential for effective outcomes for clients regarding their

presenting issues. When therapeutic sessions are spent primarily focused on understanding the past or working out past issues, this can inhibit a client's ability to face the current issues, which can lead to more adaptive functioning in the present and in the future.

Presence also allows the therapeutic experience to facilitate more than finding solutions or developing insight. According to Nanda, (2009), "the therapist being present to the uniqueness of the client, without trying to cure the client, confirms the client as a person, which is healing in itself" (p. 159). This is supported by Bradford, (2007), who adds that the experience of feeling the full presence of the moment with another person is a powerful therapeutic experience in itself; as the result of being open and connecting with another in the moment can lead to dissolving the feelings of isolation and separateness of being.

When therapists are unable to maintain therapeutic presence, the results for the client include feeling a lack of intimacy and isolation or detachment from the experience (Greason & Cashwell, 2009). This can lead to creating mistrust and distancing in the therapeutic relationship, or at worst may lead the client to feel that their personal story is not important to the therapist. Lack of therapeutic presence can also lead to premature closure, which can communicate to the client the idea that therapy is not a place to safely explore their complicated feelings. (Cashwell, Bentley, & Bigbee, 2007). This idea of premature closure can have repercussions beyond the therapeutic relationship. This is particularly the case when clients come into therapy with issues surrounding trust of others and fear of intimacy. When a client experiences premature closure, it is damaging not only to the therapeutic relationship, but can also lead to exacerbating the presenting issues of a client, as well as issues they may have in other relationships.

Therapeutic presence also has an impact on counselor self-efficacy. Counseling self-efficacy is a counselor's perception of their ability to work with a client effectively. A

counselor's level of self-efficacy determines how or to what extent they are able to bring their knowledge about effective counseling actions into actual counseling actions, in the therapeutic session. The two primary skills associated with counseling self-efficacy are the ability to maintain attentive presence in counseling sessions and the ability to empathize with their client in the moment. It is a common understanding among the mental health professionals that effective clinical practice requires therapists to be highly aware of their own internal processes and how their internal processes impact their clinical work, and the quality of presence supports this type of inward awareness in counselors (Rothaupt & Morgan, 2007). The greater understanding a counselor has regarding their internal reactions and processes, the more likely they will be able to focus their attention on the emotions, as well as sit with the emotions that occur in the therapy session. Additionally, counselors limit their efficacy in working with clients when they lack awareness of their emotional experiences, as they are unable to model or support self-awareness in others. A lack of therapeutic presence can also decrease the level of counselor efficacy, performance, and acquisition of new therapeutic skills, while increasing the level of anxiety in counselors (Greason & Cashwell, 2009; Hall-Renn, 2006)

Although therapeutic presence is shown to positively impact therapeutic outcomes and counselor self-efficacy, therapeutic presence is generally underutilized by psychotherapists. The literature shows that therapists underutilize presence for two main reasons. The first being that counselors may not be practicing presence is because they are reluctant to distinguish between the constructs of social relationships and professional relationships (Wheeler & D'Andrea, 2004). Specifically, counselors who are concerned with how their client may view their expression of presence are more likely to avoid being present. The second reason counselors may avoid being present in sessions with clients is a fear of the consequences of being present. This

idea of being fearful of the consequences of being present is directly related to therapists having lower levels of counseling self-efficacy. Counselor self-efficacy is a counselor's perception of their ability to work with a client effectively. Therapists who have higher levels of counseling self-efficacy show an increased ability to have perseverance in facing therapeutic challenges and tend to have less anxiety regarding their therapeutic work, as they see the experience of anxiety as a challenge, rather than a disturbing occurrence (Greason & Cashwell, 2009).

Presence is risky, because it requires therapists to be open, honest, and vulnerable. However, the benefit of taking this risk is that it can lead to improved counselor self-efficacy and improved therapeutic outcomes for clients (Wheeler & D'Andrea, 2004). Gantt, (1994), goes a step further by stating that the idea of being present with clients is the moral and ethical responsibility of psychotherapists. However this responsibility is often minimized, as the common practice of therapists is to put their emphasis on adherence to theory and a specific set of techniques. This emphasis on theory and techniques restricts the potential for deeply meaningful interpersonal experiences in the therapeutic setting.

Purpose of the Study

This study was designed to learn how experts in the field of professional counseling, perceive the role of presence in their work, how they think presence impacts counselor self-efficacy and outcomes for the clients, and if they perceive a connection with the quality of therapeutic presence and basic counseling skills.

Research Questions

In order to gain a better understanding of the issue of therapeutic presence, the questions that will guide this study are:

1. How does therapeutic presence impact the role of the counselor?

2. How does therapeutic presence impact therapeutic outcomes?

Significance of the Study

Current research lacks literature on presence in therapeutic relationships in general, as well as information regarding clinicians experience with the specific concept of presence in therapeutic relationships. The vast majority of the literature on the role of presence focuses on either client interventions (e.g., teaching clients strategies such as meditation), or examining presence in therapy from a Buddhist perspective (e.g., discussing therapeutic presence as it is related to Buddhist tenants). This study is focused on an academic perspective grounded in Person-Centered theory and expert clinician's perspectives on therapeutic presence. As a result of the lack of research regarding therapeutic presence from clinician's point of view, this study is intended to gather information from practitioners regarding their perception of therapeutic presence. The focus of the information gathered will include their general experience and utilization of therapeutic presence. In particular, if they perceive therapeutic presence as impacting therapeutic outcomes for clients; if they perceive a connection between therapeutic presence and counseling efficacy; and if they perceive a connection between therapeutic presence and the therapist offered conditions of congruence, empathy and unconditional positive regard.

Theoretical Background

The counseling theories in which therapeutic presence is viewed as a primary aspect of therapeutic work are the Humanistic theories of counseling. The Humanistic theories include Person-Centered theory; Gestalt theory and Existential theory. These theories posit that one of the cornerstones of effective therapy is supporting individuals to focus on their experiences in the 'here and now' in the therapeutic session. The exploration and expression of here and now

experiences are supported by the therapist providing an environment of non-judgment and unconditional acceptance. Although, all of the humanistic theories share this idea, the counseling theory that will ground this study is Person-Centered Theory. This is the Humanistic theory that specifically defines therapist offered conditions (TOCs). The TOCs are viewed as trans-theoretical as they are skills that are typically practiced by most therapists, regardless of their theoretical orientation.

Developed by Carl Rogers, Person-Centered theory posits that people have the potential to work out the various presenting issues (e.g., problems, areas of emotional dysfunction) if provided the correct environment by a therapist. The correct environment is based on the idea that the therapist and client are having a shared, authentic, present moment experience in session. According to Geller & Greenberg, (2012), person-centered therapy is "focused on certain attitudes, or therapist-offered conditions (TOCs), including empathy, unconditional positive regard, and congruence, as important in providing a facilitative and growth-enhancing environment for clients" (p. 4). In his later writings, Rogers, (1992), focused on a more central quality, which he called and has been understood by later client-centered authors as presence. "He suggested that this is a quality that in and of itself can release the growth potential in clients…and that presence is the foundation of the TOCs" (p. 4).

In this theoretical orientation, it is through these TOCs, that a therapist facilitates an environment that supports growth and change in the client. The therapist offered conditions (TOCs) that are identified as the main framework of Person-Centered Theory are based on the skill of presence. These qualities include: congruence, empathy, and unconditional positive regard (Corey, 2001). These attitudinal traits or ways of being are generally viewed as being related, yet distinguishable from one another (Barrow, 1977).

Congruence or genuineness means that therapists are transparent or that they express their thoughts, perceptions or feelings in the moment. When a therapist is openly communicative of what they are thinking and experiencing in the counseling session, they are being congruent. Empathy, also known as accurate understanding, means that therapists are sensitive to the story of the client and are able to understand and reflect back to the client the clients' thoughts and feelings in an accurate manner (Corey, 2001). In person-centered theory, empathy is one of the TOCs, described

> as when the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meaning in the client's experience of which the client is scarcely aware…to sense the client's private world as if it were your own, but without ever losing the "as if" quality – this is empathy, and this seems essential to therapy. (Rogers, 1992, p. 829)

Unconditional positive regard means that therapists express true care and concern for the client and views the client and their story without judgment (Corey, 2001). According to Rogers (1992):

> to the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being part of that client, he is experiencing of unconditional positive regard…it means that there are no conditions of acceptance, no feeling 'I like you only if you are thus and so'...it means caring for the client, but not in a possessive way or in such a way to simply satisfy the therapist's own needs. It means caring for the client as a separate person, with permission to have his own feelings, his own experiences...this type of acceptance is hypothesized as being necessary if personality change is to occur. (p.829)

When a therapist has the attitude of unconditional positive regard, they are creating a place of non-judgment. This type of experience allows clients to feel the non-judgment of another, as well as modeling for a client a more productive way of viewing themselves. The Person-Centered therapeutic qualities of genuineness, acceptance, and empathy facilitate the

therapeutic process by enhancing the therapists' understanding of the experience of the client, in the moment, as the client is sharing their story (Corey, 2001).

Researcher's Relationship to the Problem

The practice of presence has impacted my life significantly. For most of my life I have struggled with being easily distracted, lamenting about the past and obsessing about the future. Working on being present in the moment has helped me let go of non-productive thought patterns, increased my awareness of my environment, helped me to grow positive relationships, taught me to enjoy everyday interactions on a deep level, and has increased my overall level of contentment with life. In my work as a counselor, I have noticed that many of clients I have worked with also struggle with these same issues. Additionally, I have also noticed how technology (e.g., cell phones, laptop computers) and social media have increased the level of distraction for many individuals. Presence in our everyday lives is not supported by the current global culture; on the contrary the practice of being present in the moment is seemingly discouraged by these types of cultural factors. I believe that the therapeutic relationship is one of the best sources for learning presence, as a result of many of the basic counseling skills and techniques are rooted in presence. As a result of my positive experiences with therapeutic presence both as a client and a counselor, I have come to the belief that effective therapy is rooted in the quality of presence.

As a result of the profound impact that my work with the practice of presence has made in both the personal and professional realms of my life, I have a bias about the practice of presence. As a client, I have experienced the power of therapeutic presence in my life by the reduction of maladaptive behaviors and the alleviation of many negative perceptions, thought patterns and emotions. As a therapist, I have seen increasing efficacy in my work with clients

since I have been working on cultivating the quality of therapeutic presence. Also, because the trans-theoretical counseling skills of congruence, empathy and unconditional positive regard are rooted in the quality of presence, I feel strongly that it is the professional responsibility of counselors to cultivate and utilize presence in their therapeutic relationships. In order to keep my biases from impacting the study I have chosen interview questions that are neutral in nature, I will monitor my reactions and responses during the interviews by maintaining neutrality with the information shared by the interviewees through mindfulness practice. I will also include sections in this study that will act as self-monitoring tools. Specifically, I will include a section where I answer the interview questions I am utilizing for the study prior to the interviews, and I will write narratives/journaling sections of my experiences for each of the interviews conducted.

Delimitations

The concept of therapeutic presence has only been recently addressed in the literature. As a result of the idea of therapeutic presence being a difficult concept to quantify, the literature that does exist on the topic are primarily conceptual pieces. The research offers no studies that specifically address how therapeutic presence is impacts the role of the counselor, or how therapeutic presence impacts client outcomes. Additionally, there are no studies that hypothesize a connection between therapeutic presence and basic counseling skills. As a result, the delimitations of this study include the focus on obtaining basic data regarding the concept of therapeutic presence. Another delimitation of this study is that the participants have been determined to be experts in their field; therefore the sample is not representative of a general population of counselors.

Definitions of Terms

For the purposes of this study, the following terms and concepts will be utilized:

- **Congruence:** The therapist outer expression accurately reflecting their inner experience; or the therapist being real with the client.
- **Counselor self-efficacy:** A therapist's level of self-confidence in their professional abilities and their perception of their ability to effectively work with clients.
- **Empathy:** The therapist being attune to the experience of the client, and expressing this deep understanding to the client.
- **Identification and communication of moments of presence:** The therapist's ability to notice and express when moments of presence are occurring in-session.
- **Immediacy:** The therapist being tuned into what the client is expressing in the moment, and responding to the client in a way that lets the client know that the therapist is with them in the moment.
- **In-session:** Refers to what occurs in a counseling session.
- **Presence, present awareness, mindfulness, or '(being) in the moment':** Terms that are used interchangeably with the term 'here and now'.
- **The here and now:** being in tune to what one is experiencing in the moment.
- **The present moment:** What is occurring right now; in contrast to what has just occurred or what is about to occur.
- **Therapist, counselor, mental health clinician:** Terms that are used interchangeably to refer to Licensed Professional Counselors (LPCs).
- **Therapist offered conditions (TOCs):** certain attitudes that therapists use in-session in order to provide an environment that facilitates growth and change in the client.
- **Therapeutic outcomes:** Results of the therapeutic relationship for the client. The extent that therapy has impacted the client's level of growth and change.

