

Program Name: Healing Words - The Power of Prayer and The Practice of Medicine (1993)

Your name and date: Roger M. Kirkpatrick, January 30, 2003

Program Evaluation Template - This template is to be used as an evaluation tool during our program investigation. The questions are designed to assist in determining what elements of each program we want to consider for incorporation into our programs. Feel free to add additional notes as you use the template. This template is the foundation for your presentation about the program you have researched. (Version #4)

Program or Concept Purpose or Mission Statement:

Stimulate interest among physicians in considering including prayer in their health care interventions by bringing to their attention the growing body of evidence that suggests "nonlocal" interventions (including prayer) can be used by physicians to benefit patients during diagnosis and in therapy.

Principles or Values: (implicit or expressed)

- The psyche contains a profoundly "nonlocal" aspect that is not confined to points in space such as brains and bodies, or to points in time such as the present moment.
- The universe is a pulsating unity to which everyone, particularly healers, can open themselves (one might think of this as a "telepathic network").
- All living beings as well as inanimate objects are empathetically attuned and empathy allows the emergence of a power that is capable of shaping physical events (through a process that I have come to think of as "conscious intention").

Program Structure or Key Points:

- Empathy or emotional closeness underlies "nonlocal" events.
- Efficacious prayer is a process of remembering who we are and how we are related.

- The urge toward oneness, unity and wholeness lies at the heart of prayer. The unconscious, including dreaming, praying and our quest for health are closely related.
- Prayer works, whether directed or nondirected; however, studies and anecdotal evidence suggest that the "Thy will be done" approach (nondirected) is much more effective.
- The person doing the praying and the object of the prayer need not be in physical proximity and the object need not know that praying is taking place for physical effects to occur.

How does the program define or measure success? (What evidence does the program provide to show success?)

- Successful prayer is defined as the "intentional influence of one or more people upon another living system without utilizing known physical means of intervention."
- The author reviewed over 100 experiments exhibiting criteria of "good science" with over 50% showing prayer brings about significant changes in a variety of living things.

Describe a successful participant.

Someone who has mastered basic prayer and imagery techniques, has developed an approach to praying that particularly suits his or her personality (e.g., the author's approach - light incense, enter a meditative frame of mind, invoke the "Absolute," ask that "Thy will be done"), feels that healing of another is in some sense self-healing and ends up feeling more connected to his or her patients.

At what level would a participant enter the program?

- Learning and practicing the basic universal techniques of prayer and imagery:

Relaxation and quietude
Attention Training

Imagery and visualization
Intentionality
Strong Positive Emotions

- Also, some exposure to Jungian psychology and the Tao would be helpful.

Complete the table below.

Program Approach (Application)	Method (How it's used?)	Outcome (What would it look at COTS?)	Measurement (How do we measure success?)
Human Growth & Transformation	<p>Studies strongly suggest that "doctor beliefs" shape reality.</p> <p>The goal of this program is to encourage the physician to practice "patient-centered" medicine and to be open to going beyond physical means in the healing process.</p>	<p>The process would be strictly voluntary.</p> <p>Volunteers would attend workshops explaining the evidence and principles underlying "nonlocal" intervention, teaching the basics of prayer and imagery and teaching how daily practices can be tailored to differing personality profiles and spiritual/religious preferences.</p>	<p>Success would be measured by determining whether or not staff/client interaction became more positive and effective and whether or not clients made faster/better progress in achieving their case management goals.</p>
Staff Interaction with Clients	<p>Prayer focused on working with clients would become standard practice with staff members each day, preferably before beginning work.</p> <p>Staff members would pay close attention to their beliefs regarding client prospects for success, seek client input on case management goals and action steps and seek to harmonize wherever possible personal conviction and client feelings during the case management process.</p>	<p>Individual staff members who chose to pursue this process would tailor an approach to prayer based upon what had been learned in the workshops and their own personal experiences and preferences.</p> <p>Individual staff members would allot sufficient time to collaborative development of case management strategies with clients, including sufficient built-in time for sharing mutual feelings and developing a sincere "meeting-of-the-minds" on how to proceed.</p>	<p>An affirmative answer to the question "Do I feel more connected with my clients when I'm working with them?"</p> <p>An affirmative answer to the question "Does my case manager make me feel better or worse when I'm around him or her?"</p>

<p>Client-to-Client Interaction</p>	<p>Prayer would become standard practice with clients before beginning work each day.</p> <p>Clients would attend weekly group prayer sessions, which they would host.</p>	<p>Individual clients who chose to pursue this process would tailor an approach to prayer based upon what had been learned in the workshops and their own personal experiences and preferences.</p> <p>Clients who chose to participate in group prayer sessions would tailor, with the assistance of a trained professional, an approach to prayer based upon what had been learned in the workshops and their own personal experiences and preferences.</p>	<p>An affirmative answer to the question "Do I understand, respect and appreciate fellow clients more after having prayed for our mutual success?"</p>
<p>Client Self-Help</p>	<p>Prayer would become standard practice with clients before beginning work each day.</p>	<p>Individual clients who chose to pursue this process would tailor an approach to prayer based upon what had been learned in the workshops and their own personal experiences and preferences.</p>	<p>An affirmative answer to the question "Do I feel hopeful concerning my prospects for success, do I understand and agree with my rights and responsibilities at COTS and do I feel good about my relationships with COTS staff members and fellow clients?"</p>

Does this promote a responsible and accountable lifestyle? How?

Yes, by encouraging participants to be aware of the potential impact of their thoughts upon other people, for better or for worse, as well as the value of working to become more empathetic beings and using this increased empathy to improve communications with others and help others make progress in their lives.

What are the client decision points in this program? (Are they clear and identifiable?)

- Decide to maintain an open mind.
- Decide to participate in workshops.
- Decide to give "prayer a try."
- Decide to share thoughts and feelings with others.
- Decide to make a strong commitment to "giving prayer a chance."

What would you change to make the program or concept more useful in our setting?

This isn't a defined program as it stands. It is a survey of available research on the effect of "nonlocal" intervention. A trained professional would have to assist COTS in turning it into a program.

Additional Issues:

- **Staffing Requirements (Any additional staff? Any staff training requirements?)**

Additional resources and training (consultants?) would be required. I would characterize the staffing and training requirements as "moderate." But, it would take a meaningful amount of time and effort by several of our existing staff members to develop and implement a program that was well-conceived and sustainable.

- **Aftercare**

Minimal.

- **Costs**

\$25,000

Additional Comments (Tell us what you really think.)

What makes you like this program or concept? What makes it appealing or motivating to the clients? How would you sell this to the clients? How would community support be generated for this program?

I like this concept because it provides a sound conceptual model and the outlines of a practical process for incorporating "conscious intention" and prayer into our working relationships at COTS. It would be appealing to those clients who were at a place where they were willing and able to pursue a daily spiritual practice as part of their growth process. I would probably host a group session offsite in a relaxing setting where the spiritual element of our lives could be presented and discussed to gauge readiness to learn more as well as the pace at which this model could be introduced. The idea of researching the efficacy of prayer and utilizing prayer in medicine was controversial at the time the book was written ten years ago. A lot of progress has been made since then; however, we would have to be careful to make clear that the process is completely voluntary and does not require nor depend upon studying and accepting any particular set of religious beliefs to be efficacious.

What makes you feel uneasy about this program or concept?

Nothing.