- **Therapeutic presence:** The therapist's strategic control of attention during therapeutic sessions as well as the verbalization of their cognitive and affective responses to their client, in the moment**.** The term presence is used interchangeably.
- **Therapeutic relationship:** The working relationship between a counselor and a client**.**
- **Unconditional positive regard:** The therapist having a warm acceptance and caring of the client in a non-possessive manner, without conditions of acceptance**.**

Summary

Therapeutic presence is understood to be a skill that facilitates effective therapy, as well as positively impacting a counselor's level of self-efficacy. Although the literature shows the importance of therapeutic presence, it is a quality that is typically avoided or underutilized by therapists as a result of emotional barriers. The study's research questions are designed to gain a deeper understanding of seasoned therapists' perspective of therapeutic presence; how it impacts their role as counselors, as well as therapeutic outcomes.

CHAPTER TWO: REVIEW OF LITERATURE

The online databases that were used to gather literature include: Ebsco Academic Search Complete, PsycARTICLES, PsycINFO, and ProQuest Dissertations and Theses. I used the search terms, "therapeutic presence and counseling", "Person Centered Therapy", "basic counseling skills", "Carl Rogers", "counseling and presence", "counseling and immediacy", "counseling and empathy", "counseling and unconditional positive regard" and "counseling and mindfulness". The same search terms on the internet and The University of Arkansas library catalog.

This chapter will describe the concept of therapeutic presence, from several perspectives. The similarities and differences in the various definitions will be explored. Following the defining of presence, the process of therapeutic presence or what therapeutic presence looks like in practice will be discussed. The next sections will describe the specific areas that the research questions aim to address; the impact of therapeutic presence on therapeutic outcomes and on counselor self-efficacy. The theoretical background of the study, Person-Centered Theory will be detailed, as well as the Person-Centered concepts that fall under the umbrella of therapist offered conditions (TOCs). The TOCs which will be focused on in this study are congruence, empathy, and unconditional positive regard, which will also be defined in this chapter. The chapter will conclude by a description of how therapeutic presence is a trans-theoretical concept, rather than a concept that is strictly connected to Person-Centered Theory.

Therapeutic Presence

According to Crane-Okada (2012), "The word presence dates to the 14th century and is related to the word present, which means "to bring or place a person before, into the presence of, or under the notice of another." (p. 156). However, the idea of therapeutic presence takes this

definition further. According to Geller and Greenberg, (2012), their definition of presence in a therapeutic context is:

> The state of having one's whole self in the encounter with a client by being completely in the moment on a multiplicity of levels-physically, emotionally; cognitively and spiritually. Therapeutic presence involves being in contact with one's integrated and healthy self, while being open and receptive to what is poignant in the moment and immersed in it, with a larger sense of spaciousness and expansion of awareness and perception. This grounded, immersed, and expanded awareness occurs with the intention of being with and for the client, in service of his or her healing process. (p. 7)

From this definition of therapeutic presence, the presumption is that therapeutic presence is an overall quality of being that therapists have when working with clients. This idea is expanded on and supported by the literature regarding therapeutic presence. Bradford (2007) defines therapeutic presence as a combination of intention and effort, or attitude and activity. The intention in this case is to be fully aware and attentive to the client's story, while the effort is responding to what is occurring in that time and place with authentic empathy, reflective listening, accurate understanding, and fearlessness in confrontation. According to Sherer and Rogers, (1980), these non-verbal aspects of the therapeutic presence significantly improves therapeutic efficacy.

The commonalities that exist in the definitions of therapeutic presence include the concepts of focusing attention on the client, the therapist responding to what is happening in the moment and presence being a difficult quality to measure. One of the issues in the defining of therapeutic presence is that it is viewed as a quality that is in constant change. This makes the concept difficult to quantify or define in strict parameters. Bradford (2007) supports this issue by explaining that therapeutic presence cannot be described as a mechanical, step by step process, but it is a fluid quality that is always changing; it is difficult to describe, as it is not a phenomenon, or a specific thought pattern. Although therapeutic presence is a quality that is

difficult to define and quantify, it is viewed in the literature as a very important aspect of the therapeutic experience. “Presence is perhaps one of the most powerful, yet intangible and unquantifiable variables, which affects the course of therapy, and is an irreducible aspect within the therapeutic relationship” (Nanda, 2009, p. 159).

. From Bugental’s (2005) perspective, ideally a therapist’s primary goal should be to facilitate the increase of a client’s immediate self-awareness and bringing the client’s immediate experience closer to them. In order for this to occur, the therapist must be acutely attentive to any movement the client may make away from their present experience. The therapists responses to the client must be focused chiefly based on the observations and identification of what is “implicitly present, but unregarded” in the client’s consciousness, in each moment" (Kondratyuk & Perakyla, 2011). In modern practice of psychotherapy, the importance of presence is often overlooked, as the agenda of therapy is typically focused on the purposes the therapist has with the client (e.g. meeting therapeutic and behavioral goals). The idea of being present with a client in the here and now is in opposition to the future oriented inclination of therapy, which emphasizes the ‘there and when’. Therefore, presence is a state of being attuned into the current experience with clarity and focus, whereas non-present states of being are characterized by thought patterns and functioning that are habitual or automatic, and often maladaptive (Gantt, 1994).

There are three primary terms in the literature that are used synonymously for the concept of presence. These terms include immediacy, mindfulness and awareness. Immediacy is the more common synonym used for therapeutic presence. The definition of immediacy in regard to counseling is used to refer to the current interaction with the client, being in the moment with the client, and the counselor disclosing their immediate feelings and perceptions about the client or

the therapeutic relationship in the moment **(**Wheeler & D'Andrea, 2004). In addition, immediacy is viewed as one of the therapeutic variables that has been identified as being a facilitative aspect of counseling (Collingwood & Renz, 1969). As a result, immediacy is viewed as a basic counseling skill, which is taught in nearly all masters' level counseling programs. It is a skill that is commonly associated with Person-Centered theory; however it is also viewed as a counseling skill that is considered relevant to the therapeutic relationship, regardless of the therapeutic orientation of the counselor. The techniques, strategies or constructs of theoretical orientation should not be in the forefront of the therapists mind during the therapeutic encounter; bringing immediacy to the therapeutic interaction is the primary responsibility of the therapist (Bohart & Byock, 2005).

According to Hill, Sim, Spangler, Stahl, Sullivan and Teyber, (2008), when immediacy is used by therapists in the counseling session, the results include: the facilitation of relationship negotiation between the therapist and the client; the ability of clients to express their in the moment emotional experiences with the therapist; the ability of the client to explore their concerns on a deeper level, and providing clients with a corrective relational experience. Providing a corrective relational experience is one of the major goals of therapy which immediacy facilitates by focusing on parallels between external relationships and the therapeutic relationship This is done by reinforcing client in-session behavior, inviting the client to collaborate, asking the client about their feelings about therapy, and letting the client know that it is okay to disagree with them. According to Gantt, (1994), immediacy, or being in the here and now, facilitates clients in speaking independently and freely, which leads to authentic therapeutic discourse.

There are three primary types of immediacy that can occur in the therapeutic relationship. The three types of immediacy are relationship immediacy; event-focused immediacy; and self-involving statements **(**Wheeler & D'Andrea, 2004). Relationship immediacy is defined as the occurrence of the clinician disclosing how they experience the overall therapeutic relationship with the client, or vice versa. Event-focused immediacy is defined as the occurrence of the counselor initiating discussion about the immediate interactions occurring between the clinician and client as they occur. The type of immediacy referred to as self-involving statements is considered to be the most challenging and inconsistent as far as therapeutic value. Self-involving statements are defined as relating to the feelings that the therapist has toward the client or the therapeutic relationship. The three types of immediacy have been found to be useful therapeutic interventions when there is stagnation in the therapeutic process, when tension arises between the client and therapist, when issues of dependency occur in the therapeutic relationship, when trust issues are present, or a personal attraction arises from either the client or clinician (Wheeler & D'Andrea, 2004).

Examples of the appropriate use of immediacy in therapeutic relationships include looking at parallels between the relationship between the client and therapist and the relationships that the client has with others. There are six types of expressions that can be used to identify these types of parallels. The expression of in-session emotional reactions by therapist or client and the therapist inquiring about the emotional reactions of the client in the current session are the most common types of immediacy. The therapist disclosing their in the moment experience to the client; the therapist encouraging, supporting, and validating the client's emotional reaction in the moment are additional examples of the appropriate use of immediacy. The final way immediacy can be appropriately used in-session is the therapist or client

expressing gratitude for the experience in the moment (Mayotte-Blum, Slavin-Mulford, Lehmann, Pesale, Becker-Matero, Hilsenroth, 2012).

In general, immediacy could be viewed as a synonym for therapeutic presence. However, it could be hypothesized from the information found in the literature that immediacy is viewed as a basic counseling skill, as the specific use of immediacy focuses on types of responses that the therapist has to the client. This is somewhat different from therapeutic presence. Presence in the context of therapy is viewed as an ever changing quality or state of being in that the therapist has, which includes the aspects of intention, effort, attitude, and activity (Bradford, 2007).

The terms mindfulness and awareness are also used interchangeably in the literature when discussing therapeutic presence. The idea of mindfulness, has been conceptualized in the literature is as a combination of "self-regulation of attention and an orientation that is characterized by curiosity, openness, and acceptance" (Gambrel & Keeling, 2010, p. 413). Mindfulness also has the characteristics of having purposeful attention to the moment without judgment. Although therapeutic presence could be viewed as a synonym for mindfulness, the idea of mindfulness is somewhat different. Mindfulness is a practice that is typically associated with an individual's internal experience. Although mindfulness could be associated with a way of being in relationships, it is primarily conceptualized as a way that an individual perceives their internal reactions to external stimuli.

Another term that is used to describe presence is awareness. "Awareness means the ability to observe, to track thoughts, feelings and sensations as they are happening in the present, noticing the body and mind, and contacting one's actual felt experience without holding on or pushing away" (Gambrel & Keeling, 2010, p. 413). Much like mindfulness, awareness is a term that could be used synonymously with therapeutic presence. Therapeutic presence, mindfulness,

and awareness share the commonality of focusing attention on what is occurring in the moment, and paying attention to thoughts, emotions and sensations without automatically reacting to them from a pattern of response. However, awareness, much like mindfulness, is primarily used to describe the internal experience of an individual and their perception of external experiences.

Another difference between therapeutic presence and mindfulness or awareness is that mindfulness and awareness are terms in the literature that are primarily associated with Buddhist psychology. Buddhism emphasizes that being mindful or increasing awareness is considered a panacea for negative mental states. For the purposes of this study, the term Buddhism refers to the Buddhist psychological model, rather than Buddhism as a religion. Additionally, in Buddhist thought, mindfulness or awareness are typically cultivated by the practice of meditation. The primary use of meditation in the context of therapy is as a tool that clients can use in conjunction with their work in the therapeutic relationship. It should also be noted that in the literature, meditation is a therapeutic tool for clients that is most frequently utilized by counselors who have the theoretical orientation of Buddhist psychology.

The Process of Therapeutic Presence

In the literature regarding presence, the process of therapeutic presence has been described using two frameworks. The most comprehensive framework is a model of therapeutic presence developed by Geller and Greenberg, (2012). This model has three main themes: preparation for therapeutic presence, process of therapeutic presence, and experience of therapeutic presence.

Under the first theme, preparation for therapeutic presence, there are two parts; preparation of the counselor in their life as a whole and preparation for presence in session. Preparation of the counselor in their life as a whole includes “a philosophical commitment to

presence; practicing presence in life and relationships; meditation and spiritual practice; personal growth; and ongoing attention to personal needs" (Geller & Greenberg, 2012, p. 76). This idea of counselor's needing to have a philosophical foundation for therapeutic presence seems to underscore the idea that presence is not a therapeutic technique or skill; rather it is a quality of being of a therapist. It also implies that presence is a way of life. Without the practice of presence on a regular basis, in other areas of a therapist's life, it may be difficult to have therapeutic presence.

Preparation of the counselor for presence in session includes "intention for presence; clearing a space; letting go of self-concerns and issues; bracketing (theories, preconceptions, therapy plans); and having an attitude of openness, acceptance, interest and nonjudgment" (Geller & Greenberg, 2012, p. 5-6). The ideas of preparation of the counselor in their life as a whole and preparation for presence in session are two of the aspects that differentiate therapeutic presence from immediacy. Therapeutic presence is a state of being that requires preparation and cultivation on the part of the counselor. Immediacy is a basic counseling skill that is used in the therapeutic relationship which seemingly does not require any preparation by the therapist. However, preparation of the counselor is an aspect of therapeutic presence that is quite similar to the concepts of mindfulness and awareness.

Under the second theme of the process of presence; there are three components; receptivity; inwardly attending, and extending. Receptivity includes the qualities of being "open, accepting, and allowing; sensory/bodily receptivity; listening with the third ear; inclusion; expanded or enhanced awareness; and an extra sensory level of communication" (Geller & Greenberg, 2012, p. 5-6). The aspect of inwardly attending includes having transparency, where what you are thinking matches what you are verbalizing to the client. Additionally, inwardly

attending includes trusting yourself and your instincts, as well as being spontaneous. The aspects of receptivity and inwardly attending are based on the idea that therapeutic presence has sensory and internal components on the part of the therapist. The sensory and internal experiences that are associated with being therapeutically present are the counselor feeling sensations such as tingling in different parts of the body; or having an internal experience which is characterized as an emotional reaction that is noticeably different in the moment, as compared to other internal emotional experiences at other times during the counseling session.

The final component of the process of presence is extending. Extending includes being accessible to the client or the verbalization aspect of transparency and sharing your intuitive information with the client (Geller & Greenberg, 2012). Extending, therefore, is the external expression to the client, which occurs as a result of the sensory and internal responses. The aspect of extending can also serve to facilitate the client in being present.

The final theme in this model of therapeutic presence is the experience of therapeutic presence. The four components under this theme of the experience of therapeutic presence are grounding; immersion; expansion; and being with and for the client. The aspect of grounding includes the therapist being centered within themselves, as well as having a sense of ease and trust in one's self. The aspect of immersion refers to the counselor being absorbed in the experience of the session, yet not being attached to any specific experience or outcomes. Immersion also includes the therapist being focused and alert in the therapeutic session. The third aspect of the experience of therapeutic presence is the idea of expansion. Expansion refers to an enhanced level of awareness, sensation, perception, value of thought, and emotional experiencing. The fourth component is the concept of being with and for the client. Being with and for the client has the quality of having the specific intention of supporting the healing

process of the client and maintaining position of no ego or self involvement (Geller & Greenberg, 2012).

The other framework from the literature, regarding the process of presence is presented as a tool to facilitate clients being present in session. This framework posits that state of therapeutic presence is a shared experience between the therapist and client in session. This begins by the therapist modeling the behaviors of being fully attentive to the client, by acutely listening and focusing concentration on what is occurring in the interaction, in the moment (Bradford, 2007).

In addition to modeling presence for clients, a useful tool in facilitating client presence in session is the Triangle of Awareness, which includes the three points of sensations in the body, thoughts and emotions (Boudette, 2011). Utilizing the triangle of awareness includes leading clients to be present by asking questions such as 'what sensations are you feeling in your body right now?'; 'what are your thoughts right now?'; 'what are you feeling in this moment?'. By emphasizing a perspective of curiosity when utilizing the Triangle of Awareness, clients learn to distinguish various aspects of their experience in the moment (Boudette, 2011).

Impact of Therapeutic Presence on Counselor Self-Efficacy

Counseling self-efficacy is a counselor's perception of their ability to work with a client effectively. Counseling self-efficacy is different from counselor competence, as counselors may believe they are effective, yet are not actually being effective. A counselors' level of self-efficacy determines how or to what extent they are able to bring their knowledge about effective counseling actions into actual counseling actions, in the therapeutic session (Greason & Cashwell, 2009).

Therapists who have higher levels of counseling self-efficacy show an increased ability to have perseverance in facing therapeutic challenges and tend to have less anxiety regarding their

therapeutic work, as they see the experience of anxiety as a challenge, rather than a disturbing occurrence (Greason & Cashwell, 2009). This idea of viewing a counselor's level of anxiety when working with clients, as a challenge is the ideal perspective. However, as the literature points out, more frequently, therapist's anxiety leads to fear of how they are performing in-session. Additionally, this anxiety provoked fear also inhibits the therapist's level of presence. Being present with a client may lead to the therapist to verbalizing responses to the client, which may in turn provoke the client into a state of discomfort, or at worst the client may become angry with the present based response of the counselor. Based on the literature, the fear that the counselor has of the consequences of being therapeutically present, leads to the underutilization or avoidance of therapeutic presence by the therapists. The level of confidence that a counselor has in vocalizing their immediate experience and being present in session is directly related to the level of a therapist's self-efficacy (Boudette, 2011).

This idea is supported by Greason and Cashwell, (2009), who propose that a lack of consideration regarding the internal skill of presence in the therapeutic dialogue can decrease the level of counselor efficacy, counselor performance, and acquisition of new therapeutic skills. Additionally, two of the primary skills associated with counselor self-efficacy are the ability to maintain attentive presence in counseling sessions and the ability to empathize with their client in the moment.

It is a common understanding among the mental health professionals that effective clinical practice requires therapists to be highly aware of their own internal processes and how their internal processes impact their clinical work. The quality of therapeutic presence supports this type of inward awareness in counselors. Rothaupt and Morgan (2007), add that the practice

of therapeutic presence by mental health clinicians both personally and professionally can enhance their efficacy as clinicians.

Additionally, for counselors, the quality of therapeutic presence is also relevant on an emotional and physical level. When therapists consistently ignore their physical sensations and emotional experiences, this leads to the desensitization to the information that our bodies and minds have to offer. Furthermore, counselors limit their efficacy in working with clients when they lack awareness of their emotional experiences and physical sensations, as they are unable to model or support the increasing levels of self-awareness in their clients (Hall-Renn, 2007). Therapists also benefit by practicing therapeutic presence, as paying attention to the moment to moment experiences allows therapists to be less reactive in their responses or adhering to a pattern of response. Additionally, in order for counselors to handle the various emotions, rather than avoid the various emotions that occur in the therapeutic process, they need to be present or tuned into emotional moments. This also leads to the therapist's overall ability to sit with emotional material, which is a very important for the therapeutic process (Cashwell, et al., 2007; and Boudette, 2011).

When counselors are not present for their clients, it can lead to premature closure, which is considered a maladaptive behavior of therapists because it communicates to the client the idea that therapy is not a place to safely explore their complicated feelings. Premature closure can lead to creating mistrust and distancing in the therapeutic relationship, or at worst may lead the client to feel that their personal story is not important to the therapist (Cashwell, et al., 2007). Therapeutic relationship should be viewed as a safe place where clients can learn skills that result in having higher levels of functioning interpersonal relationships. Premature closure can

enforce or increase the client's continuing use of maladaptive behaviors in their interpersonal relationships.

Impact of Therapeutic Presence on Therapeutic Outcomes

Clients typically come into counseling relationships with issues that involve rumination, worrying about present or future situations, feelings of self-judgment, or lack of awareness of self or others. Being present is in contrast to these types of emotional reactions, as an important feature of presence is the practice of being open to each experience with all of our senses, as well as understanding that each experience is transitory in nature (Gambrel & Keeling, 2010).

As a result, when the quality of presence is cultivated in the therapeutic relationship, it can facilitate the alleviation of feelings such as anxiety, self-judgment, and isolation. This provides clients with a frame of reference that can facilitate long-term emotional health (Hall-Renn, 2006). Changing perceptions or maladaptive behavioral patterns is typically viewed as a one of the more important therapeutic outcomes or goals of therapy. The more adaptive functioning one has, the fewer the number and intensity of emotional issues experienced by individuals.

A review of the literature supports the idea of therapeutic presence being useful in attaining therapeutic goals or outcomes. A consistent perspective in the literature is that the exploration of client feelings about what occurs in the therapeutic session leads to improved emotional expression, interpersonal functioning, and therapeutic alliance between counselor and client (Mayotte-Blum, Slavin-Mulford, Lehmann, Pesale, Becker-Matero, and Hilsenroth, 2012)

As an intervention and therapeutic technique, the use of presence can facilitate the ability for flexibility of thought, the ability to think through details, identify patterns, and the ability to make connections, as well as the ability to feel connected to emotions (Hall-Renn, 2006).

Therefore, therapeutic presence gives clients the opportunity to learn skills that can facilitate productive ways of thought, and improved relationship skills. Also, many clients are inclined to speak about their feelings and experiences, rather than connect with their feelings and experiences (Boudette, 2011). Learning to connect with one's feelings is one of the most effective ways to achieve personal growth. When a therapist calls attention to the present moment, it facilitates the shift from talking about, to connecting with feelings and experiences in the moment. A state of presence leads to emotional equilibrium being enhanced, which can lead individuals to choosing not to act on negative thought or behavioral patterns that may come up in their interactions. Individuals learn to see that thoughts are simply thoughts that one can choose to respond to in any manner they want (Gambrel & Keeling, 2010).

The quality of therapeutic presence can also lead to the ability of the client and counselor to work through the presenting issues of the client in a more effective manner (Hall-Renn, 2006). Working through the presenting issues of the client, facilitates the client in gaining the courage to work out issues in outside relationships. Additionally, the client may also be able to see how their choices have impacted their other relationships, either positively or negatively. This is based on the idea that presence in the therapeutic relationship provides the client with lived, in-session experiences, which leads to change occurring not only in the client, but how the client functions in relationships. Therapeutic presence can facilitate the learning of positive relationship skills and the results of positive relationship skills are improved, including communication, regulation of emotional states, and overall relationship well-being (Kondratyuk, N., & Peräkylä, A., 2011). This idea of the building of more productive relationship skills is supported by Cooper, (2003), and his discussion of philosopher Martin Buber's (1970), concept of 'I-I' in regard to therapeutic relationships. The idea of 'I-I' is a form of intrapersonal relationship in where when two

individuals are interacting in where one 'I' encounters another 'I' with an understanding of the uniqueness and wholeness of the other 'I'. Based on this idea, one of the primary roles that the therapeutic process plays, is to facilitate clients learning how to be able to experience an increasing number of I-I intrapersonal moments with others (Cooper, 2003). With this in mind, it could be hypothesized that presence in a therapeutic relationship, is the most effective when both counselor and client are present. However, as a result of therapeutic relationships being a specific type of interpersonal relationship, it is the responsibility of the therapist to be present, with the hopes that the client will learn or feel supported in being present.

Overall when therapists are unable to maintain therapeutic presence, the results in the therapeutic session for the client include feeling a lack of intimacy and isolation or detachment from the experience (Greason & Cashwell, 2009). These results are in direct contrast with the main goals of therapy, as therapy is meant to support clients in changing their negative thought patterns to adaptive thought patterns, and increasing their ability to have healthy, high functioning relationships.

Person Centered Theory

Person-centered therapy was a theoretical orientation developed by Carl Rogers. According to Corey, (2001), person-centered theory is based on the idea that that:

> the person-centered approach focuses on the client's responsibility and capacity to ways to more fully encounter reality. Clients, who know themselves best, are the ones to discover more appropriate behavior for themselves based on a growing self- awareness. According to the person-centered approach, psychotherapy is only one example of a constructive personal relationship. People experience psycho-therapeutic growth in and through a relationship with another person who is caring, understanding, and real. It is the relationship with a counselor who is congruent (matching external behavior and expression with internal feelings and thoughts), accepting, and empathetic that facilitates therapeutic change for the client. Person-centered theory holds that the therapist's function is to be present and accessible to the client and to focus on the here-and-now experience. (p.173)

Person-centered therapy also values the building of therapeutic relationships that are based on the here and now. Creating therapeutic relationships that are rooted in presence is quite demanding of counselor, as having a present state of being requires discipline of attention. Additionally, therapeutic presence requires courage in verbalizing the in the moment experience in an authentic manner, without fearing the client's response.

Therapist Offered Conditions

In Person-centered theory, the "focus on certain attitudes, or therapist-offered conditions (TOCs), including empathy, unconditional positive regard, and congruence, as important in providing a facilitative and growth-enhancing environment for clients." (Geller & Greenberg, 2012, p. 4). In this theoretical orientation, it is through these TOCs, that a therapist facilitates an environment that supports growth and change in the client. Carl Rogers supported the importance of therapeutic presence as related to the TOCs of Person-Centered theory. According to Bozarth (2012), "Rogers defined therapeutic presence as that of the congruent therapist experiencing unconditional positive regard towards and empathetic understanding of the client's frame of reference" (p. 265 - 266).

Congruence

Congruence has been identified in the literature as an essential component of therapeutic presence. As a result it could be hypothesized that a counselor cannot be congruent if they are not present with the client, or that without congruence there can't be complete presence in the therapeutic relationship. According to Corey (2001), congruence is the idea that the therapist is transparent in what they are thinking and verbally expressing. Congruence also includes the therapist being open towards the client in thought and emotions.

Empathy

Another one of the therapist offered conditions of Person-Centered Theory is empathy. Rogers, (1992) described empathy as "to sense the client's private world as if it were your own, but without ever losing the "as if" quality – this is empathy, and this seems essential to therapy" (p. 829). Empathy in the therapeutic relationship is understood to be the counselor wholly understanding the client's emotional material and the client's story overall. "With an enhancement of empathetic understanding, clients generally increase their level of therapy satisfaction, likelihood of compliance, and involvement in the treatment process" (Clark, 2010, p. 348).

The importance of empathy has also been supported by data from surveys conducted by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). The CACREP data reports that 98% of counselor educators who teach in CACREP institutions reported that students should be proficient in attending and empathy skills by the end of their practicum (Greason & Cashwell, 2009). Therefore, according to the definition of empathy it is an attitude that embodies the concepts of deep understanding and focus on the story of the client. From this, one could conclude that concept of empathy is one of the key components of the quality of therapeutic presence.

Unconditional Positive Regard

Unconditional positive regard can be described as a therapist having a non-conditional acceptance of their client (Rogers, 1992). Expanding on this explanation, the idea of unconditional positive is more attitudinal, then a skill or technique. This attitude includes the attributes of warmth and full acceptance of the client, without judgment. The idea of unconditional positive regard shares the aspects of non-judgment and being an attitudinal stance,

with the quality of being that is therapeutic presence. Frankel, Rachlin, & Yip-Bannicq, (2012), add that unconditional positive regard serves as a type of modeling for clients, as the more they experience unconditional positive regard, the more the client can learn to have unconditional self-regard. The idea of modeling specific attitudes for clients is relevant to therapeutic presence, as well. When a therapist cultivates an atmosphere of presence, it supports the client in learning how to be present.

Therapeutic Presence Across Humanistic Theoretical Orientations

According to O'Driscoll, (2009) William James predicted in the early 20th century that the concept of presence would become a major influence on Western psychology. The term therapeutic presence could be considered an umbrella concept for various aspects of presence that occur in the various types of humanistic therapy. According to Kondratyuk, & Perakyla (2011),

> presence in a therapeutic context has several meanings the here and now of living, a client's immediate experience, the present moment in the therapeutic relationship, and the here and now dynamics in the session… the common basic assumption that change is based on lived experience; verbal account of the client's problem by itself is not sufficient. (p. 316)

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With therapeutic presence encompassing all of these types of presence, presence in a therapeutic setting is a challenging quality to develop, and a difficult state of being to maintain in-session. However, from a humanistic perspective, presence serves the greater purpose of facilitating improved client outcomes. The humanistic counseling theories include Person-Centered, Gestalt, and Existential. Person-Centered theory is the humanistic approach that this study is grounded. However, Gestalt and Existential theories are also rooted in the concept of therapeutic presence.

One of the important concepts of Gestalt therapeutic theory is the emphasis on the here-and-now. According to this theory, being in the present leads the client to value what they are experiencing now, rather than focusing on past issues, regretting past situations and choices (Corey, 2001). According to Gestalt theory, being in the present gives clients the ability to focus on effectively addressing current issues. When a client spends their time lamenting about past situations, that ultimately cannot be changed, it is viewed as a wasting energy that could be focused on what is occurring in their life now. Another aspect of Gestalt that is directly related to the quality of therapeutic presence is the focus on bodily sensations that are occurring in the moment (Saber, 2013). This is idea of paying attention to one's bodily sensations that occur in the moment is an essential component of the quality of therapeutic presence.

According to Kondratyuk and Perakyla, (2011) James Bugental, one of the pioneers of existential-humanistic counseling theory, emphasized the importance of presence above all other therapeutic conditions, qualities or techniques. Bugental (2005), defined presence in the therapeutic relationship as 'the living moment'. This idea of the living moment in Existential theory has the two components of focusing and guiding the client to the therapeutic process, as well as to what the client experiences in the moment. The Existential perspective on presence is essentially the same as the current concept of therapeutic presence.

Summary

As the literature supports, the concept of therapeutic presence is difficult to define. However, it also seems that the literature provides several perspectives in order to try to define the concept. The purpose of this study is to add what seems to be missing in the literature; the perspectives of seasoned counseling practitioners regarding how therapeutic presence impacts their day-to-day work with clients.

CHAPTER THREE: METHODS

This study was designed to learn how experts in the field of professional counseling, perceive the role of presence in their work, how they think presence impacts counselor self-efficacy and outcomes for the clients, and if they perceived a connection with the quality of therapeutic presence and basic counseling skills.

Rationale for Phenomenological Study

As a result of the nature of this study and the type of information it was intended to gather, a phenomenological research approach was chosen. Phenomenological research is designed to gather information from a small number of participants, by utilizing techniques such as interviews. The information gathered is analyzed with tools such as coding, in order to identify patterns and themes in the data (Bloomberg & Volpe, 2012). The intended result for this study was to have an in-depth understanding of the utilization and outcomes of the practice of therapeutic presence from the perspectives of expert practitioners in the field of mental health counseling.

The Research Sample

A snowball sampling method was utilized in this study, in order to obtain participants who met the minimum criteria for participation The sample size was determined by the sample size of the Stuckey, (2001), dissertation titled "An heuristic investigation of presence", which is the only other found dissertation that is specifically about therapeutic presence. The researcher approached individuals via email and in-person meetings who met the minimum criteria set for participants of the study. From the initial contacts with potential participants, snowball sampling was utilized to gather additional participants.

The minimum criteria for participants were that the individuals be Licensed Professional Counselors (LPCs) in the state of Arkansas with a minimum of five years experience as a LPC. The rationale for this criterion was based on the concept of 'expert performance'. According to the theory of expert or exceptional performance, an individual needs a minimum of 10,000 hours or 10 years of deliberate practice in order to be considered an expert in their field (Ericsson, Nandagopal, and Roring, 2009). This minimum requirement is met by LPCs in Arkansas with 5 years of experience, as they are required to complete a 2 year masters program in counseling; 3 years or 3,000 hours as a Licensed Associate Counselor (LAC); and 5 years or 5,000 hours as a LPC.

Demographics

The study had a total of 4 (n=4) participants. All participants were male, ranging from 56 to 71 years of age and their ethnicity was Caucasian. The names used for the purposes of coding were: Charlie, Fred, Henry, and Stan. All participants had completed a master's degree or a PhD in counseling and have been in private practice as psychotherapists from 17 to 35 years. All participants have had experience in teaching counseling and related courses at the undergraduate level, graduate level, or in continuing education workshops. Additionally, 3 of the 4 participants are certified counselor supervisors in the state of Arkansas and have been supervising Licensed Associate Counselors (LACs) in Arkansas from 9 to 30 years.

Overview of Research Design

The following is a summary of the steps used to conduct this study. A Protocol Form was completed and submitted to the Human Subjects Committee and/or University of Arkansas Institutional Review Board (IRB). Following approval from IRB, participants were contacted in-person or via email to schedule a time, place and location for a semi-structured interview. Prior

to the interviews, participants were provided with a summary of the purpose of the study and a copy of the interview questions. Each participant was required to read and sign a university informed consent form. Upon completion of the informed consent document, the semi-structured interviews were conducted and recorded in order to collect data. The interviews began with gathering demographic information from the participant, followed by the participants responding to the interview questions. The interviews ranged from 45 to 70 minutes in length. A sample interview schedule, the demographic forms, the informed consent, and IRB approval, are all included in the appendices.

IRB Approval and Informed Consent

After a dissertation proposal was passed for this study, a Protocol Form was completed and submitted to the Human Subjects Committee and/or University of Arkansas Institutional Review Board (IRB). Upon approval from IRB, participants were contacted to schedule interviews. Prior to conducting the interviews, each participant was required to read and sign an IRB approved informed consent that included my contact information, the purpose of the study, the contribution of participants, the possible beneficial and harmful consequences of participation in the study, and the confidentiality procedures regarding the participants and data gathered from the interviews, as well as the participants right to withdraw participation at anytime.

Data Collection

Semi-structured interviews were conducted with 4 participants. The recorded interviews were transcribed verbatim. Summaries of the interviews were sent to each participant, to serve as member checks. Member checks are a tool that serves to support the validity of data in qualitative studies (Bloomberg & Volpe, 2012). Participants were given the opportunity to check

their interview summary for accuracy and/or make any additional comments, before including the information in this study.

Phase I: Interviews

As this was a phenomenological study intended to gather information from a small sample group in order to identify patterns and themes that have meaning in regard to the purpose of the study, semi-structured interviews were utilized to gather data (Bloomberg & Volpe, 2012). Semi-structured interviews are a type of formal interview that utilize open ended questions. With this type of data gathering instrument, the researcher prepares a set of interview questions, yet has the flexibility for the researcher to be led in the direction the interviewee may go (Hatch, 2002). Exploring the directions that the interviewees may take, the techniques of clarification and probing were used to gain an understanding of their perspectives. Semi-structured interviews facilitate the gathering of perspectives, experiences, knowledge, and reactions that add deep detail to the data collection and analysis processes (Hatch, 2002). Additionally, participants were provided with the interview questions prior to the interviews. The rationale for this is based on the model of therapeutic presence developed by Geller and Greenberg, (2012) which states that preparation for presence, (e.g., reflection on the part of therapists) is an essential component of facilitating and experiencing therapeutic presence. The interview format gives participants the opportunity to call up the quality of presence by being present in the interview. In addition, the interview format allowed the observance of counseling practitioners regarding their utilization of presence, as interviews are more likely to facilitate authentic and immediate responses due to the increased possibility that participants would be present during this type of experience. For this study, the semi-structured interview format was employed to gain an understanding of how experts in the field of professional counseling, perceive the role of presence in their work, how

they think presence impacts counselor self- efficacy and outcomes for the clients, and if they perceive a connection with the quality of therapeutic presence and basic counseling skills.

Interview Schedule of Questions

After a review of the literature, it appeared that there were aspects of therapeutic presence that were not represented in the literature. Specifically, most of the literature regarding therapeutic presence are conceptual pieces and/or discuss therapeutic presence as it relates to Buddhist psychology. The interview questions were structured to gather data regarding about how experts in the field of professional counseling perceive the role of presence in their work, how they think presence impacts counselor self-efficacy and outcomes for the clients, and if they perceive a connection with the quality of therapeutic presence and basic counseling skills. The interview questions were presented to my dissertation committee and their feedback was used to revise the questions. The interview schedule of questions was resubmitted to my dissertation chair for final approval. The following questions were used to guide the interviews:

1) How do you define therapeutic presence?

2) How did you become aware of or learn about therapeutic presence?

3) How do you identify and communicate moments of presence in-session?

4) How do clients react when you identify and communicate moments of presence?

5) How do you think therapeutic presence is related to the therapist offered conditions of empathy, congruence, and unconditional positive regard?

6) How do you think therapeutic presence impacts counselor self-efficacy?

7) How do you think presence impacts therapeutic outcomes?

Interview Process

After IRB approval was attained, each participant was contacted via email or in person to schedule a date, time and location that was convenient for the participant. All locations for the interviews were in quiet settings, recorded and transcribed in their entirety.

Data Analysis

For this study, data was gathered regarding how experts in the field of professional counseling, perceive the role of presence in their work, how they think presence impacts counselor self-efficacy and outcomes for the clients, and if they perceive a connection with the quality of therapeutic presence and basic counseling skills. The data sources for this study include responses from semi structured interviews, notes and member checks. Data analysis began with transcription of the semi structured interviews in their entirety. From this data, open coding was used to identify patterns and themes. Patterns and themes were identified within interviews and across interviews. Demographic information about the participants and the data from each interview were reported using direct quotes and summary statements. Narratives/journaling of my experiences in the interviews and my answers to the interview questions are also included. All data was stored in a place only accessible the researcher.

Limitations

Due to the nature of interviewing being the primary data source, there are limitations associated with this type of qualitative data gathering technique. The participants may feel uneasy in disclosing some of their thoughts or perceptions; or the interviewer may not have the experience or skill set to conduct an optimal interview (Hatch, 2002).

Some of the possible limitations of this study may come from my perspectives on the topic of therapeutic presence. As stated in chapter 1, my experiences with therapeutic presence

have impacted my work with clients, my experiences as a client, and my life as a whole. Therefore researcher bias, may limit the subjectivity of the study. As mentioned in chapter one, I set up mechanisms intended to keep personal bias from impacting the study. Interview questions were developed to be neutral in nature and I monitored reactions and responses during the interviews by maintaining neutrality with the information shared by the interviewees, through mindfulness practice. Sections in this study acted as self-monitoring tools. Specifically, I included a section where I answered the interview questions that I utilized for the study prior to the interviews, and I wrote journal pieces of my experiences for each of the interviews conducted.

Another significant limitation may be the demographics of the participants. All participants were Caucasian males above the age of 55. As a result, the study lacked diversity of participants. I deeply reflected on the lack of diversity of the participants, and the impact that this had on the results of the study. The next section details how I worked to lessen the impact of the demographic limitations. Due to the nature of qualitative studies, the dynamic that develops in the interview process, and the type of information shared in interviews by participants, it is unlikely that all bias and subjectivity were eliminated from the data (Hatch, 2002). As a result of this, several safeguards were used to minimize bias. The topic of therapeutic presence was aligned with and supported by the practice of deep reflection that was required to ensure trustworthiness as much as possible. With a significant background in the practice of mindfulness and meditation, these activities enabled me to focus my reflections on processing the information gathered with as much neutrality as possible. Additionally, journaling about my experiences and perspectives of the interviews also facilitated the neutralizing of my bias.

Ethical Considerations

Informed consent was obtained from all participants in the study prior to data collection. Additionally, each participant was assigned a code name to protect confidentiality. All audio recordings and research materials were stored in secure locations, only accessible to the researcher.

Summary

This phenomenological study focused on four interviews regarding how experts in the field of professional counseling, perceive the role of presence in their work, how they think presence impacts counselor self-efficacy and outcomes for the clients, and if they perceive a connection with the quality of therapeutic presence and basic counseling skills. The research questions addressed how therapeutic presence impacts the role of the counselor and how therapeutic presence impacts the outcomes of therapy. Interviews were conducted in order to gather the data for this study, and member checks were utilized to ensure validity of the data. The assessment of the perspectives of the expert practitioners provided insight to how the quality of therapeutic presence impacts the therapeutic relationship.

CHAPTER FOUR: RESULTS

This study was designed to gain the perspectives of sample expert counselors regarding how therapeutic presence impacts the role of the counselor and client outcomes. Data analysis started by examining the interview transcripts line-by-line. From this process, focused codes (themes) were identified across interviews. From the themes that emerged, axial codes (sub-categories) were grouped under each of the identified themes. The coding process allowed me to observe how each focused code and related axial codes were linked to the research questions.

This chapter begins by detailing my experiences during the process of the study. I have answered each of the interview questions, as well as described my experience during each of the interviews. These steps were taken to monitor my biases and facilitate my neutrality during the course of the study. The next section of the chapter discusses the focused codes that emerged from the data. There were three themes that were identified; knowledge, therapist offered conditions, and outcomes. This section is followed by the axial codes which were the nine sub-categories that were identified in each of the focused codes of knowledge, therapist offered conditions, and outcomes. The sub-categories under the focused code of knowledge were identified as defined, learned, identification, communication, and skill. The sub-categories of the theme of therapist offered conditions were empathy, congruence, and unconditional positive regard. The theme, labeled "outcomes", included the sub-categories of counselor self-efficacy and client outcomes. The final parts of this chapter are the discussion of the research questions and the summary of the chapter.

Researcher's Experience of Study

In order to minimize my bias as much as possible, I answered the interview questions utilized in this study prior to conducting the interviews. In addition, I kept a journal during the

study regarding my experience in each of the interviews. By examining my experience, it helped me to have a clear understanding of my perspectives, as well as facilitated my neutrality to the best of my ability. This section contains my answers to the interview questions and summaries of my experiences in each of the interviews.

Answers to Interview Questions

The first interview question was 'How do you define therapeutic presence?' My definition of therapeutic presence is based on the ideas of purposeful attention and openness to whatever is occurring in the moment of the therapeutic session. I think that the intention to have purposeful attention is the first and most important aspect of therapeutic presence. It may not be possible to maintain purposeful attention for all or most of a session with a client, however going into sessions with the intention of having that state of mind is quite powerful. Continuing on this idea of intention, I believe openness to the moment, openness to the story of the client, openness to not judge the client, as well as openness of not judging our internal reactions to the client's story are rooted in the intention for openness. From my perspective, intention is the catalyst of therapeutic presence.

The second interview question was 'How did you become aware of or learn about therapeutic presence?' The idea of being present is something that I value deeply and practice as much as possible in my life, in general. From my readings on presence and my experiences as a long time practitioner of meditation were the ways that I learned about presence. As far as therapeutic presence, I learned the most about that type of presence through my experiences of engaging in therapy as a client for the last several years.

The third interview question was 'How do you identify and communicate moments of presence in session?' I identify moments of presence by initially by sensations in my body.

When moments of presence occur, I have a tingling sensation in my throat area, or in my shoulders or in my abdomen. These sensations call my attention more acutely to what is occurring, and I then examine my cognitive and emotional reactions to that moment in the therapeutic dialogue. The majority of the time, I do communicate moments of presence to clients by making statements such as 'When I am listening to your story, I am feeling a sense of sadness'. However, if I get the sense that it would not therapeutically benefit the client in the moment (e.g., they may become defensive or feel judged), then I do not communicate the moments of presence.

The fourth interview question was 'How to clients react when you identify or communicate moments of presence?' Most of the time they make statements such as 'yes, that is what I am feeling' or 'I need to think about it' or 'that's not quite what I am feeling'. However, nearly every time I do communicate moments of presence, the client goes to a deeper level of exploration of their experience or emotions. It is as if the communication of presence acts as an instrument for deeper work.

The fifth interview question was 'How do you think therapeutic presence is related to the therapist offered conditions of empathy, congruence, and unconditional positive regard?' This is the question that I have reflected on the most. The way I conceptualize the relationship between the therapeutic offered conditions and therapeutic presence is as a symbiotic relationship. I see therapeutic presence as the soil, and the therapist offered conditions sprout and grow in the soil. In other words, I think to most effectively utilize the therapeutic offered conditions, they need to be rooted in therapeutic presence. If the intention of therapeutic presence is not something that a therapist strives for, I think it limits the efficacy of these conditions. I think of the therapeutic

offered conditions being techniques that are generally helpful and appropriate to therapy, but the conditions are not as effective without therapeutic presence.

The sixth interview question was 'How do you think therapeutic presence impacts counselor self-efficacy?' I think that counselor self-efficacy is something that grows over time. I believe that the more a therapist has the intention and courage to be therapeutically present, the more effective the therapist offered conditions are, which leads to increased positive therapeutic outcomes, which then leads to the counselor feeling more secure in their efficacy as therapists.

The final interview question was 'How do you think presence impacts therapeutic outcomes?' I think that presence is the catalyst of the most effective level of therapy. When a client has the experience of focused attention based in non-judgment from the therapist, it is an extremely powerful experience. The more these experiences occur, the more likely that a client learns to value themselves. This can lead to clients making better choices, as well as facilitating higher levels of interpersonal and intrapersonal functioning. Overall, I think therapeutic presence impacts therapeutic outcomes very positively.

Experience in the Interviews

Each of the interviews I conducted were similar in some aspects and different in others. Most of the similarities were regarding the answers to the interview questions. The differences were based on my experience during each interview. Member checks were conducted post-interviews in order to ensure accuracy of data. Each interview was unique, regarding the level of presence of the interviewees and how I perceived what was occurring in the moment in the interviews. I will describe my experience in each interview in alphabetical order of the interviewee's pseudonyms.

Charlie was one of the more challenging interviews. He had a difficult time being present during the beginning of the interview. He was several minutes late, and once we began the questions, he stopped twice. The first time was to speak to a colleague who came to the door, which lasted a few minutes. Several minutes later, he stopped a second time to answer a personal phone call, which lasted several minutes. At the time, I felt concerned that his level of presence during the interview as a whole would be quite low. However, after the second interruption, he seemed to become more focused on the interview. During the course of the interview, I perceived Charlie as being present for some of the time. However, while answering the questions, he would veer off to unrelated topics, so I spent a lot of time redirecting him to the topic at hand. Additionally, he seemed more interested in talking about his general counseling style and techniques, rather than responding to the questions. This was problematic for a couple of reasons. As already mentioned, the tangents he went on were irrelevant to the topic of therapeutic presence and he was very repetitive regarding these seemingly unrelated topics. Even though I utilized probing questions and redirecting, his answers to the interview questions were short. He did end up giving answers that were relevant to each of the questions. However, his answers lacked the amount of depth I would have liked. As a result of his answers to the interview questions being quite short, I was only able to obtain a limited amount of useful data from this participant.

The interview with Fred was the best experience I had of all the interviews conducted. His level of presence was consistent and profound. As a result of Fred being so present, I found it increased my level of presence. Fred gave relevant and logical answers to each of the questions, and it was clear that he had given a lot of thought and reflection regarding the topic of therapeutic presence. Additionally, he stayed on topic for the duration of the interview. This

participant gave me a lot of quality data for my study. My experience with him was nearly exactly how I perceive therapeutic presence in action and it flowed with ease for the length of the interview.

Henry was by far the most challenging interview of the four. It is difficult for me to assess his level of presence, as he spent the majority of the interview speaking about his therapeutic approach and his ideas about therapy in general. Additionally, he consistently went on tangents that were unrelated to the topic at hand. I spent more time redirecting and asking probing questions in this interview than any of the other interviews, which increased my overall level of presence. Much like my interview with Charlie, Henry was very repetitive in regard to speaking about topics that were unrelated to the questions. And as with Charlie, I was unable to get the amount of relevant data that I wanted. By the end of the interview I was able to get answers that were at least somewhat relevant to all of the questions, but it was a difficult task to accomplish.

The interview with Stan was a very productive and positive experience. Like Fred, it was clear that Stan had studied, reflected and valued therapeutic presence. His level of presence was high and consistent for the duration of the interview. All of his answers were germane to the questions and insightful. This resulted in getting a good amount of relevant data from this interview. Additionally, my level of presence was positively impacted by his level of presence. One of the aspects of his answers that is of note, is he has read literature from several disciplines which contributed to his significant knowledge regarding therapeutic presence.

I found all four interviews to be interesting experiences. I was quite disappointed with the limited amount of useful data that I obtained from the interviews with Charlie and Henry. However, I was able to obtain a greater amount of useful data from Fred and Stan. Although I

found that I had two productive interviews and two not as productive interview experiences, for the most part they shared similar perspectives regarding therapeutic presence. I have reflected on my interview experiences quite a bit. I think that perhaps my use of snowball sampling may not have been the best choice. Instead I should have used judgment or purposive sampling. Additionally, I should have utilized one or more data gathering instruments, to increase the quality and depth of the data. Although, prior to being interviewed, all the participants indicated that they were very interested in speaking about the topic of therapeutic presence, I now think I should have conducted an in-person, pre-interview screening, in order to determine the most appropriate participants.

Discussion of the Focused Codes

The focused codes emerged from the line by line analysis of the data, and the axial codes under each theme were identified in this manner as well. The first focused theme was "knowledge". Under this theme, the therapists interviewed stated how they had acquired knowledge of therapeutic presence. Many of the participant's responses spoke to their knowledge of therapeutic presence. The sub-categories under this theme are defined, learned, identification, communication, and skill. Two of the four participants shared similar ideas regarding the definition of therapeutic presence. Three of the four interviewees stated that they did not learn about the concept in their counseling programs.

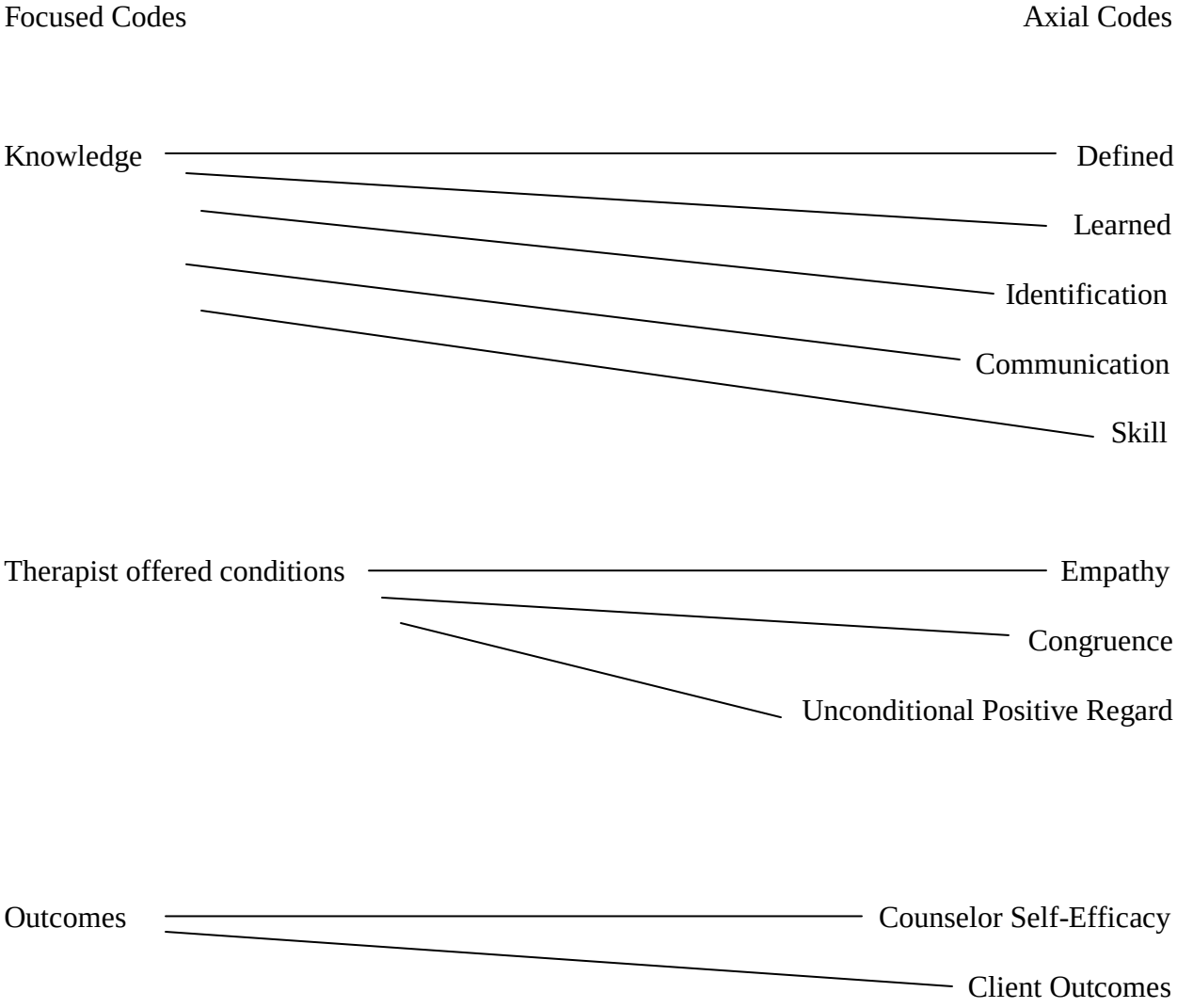
For the axial code of "identification", two of the four participants identified moments of presence from their internal reactions. Additionally, two of the four interviewees identified moments of therapeutic presence through observation of the client. Regarding the sub-category of "communication", two of the four participants stated that they use questioning or direct

statements to the client to communicate the occurrence of presence. In regard to the axial code of "skill", three of the four interviewees indicated that therapeutic presence is a skill.

The second focused code identified was 'therapist offered conditions'. Under this theme the therapists stated if or how therapeutic presence was related to the therapist offered conditions of empathy, congruence, and unconditional positive regard. All four of the interviewees stated that therapeutic presence was related to the therapist offered conditions.

The final focused code was "outcomes". Under this theme the interviewees described the outcomes that they perceived as a result of utilizing therapeutic presence. Three of the four participants were consistent in their perceptions that therapeutic presence impacted counselor self-efficacy. And all of the participants perceived that therapeutic presence impacted client outcomes. The following figure (Figure 1) shows the focused codes and the axial codes that emerged within each focused code. Figure 1 is followed by a discussion of the axial codes.

Figure 1: Focused Codes



Discussion of Axial Codes

Knowledge. This theme includes the five axial codes of: defined, learned, identification, communication, and skill. The information in the literature supports the data from three of the four participants in the axial code of 'defined' (Bradford, 2007; Geller & Greenberg, 2012; Hall-Renn, 2006; Wheeler and D'Andrea, 2004). In the first axial code of "defined" two of the four interviewees shared a similar point of view. Charlie defined therapeutic presence as "being present with a client and understanding the nature of the therapeutic conversation…the nature of therapeutic presence is being there for the clients benefit." This perspective was shared and expanded on by Fred:

> I think it is an idea that a person feels as though another human being is actually hearing them, listening to them, and is actually trying to understand them, and just be with them. It's an all encompassing way of being there with them. that is the way I would see it. It almost borders on the art aspect of this work.

Although Charlie and Fred shared the opinion that the definition of therapeutic presence is focused on having a certain meaningful state of being with a client, Stan's definition of therapeutic presence was a bit different. Stan's definition of therapeutic presence was based more on observations of the client, as well as his observations of his internal responses. He defined therapeutic presence in this way:

> I guess it is based on the ability or skill or behavior of being aware of what is going on in the moment. I think it also means attending to non-verbal cues. And also what that person maybe feeling or experiencing that is observable… and keeping my intrapersonal stuff in check; what I'm feeling, what I'm thinking is part of being therapeutically present.

Henry's definition of therapeutic presence was quite different than the other participant's definitions. Henry's definition is:

> All human beings are interconnected, especially human beings. Therapeutic presence is the intentional use of that interconnectivity to bond relationships,

> to build therapeutic alliances, to get access to emotional information that helps us do diagnostics and treatment strategies. Presence can also measure how successful a relationship we have with the person we are working with.

In the second axial code of "learned", three of the four interviewees were not introduced to the concept in their formal studies. They learned about therapeutic presence through reading articles or books after they completed their counseling programs. Charlie stated that "I became aware of the concept, really as a concept, when that study came out that said it was more important than anything else." Henry said "I learned about mindfulness in the context of therapy, from reading Carl Jung." Stan learned about therapeutic presence from a variety of readings, "probably more than anything, doing some readings in general psychology and existential thought." Fred was the only counselor who was introduced to the concept in his counseling program and through various experiences:

> I think certainly, we talked about the idea in counselor training, while I was getting my degrees. Then I think, I think it came to me in two ways. One is being with people, and getting feedback from my clients. They would say things like "it is easy to talk to you, I feel like you are there"…and then also my own therapy. And feeling as though, I have had a couple of therapists that I have felt are really with me, and were not necessarily trying to change me or telling me I need to change, and basically just being there with me… so I think it came from my practice, as well as my experience as a client.

The information from the literature supports the occurrence of counselors not being introduced to the concept of therapeutic presence in their degree programs (Wheeler & D'Andrea, 2004). However, it is of note that the three who were not introduced to it in school, were introduced to the concept through outside readings. This indicates that the topic of therapeutic presence, although not introduced in counselor education programs, is a topic which is being addressed in various books and articles.

The third axial code of "identification" seemed to have more consistency of opinions from the interviewees. Two of the four therapists shared the idea that the identification of therapeutic presence is based on a feeling that the therapist experiences. Fred stated that regarding the identification of presence, "I think it is certainly something that I feel. For me, I feel it in my gut, because that is where I do emotions, anyway." Charlie also indicated that he believes that presence is "sorta a feel thing" that he experiences in moments where presence is in the room. Additionally, two of the four interviewees stated that they identify presence through observation of the client. Stan said:

> The identification of presence for me, as the therapist, just the conscious awareness of what is going on; the attending, the checking in, the interpreting; all of these cues of communication, whether they be verbal or visual…it is the reading of the non-verbals is how I identify is moments of presence.

Charlie's opinion supports this concept of observation of the client as his way of identifying presence:

> To me it is more me observing my client. Seeing that they are physically comfortable, their facial expressions, their eye contact, seeing where their eyes are pointed. If they are shifting in the chair, wiggling around or antsy, I need to change the presence somehow.

Henry had a different perspective on how he identifies presence. Henry stated "therapeutic presence allows me to have access to the intimate data, the intellectual data, the content of the unconscious...my resistance or openness to the information is how I identify my presence." Overall, the internal emotional reaction of the therapist and the observation of client's non-verbals seem to be the primary ways these therapists identify presence. The concept of therapist having an internal emotional reaction during moments of presence is supported by the literature (Geller & Greenberg, 2012; Greason & Cashwell, 2009). The literature also supports

the idea observation of the client is a way of identifying presence in a therapeutic setting (Kondratyuk & Perakyla, 2011).

The fourth axial code under the focused code of knowledge is "communication". This specifically refers to communicating the occurrence of presence to clients. Two of the four therapists stated that they use questioning of the client's experience as a way to communicate presence. Stan stated:

> I think that there are two or three moments in a session where I ask "What are your thoughts about what is happening or where it is going?"… I use check-ins, "How are we doing here? Are you ok with this? Are you understanding me? Is what I am saying helpful? (Stan)

Henry also utilizes the technique of 'checking in' to communicate presence. "I do verbalize what I am feeling in the moment to clients, whether I state it directly or paradoxically, like "Why am I feeling angry when I am listening to this story?". One of the four therapist's therapists stated that they communicate moments of presence through the use of humor. Fred explained:

> I think it happens a lot of times when humor is in the room. Those light moments when we all laugh. And somebody says something that is kind of brilliant or insightful, but is funny, all at the same time. You know, just the other day, I was working with a couple and we were kind of talking about relationship styles. He is far more of the aggressor, the pursuer, and she is a little bit more ambiguous, 'this stop, come here' kind of thing. And I said to her "you know that is a wonderful thing about you, but somebody receives that message."And both of them just laughed, and I think that was an indication of presence.

Another one of the four therapists stated that they do not communicate moments of presence to their clients. Charlie stated:

> I don't really point it out to them… I don't mention it to them directly, because it seems to make them more nervous. I don't communicate it

to them, unless they are real jumpy, but then I will be real deliberate in my actions.

The communication of presence was addressed in the literature reviewed for this study. The information from the literature indicated that communication of presence is avoided by most therapists (Wheeler & D'Andrea, 2004). As a result, it seems in line with the literature that one of the four interviewees stated that they didn't point out moments of presence to their clients. However, it is of note that two of the four therapists directly state or question their clients regarding the experience of therapeutic presence, while one uses humor to communicate presence.

The fifth axial code under this theme is "skill" Three of the four therapists stated that they believed therapeutic presence was a type of skill. Charlie said "I think it is a skill and I think I have gotten better over the years." He added "creating presence is therapeutic to your client and I think it is a skill; and as you go, you figure out more ways to get it accomplished." Stan defined therapeutic presence "it is the ability, skill, or behavior of what is going on in the moment." Henry added "therapeutic presence is based on the ability to generate a state of awareness based on a skill set that the therapist has developed over the years." Fred was the only interviewee who differed in perspective; he stated "I think presence is more of a gift, than a skill. You either have it, or you get it, or you don't." Much of the literature reviewed for this study indicated that therapeutic presence is not a counseling skill, but rather an overall quality of being (Bradford, 2007; Nanda, 2009; Rothaupt & Morgan, 2007). There was nothing in the literature reviewed for this study that proposed that that the concept of therapeutic presence is something that is considered a gift that an individual may or may not possess.

Therapist offered conditions. This theme is comprised of the axial codes of empathy, congruence and unconditional positive regard. The responses from the interviewees ranged from

addressing the therapist offered conditions as one concept or as three discrete skills. All four of the interviewees indicated that these three basic counseling skills had a direct connection to therapeutic presence. Fred discussed his general perceptions regarding the therapist offered conditions:

> I think that those are essential to presence. I would say whatever those words are trying to communicate, ideas or concepts are there regardless of theoretical orientation. Again, presence is bigger than those. Those are essential, but not all that there is. And again, I think some of these ideas: empathy, congruence, unconditional positive regard...I think that those maybe skills that we can attempt to teach in counselor training programs. But again, presence is that art aspect of this work...I think presence is a gift, and I don't know if you can teach people those human relation kinds of gifts.

Stan shared Fred's perspective that therapeutic presence is something beyond the therapeutic offered conditions:

> I think therapeutic presence is significantly related to those things; perhaps those things maybe traits of being attending or being present with that client. But I think therapeutic presence is bigger than these three skills. If I were focus on being empathetic, congruent, etc., it may cause me to not be present; those may be a distraction for me. To do it well, and to do it completely, presence is a part of who they are; it is just not something they do for the purpose of being with a client.

Charlie spoke of the connection that therapeutic presence has with the each of the therapist offered conditions:

> Unconditional positive regard is a large part of making a client comfortable; 99.9% of the time I am going to use unconditional positive regard. With congruence and empathy, I think you have to reflect your clients. If they are angry or scared, that is reflecting our presence; the interplay between my client and myself. I am congruent if I think it will help. And I think empathy is a motivating factor in therapy…I think that all the therapist offered conditions are building blocks to presence; presence is the result of the therapist offered conditions.

Henry's perspective was slightly different from the other interviewees. Like the others, he did perceive that there is a direct connection between the therapist offered conditions and

presence, however the way he conceptualized the connection was different. He stated "Empathy is the active ingredient of presence and congruence speeds up the process of therapy… I don't think the basic skills can be there without presence and I think therapeutic presence is something you can teach." There is nothing in the literature that supports this theme. One of the hypotheses of this study was that there is a connection between therapeutic presence and basic counseling skills. The data from this study supported this hypothesis. All four interviews indicated that they believed there is a direct connection between therapeutic presence and the therapist offered conditions of empathy, congruence, and unconditional positive regard.

Outcomes. This theme includes the themes of counselor self-efficacy and client outcomes. Three of the four interviewees indicated that therapeutic presence was related to counselor self-efficacy. Fred referenced his experiences with his supervisees when discussing the theme of counselor self-efficacy:

> I'm thinking about my experience with supervisees and my own experience and I think presence is where professional self-confidence comes from, rather than knowing a specific theoretical perspective or specific interventions or strategies. All of those things are helpful. But when you get them down to when they are talking about being in the room with someone, and they feel like they were present; they feel like they had moments of empathy and understanding, and some insights, and that there was a connection; they often talk about connection. I think that's where their professional self-confidence comes in

Stan had a similar point of view regarding presence and counselor self-efficacy. He stated:

> I think therapeutic presence impacts counselor self-efficacy more positively. If I am being more therapeutically present, I am more confident about what I am doing. And if I feel like I am being present, and I get feedback from my client that they think I am being therapeutically present, then I feel better about my ability to be a counselor and to be effective. (Stan)

Henry had a slightly different point of view regarding presence and counselor self-efficacy. He stated that "the level of presence, impacts the quality of the relationship, which

impacts counselor self-efficacy." The literature supports the idea that therapeutic presence impacts counselor self-efficacy (Greason & Cashwell, 2009; Hall-Renn, 2006; Rothaupt & Morgan, 2007). This hypothesis was supported by the data gathered, as all of participants expressed that therapeutic presence impacts counseling self-efficacy.

Regarding client outcomes, all of the participants perceived that therapeutic presence impacts client outcomes. In support of this idea, Charlie stated that:

> Presence is one of those necessary parts of seeing client growth… creating presence is therapeutic to your client…I think sometimes therapeutic presence is more important than anything else in impacting client outcomes, at least situationally. I can't say all the time that it is the most important factor, but I think it is one of the most important things to be considered.

Stan expanded on the idea that therapeutic presence impacts client outcomes:

> Because I value therapeutic presence, I think it positively impacts client outcomes. My thought is that there are several different ways to define impact. So I would suggest that it would be positively correlated with meeting appropriate with meeting appropriate therapeutic goals or goal objective outcomes.

Fred added:

> I think it is the idea of presence is what makes this work, work. What I hope happens is that people give themselves permission to pursue more presence in their daily lives, as a result of experiencing presence in a therapy office. Meaning that if they say, 'this is a toxic environment for me and I need to get out', presence helps them get rid of their own self-criticism and self-judgment, and see themselves as someone who deserves the presence of another person. (Fred)

As with previous responses, Henry's perspective was quite different from the other interviewees. His response indicated that the relationship between therapeutic presence and therapeutic outcomes is primarily the client's responsibility. He stated that "it is the client's tolerance of being in a space of presence that impacts therapeutic outcomes." The idea that

therapeutic outcomes are impacted by therapeutic presence is supported by the current literature (Boudette, 2011; Cooper, 2003; Gambrel & Keeling, 2010; Greason & Cashwell, 2009; Hall-Renn, 2006; Kondratyuk & Perakyla, 2011; Mayotte-Blum, Slavin-Mulford, Lehmann, Pesale, Becker-Matero, and Hilsenroth; 2012). Overall, the data gathered in this study provided relevant information in the discussion of the research questions.

Discussion of the Research Questions

In the previous section the data collected for this study was synthesized into focused codes (themes) and axial codes (sub-categories). The purpose of this section is to examine how the focused and axial codes pertain to and answer the research questions that guided this study. The research questions of this study are:

1. How does therapeutic presence impact the role of the counselor?
2. How does therapeutic presence impact therapeutic outcomes?

The first research question asked was: How does therapeutic presence impact the role of the counselor? From the data gathered, it is concluded that therapeutic presence impacts many aspects of the role of the counselor. Support for this conclusion can be found within the focused codes of knowledge, therapist offered conditions, outcomes and their related axial codes. Under the focused code of knowledge, participant's responses emerged in five axial codes: defined, learned, identification, communication, and skill.

The first axial code, 'defined' emerged from the participants defining therapeutic presence from their perspective. The participant's responses regarding how they define therapeutic presence included ideas such as being understanding of the client and attending to the client, which are concepts that support the conclusion that presence impacts the role of the counselor. The axial code 'learned 'revealed that participants learned about therapeutic presence

from their work with clients and from reading about the topic in counseling literature. The axial code, 'identification', surfaced from the data regarding how counselors identified moments of presence that occurred in session. The participant's responses included the ideas of attending, observation of their internal responses to the client, observations of the client's non-verbal cues. This data regarding identifying moments of presence is a key support for therapeutic presence impacting the role of the counselor. The axial code of 'communication', emerged from the participants responses that addressed how or if the participants communicate moments of presence to the client. Data within this code included the participants making direct statements to the client, as well as using humor as a means of communicating presence. The final axial code of 'skill' further leant support to therapeutic presence impacting the role of the counselor, as most of the participants believe that therapeutic presence is a counseling skill that can be learned.

The focused code of 'therapist offered conditions' and the related axial codes of empathy, congruence and unconditional positive regard also supported the conclusion that therapeutic presence impacts the role of the counselor. The participants were consistent in their perspectives that there is a direct relationship between these basic counseling skills and therapeutic presence. Participants expressed ideas that included therapeutic presence being the result of utilizing the therapist offered conditions and that the basic counseling skills are essential to being therapeutically present.

The focused code of 'outcomes' includes the axial code of 'counselor self-efficacy'. The axial code of counselor self-efficacy added additional support to therapeutic presence impacting the role of the counselor. Participants expressed being therapeutically present helps them to feel more confident in their work with clients.

The second research question was: How does therapeutic presence impact therapeutic outcomes? From the data gathered, it can be concluded that therapeutic presence positively impacts therapeutic /client outcomes. The focused code of 'outcomes' and its related axial code of 'client outcomes' leant support to this conclusion. The participants expressed ideas that included presence facilitating growth in clients, presence is what makes therapy effective, and that therapeutic presence facilitates the meeting of therapeutic goals.

Summary

The themes that emerged in this present study were developed after a detailed analysis of the data within and across interviews. As there is very limited literature on the topic of therapeutic presence, there is no previous research specifically regarding how therapeutic presence impacts the role of the counselor. Therefore, one of the purposes of this study was to establish specific data about the perceptions of the relationship between therapeutic presence and the role of the counselor. However, the findings of this study support the previous literature regarding the positive impact of therapeutic presence on client outcomes (Mayotte-Blum, et al., 2012). As with all studies, further research is needed to continue to exploration and expansion of the findings of this study.

CHAPTER FIVE: DISCUSSION

The purpose of this qualitative study was to explore the perceptions of expert counselors regarding the impact of therapeutic presence on the role of the counselor and on therapeutic or client outcomes. The conclusions of this study are a result of the guiding research questions. Therefore, there are two major areas that were addressed:

1. Expert counselors perceptions of how therapeutic presence impacts the role of the counselor
2. Expert counselors perceptions of how therapeutic presence impacts therapeutic outcomes

The following is a discussion of the major findings and conclusions gathered from the research. The findings of the current study in relation to the current literature are discussed. This discussion is followed by recommendations for counselor education programs and counselor educators, professional counselors, and future research. The limitations of this study are also discussed, followed by the summary.

Key Findings and Relationship to Current Literature

The current literature regarding therapeutic presence is limited and is comprised of primarily conceptual pieces. In order to add empirical evidence to the current literature, this study was intended to gather data regarding how the concept of therapeutic presence impacts the role of the counselor and how therapeutic presence impacts therapeutic/client outcomes. Analysis of the data gathered for this study resulted in two major findings

Impact on the role of the counselor. The first finding of this study is that therapeutic presence does impact the role of the counselor. The data from this study indicates that although the literature on the topic of therapeutic presence is limited, expert counselors have a

multifaceted understanding of the concept of therapeutic presence and that they perceive therapeutic presence impacting their roles as counselors.

All of the participants had knowledge of the concept of therapeutic presence. This knowledge included being able to define therapeutic presence from their perspective, how they learned about therapeutic presence, how they identify and communicate moments of presence to clients in session, and if they perceive therapeutic presence as a skill. The participants stated ideas regarding the definition of therapeutic presence with terms such as 'attending', 'focused attention', 'understanding', 'being there for the clients benefit', and 'being there with the client'. The definitions participant's offered in their responses are supported by current literature (e.g., Greason & Cashwell, 2009; Hall-Renn, 2006; Wheeler & D'Andrea, 2004).

Regarding how the participants learned about the concept of therapeutic presence, the majority of the participants learned about the concept after completing their counseling programs. This finding is also supported by the current literature. According to Wheeler & D'Andrea (2004), teaching and learning therapeutic presence in counseling programs is challenging because counselors-in-training may not be open to being therapeutically present because of the possible consequences of a client having a negative reaction.

Information regarding the identification of therapeutic presence in-session is supported in the current literature (Geller and Greenberg, 2012; Greason & Cashwell, 2009; Kondratyuk & Perakyla, 2011). The information gathered in the current study regarding the identification of presence included two distinct patterns of responses. Two of the four participants stated that they experience an internal response which indicates therapeutic presence. The occurrence of counselors identifying moments of presence in-session through an internal reaction is supported by the literature (Geller & Greenberg, 2012; Greason & Cashwell, 2009). Two of the four

participants stated that they identify moments of presence from observation of the client's non-verbal cues. This finding is also supported by the literature (Kondratyuk & Perakyla, 2011).

Regarding the communication of presence, the current literature indicates that therapists typically avoid the communication of presence (Wheeler & D'Andrea, 2004). The findings of this study were not supported by the current literature. Three of the four participants indicated that they do communicate moments of presence to clients. Two participants use direct statements or question the client about what they are experiencing in the present moment. One therapist utilizes humor to communicate presence.

Regarding the idea of therapeutic presence being a skill, the data gathered in the current study was not found to be supported in the current literature. Current literature indicates that therapeutic presence is an overall quality of being (e.g., Bradford, 2007; Nanda, 2009; Rothaupt & Morgan, 2007). Three of the participants in this current study consider therapeutic presence a skill that is typically developed over time. One of the participants in the study indicated that therapeutic presence was a gift that "you either have it, or you get it or you don't."

Therapist offered conditions of empathy, congruence, and unconditional positive regard are basic counseling skills that are typically used by many counselors, regardless of theoretical orientation. Therefore, in general, therapist offered conditions do impact the role of the counselor. In the current literature there is a lack of information regarding the relationship between the therapist offered conditions and therapeutic presence. The data that emerged in this study indicated that there is a connection between the therapist offered conditions of empathy, congruence and unconditional positive regard and therapeutic presence. All of the participants indicated that they perceived a direct connection between these therapists offered conditions and therapeutic presence. Fred stated that therapist offered conditions "are essential to presence".

When speaking of the three therapist offered conditions in relation to therapeutic presence, Stan stated that "therapeutic presence is significantly related to those things". Charlie added "I think all the therapist offered conditions are building blocks to presence". A statement that Henry made supported the finding that the conditions of empathy, congruence, and unconditional positive regard are directly related to presence. He stated "I don't think the basic skills can be there without presence".

Another finding in the current study was that therapeutic presence is related to counselor self-efficacy. Counselor self-efficacy or a counselor's level of confidence in effectively working with client's in-session is an aspect of the role of the counselor. The findings of this study are supported by the current literature (e.g., Boudette, 2011; Greason & Cashwell, 2009; Hall-Renn, 2006; Rothaupt & Morgan, 2007). Three of the four participants believed that therapeutic presence is related to counselor self-efficacy. Statements from participants that support this finding include, "I think presence is where professional self confidence comes from" (Fred) and "I think therapeutic presence impacts counselor self-efficacy more positively" (Stan). From the information gathered in this current study, it is concluded that therapeutic presence impacts the role of the counselor. From the findings, the aspects of identification, communication, skill, therapist offered conditions, and counselor self-efficacy seem to have the most impact on the role of the counselor.

Impact on therapeutic outcomes. The second major finding of this study indicates that therapeutic presence does impact therapeutic or client outcomes. Some of the participant statements that support this finding follow. Charlie stated "presence is one of those necessary parts of seeing client growth…I think sometimes therapeutic presence is more important than anything else in impacting client outcomes, at least situationally". Fred also perceived

therapeutic presence as positively affecting therapeutic outcomes, "I think that the idea of presence is what makes this work, work". Stan added, "because I value therapeutic presence I think it positively impacts client outcomes…I would suggest that that it would be positively correlated with meeting appropriate therapeutic goals or client objective outcomes". The idea that therapeutic outcomes are impacted by therapeutic presence is supported by the current literature (Boudette, 2011; Cooper, 2003; Gambrel & Keeling, 2010; Greason & Cashwell, 2009; Hall-Renn, 2006; Kondratyuk & Perakyla, 2011; Mayotte-Blum, Slavin-Mulford, Lehmann, Pesale, Becker-Matero, and Hilsenroth, 2012. The following are recommendations to further explore the two major findings of this study, as well as the topic of therapeutic presence in general.

Recommendations & Implications

The recommendations following are based on the analysis of the data gathered in the current study, as well as the findings and conclusions that emerged. Recommendations are offered for (a) counselor education programs and counselor educators, (b) professional counselors, and (c) future research.

Recommendations for Counselor Education Programs and Counselor Educators

According to the data that emerged in this study, three of the four participants learned about therapeutic presence after they completed their academic programs in counseling. In addition, the literature supports the idea that therapeutic presence is a concept that is perceived as difficult to teach and learn (Wheeler & D'Andrea, 2004). In order to address the issue of counselors not being exposed to the concept of therapeutic presence in their academic studies, counselor education programs should consider the following:

1. The Teaching and Learning of Therapeutic Presence: The concept of therapeutic presence should be incorporated from the beginning courses to clinical courses. Introducing the idea of therapeutic presence in basic counseling skills courses, would facilitate students having familiarity with therapeutic presence. For basic skills courses, it would be appropriate to have at least one unit or class taught during the semester to introduce the topic. Also, instructors should encourage students to use the topic of therapeutic presence as a class assignment or presentation. In the clinical courses, the teaching of therapeutic presence should be expanded on how to utilize the concept in-session with clients. Class activities could include instructors demonstrating therapeutic presence to students, and perhaps encouraging the students to attempt to be present in their practice sessions.
2. The Learning of Therapeutic Presence by Counselor Educators: Counselor educators should seek out resources such as articles and books regarding therapeutic presence, in order to gain a thorough understanding of the concept. Counselor educators could also develop presentations for professional conferences about therapeutic presence or write articles or conceptual pieces in order to expose professional counselors to the concept.

Recommendations for Professional Counselors

As stated earlier, three of the four participants learned about therapeutic presence from readings and experiences they had after completing their counseling programs. The findings from this study indicate that therapeutic presence impacts the role of the counselor. In order to enhance counselors knowledge of therapeutic presence, as well as to learn how therapeutic

presence impacts factors such as counselor efficacy and therapeutic outcomes, the following suggestions are made:

1. Continuing Education: Professional counselors should seek out continuing education workshops regarding therapeutic presence; or develop continuing education workshops about the benefits of utilizing therapeutic presence with clients.
2. Current Literature: Professional counselors should keep current in the reading of professional journals, books, or magazines that specifically speak to counselors. The topic therapeutic presence is beginning to emerge in the literature, so keeping current with reading these types of resources may provide opportunities to learn about this topic.
3. Counselor Supervision: If licensed as a counselor supervisor, supervisors should discuss therapeutic presence with supervisees. Counselor supervisors should encourage supervisees to expand their knowledge of the topic and to attempt to practice therapeutic presence with their clients. Additionally, supervisors can model therapeutic presence by utilizing it in their supervision sessions.

Recommendations for Future Research

As the researcher, I recommend that further exploration and research should be conducted to add to the current literature. As a result of the literature lacking research regarding the topic of therapeutic presence, I recommend a variety of studies to be conducted. In light of the limitations of this current study discussed in chapter three, as well as the findings of this study, the following directions of future research are recommended.

1. The current study should be replicated, utilizing a purposive sampling procedure, a larger sample size, one or more additional data gathering instruments and diversity of participants.
2. The current study should be replicated with counselor educators as participants. Additionally the suggestions for changes in study from recommendation one, should be incorporated.
3. The current study should be replicated with new LPCs (less than five years experience) as participants. The suggestions for the changes in the study in recommendation one should be incorporated.
4. A study should be conducted with counselor educators utilizing a survey to determine their perspectives regarding the teaching and learning of therapeutic presence.
5. A study using focus groups of recent counseling program graduates should be conducted to determine their knowledge of therapeutic presence. This could aid in determining if students acquire knowledge of therapeutic presence in their academic experiences.
6. A study utilizing a national or regional survey of CACREP accredited programs to determine if counselor education programs include the teaching of therapeutic presence in their curriculum.
7. A study should be conducted using an intervention of teaching two or three classroom sessions to counselors-in-training. A pre-test and post-test of the participants could measure the efficacy of the intervention.
8. A study which focuses of the experience of therapeutic presence from the perspective of clients should be conducted. Participants who have been clients for six to eight

sessions would complete a pre-test. After participants complete an additional six to eight sessions, participants would complete a post-test, in order to determine the impact of therapeutic presence on their experience as a client.

Limitations

Due to the nature of interviewing being the primary data source, there are limitations associated with this type of qualitative data gathering technique. The participants may feel uneasy in disclosing some of their thoughts or perceptions; or the interviewer may not have the experience or skill set to conduct an optimal interview (Hatch, 2002).

Some of the possible limitations of this study may come from my perspectives on the topic of therapeutic presence. As stated in chapter one, my experiences with therapeutic presence have impacted my work with clients, my experiences as a client, and my life as a whole. Due to the nature of qualitative studies, the dynamic that develops in the interview process, and the type of information shared in interviews by participants, it is unlikely that all bias and subjectivity can be eliminated from the data (Hatch, 2002). Therefore researcher bias, may have limited the subjectivity of the study.

Another significant limitation may be the demographics of the participants. All participants were Caucasian males above the age of 55. As a result, the study lacks diversity of participants. An additional limitation that emerged during the course of the study was that perhaps the use of snowball sampling was not effective. It may have been more effective if I used purposive sampling. Although, prior to being interviewed, all the participants indicated that they were very interested in speaking about the topic of therapeutic presence, I now think I should have conducted an in-person, pre-interview screening, in order to determine the most appropriate.

participants. Additionally, I should have utilized one or more data gathering instruments, to increase the quality and depth of the data

Summary

This study explored the perceptions of expert counselor regarding how therapeutic presence impacts the role of the counselor and therapeutic outcomes. The findings of this study added empirical data to the literature, which is currently lacking regarding information about clinicians and the use of therapeutic presence in their work. It is my intention, as the researcher for these findings to add to the literature and the dialogue regarding therapeutic presence, as well as encourage other researchers to continue exploration of this topic.

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Appendices

Appendix A: Sample Interview Schedule

1. How do you define therapeutic presence?

   Probes: How did you come to your definition of therapeutic presence? Do you think about therapeutic presence? Have you read anything about therapeutic presence?

2. How did you become aware or learn about presence?

   Probes: Was it introduced in your counseling program? What do you think about therapeutic presence not being introduced in your coursework? Are any other therapists that you know, that are aware of therapeutic presence?

3. How do you identify and communicate moments of presence in session?

   Probes: Do you have any physical or internal indicators that help in identification? How often do you identify and communicate moments of presence in session?

4. How do clients react when you identify or communicate presence?

   Probes: Do you ever think about communicating presence, but decide not to? What are some of the more common reactions you get from clients? What do you think about communicating presence to clients?

5. How do you think therapeutic presence is related to the therapist offered conditions of empathy, congruence and unconditional positive regard?

   Probes: Why do you think they are related? Do you think therapeutic presence could also be considered a therapist offered condition?

6. How do you think therapeutic presence impacts counselor self-efficacy?
   Probes: Why do you think presence impacts counselor self-efficacy? Do you think the impact of presence on counselor self-efficacy is significant?

   How do you think presence impacts therapeutic outcomes?

7. Probes: Why do you think they are related? Have you had the experience of observing therapeutic presence impacting therapeutic outcomes?

Appendix B: Demographic Questionnaire

1. Age:
2. Gender:
3. Ethnicity:
4. What is your educational background?
5. How long have you been a licensed professional counselor?
6. What settings have you worked in as a counselor?
7. Where do you currently work?
8. What is you theoretical orientation?

Appendix C: Informed Consent
The Quality of Presence: An Essential Component of Therapeutic Work
Consent to Participate in a Research Study

Principal Researcher: Melissa R. Haley, M.S., LAC
Faculty Advisor: Dr. Kristin Higgins

INVITATION TO PARTICIPATE

You are invited to participate in a research study about your perspectives regarding therapeutic presence and how therapeutic presence informs your work as a Licensed Professional Counselor (LPC). You are being asked to participate in this study because you meet the criteria of being a LPC in the state of Arkansas with a minimum of 5 years clinical experience.

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Principal Researcher:
Melissa R. Haley, M.S., LAC
(XXX) XXX-XXXX

Faculty Advisor:
Dr. Kristin Higgins
(XXX) XXX-XXXX

The purpose of this research study:

This study is designed to learn how licensed professional counselors (LPCs) perceive the role of presence in their work, how they identify when presence is occurring, how they think presence impacts counselor self- efficacy and outcomes for the clients, and if they perceive a connection with the quality of therapeutic presence and basic counseling skills.

Who will participate in this study:

The study will include 4-6 adult participants. Participants will be Licensed Professional Counselors (LPCs) in the state of Arkansas with a minimum of five years experience as a LPC.

Your participation will require the following:

You will be asked approximately 9 questions in a semi-structured interview format regarding your perspectives on therapeutic presence. You will be provided the questions and the definition of 'therapeutic presence' prior to the interview.

What are the possible risks or discomforts?

There are no anticipated risks to participating

What are the possible benefits of this study?

The experience of participating in the interview may cause you to reflect on your work as a therapist, and may positively impact your future work as a therapist

How long will the study last?

The one-time interview is expected to take 60-90 minutes. Initial contact with participants, the scheduling of interviews, and the completion of interviews will be conducted from 11/15/2013 to 5/1/2014.

Will I receive compensation for my time and inconvenience if I choose to participate in this study?

You will not receive compensation for your time. However, if requested you will receive a copy of the final draft of the dissertation

Will I have to pay for anything?

No, there will be no cost to your participation.

What are the options if I do not want to be in the study?

If you do not want to be in this study, you may refuse to participate. Also, you may refuse to participate at any time during the study. You will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?

All information will be kept confidential to the extent allowed by applicable State and Federal law. All participants will be assigned pseudonyms to protect their identity. Participants may also request that any personal background information (e.g. age, gender) be altered in order to further protect their identity. All data will be stored on a password protected computer, in a password protected electronic file, and kept in a locked location, only accessible to the researcher.

Will I know the results of the study?

At the conclusion of the study you will have the right to request feedback about the results. You may contact the faculty advisor, Dr. Kristin Higgins, Phone: XXX-XXX-XXXX, or principal

researcher, Melissa R. Haley, M.S., LAC, Phone: XXX-XXX-XXXX. You will receive a copy of this form for your files.

What do I do if I have questions about the research study?

You have the right to contact the Principal Researcher or Faculty Advisor as listed below for any concerns that you may have.

Principal Researcher:

Melissa R. Haley, M.S., LAC

Faculty Advisor:

Dr. Kristin Higgins

You may also contact the University of Arkansas Research Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP
Institutional Review Board Coordinator
Research Compliance
University of Arkansas

I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential benefits and risks that are involved. I understand that participation is voluntary. I understand that significant new findings developed during this research will be shared with the participant. I understand that no rights have been waived by signing the consent form. I have been given a copy of the consent form.

_____

Participant Signature Date

Appendix D: IRB Approval

November 4, 2013

MEMORANDUM

TO: Melissa Haley
Kristin Higgins

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #:	13-10-207
Protocol Title:	*The Quality of Presence: An Essential Component of Therapeutic Work*
Review Type:	☒ EXEMPT ☐ EXPEDITED ☐ FULL IRB
Approved Project Period:	Start Date: 11/04/2013 Expiration Date: 11/03/2014

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (http://vpred.uark.edu/210.php). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 6 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.