Teaching Reiki to Caregivers

Reiki for Caregivers and Those They Care for

By Judy McCracken

Give a Reiki Treatment and Help for a Time: Give the Gift of Attunment and Help Lifelong

It’s a good thing Kathy Schreiber has broad shoulders because for the past seven years, she has borne the responsibility of caring for her husband. Bob is a virile, handsome, and very accomplished man—the last person one would expect to develop Alzheimer’s disease. Kathy remembers, “When Bob was diagnosed, I vowed to be at his side to see him through whatever challenges this dreaded disease would present to us.” Kathy is a very strong individual, but when I first met her, she was struggling with the stress and depression brought on by her full-time duties as Bob’s sole caregiver. She said, “I kept searching for a light at the end of the tunnel, desperately trying to stay positive and hopeful every day.” Fortunately, that light came to Kathy in the form of free Reiki classes. Her plight and that of other caregivers inspired me to create a venue to put Reiki into their loving hands.

We “Trust the Reiki” and Open a New Business

In 2007, along with Reiki Masters Mary Ellen Lucas, Lesley Spinelli and Candy Koss, I founded a non-profit organization, Reiki Rays of Hope for Caregivers, Inc., based in Mentor, Ohio, near Cleveland. Twenty-one Reiki Masters work with us as independent contractors and are certified by our company as specialists in teaching Reiki to the caregiver population. We have trained nearly 500 caregivers in Reiki Level I, free of charge to them, giving them the gift of Reiki to use daily on themselves and their loved ones. My vision is to provide free Reiki training nationwide to all caregivers. I have deep faith that Reiki will provide them with needed relief and empowerment (a word many of them use in relation to Reiki) to keep going with new hope and energy in their caregiver roles.

Inspiration from Adversity

I am a retired public school administrator, having served 30 years in varied roles working with special needs children. This richly rewarding career was my passion, never boring, always challenging, and always changing. It was also extremely stressful. In 1988 I was diagnosed with fibromyalgia and clinical depression. I was told that fibromyalgia is chronic and lifelong and that nothing would help but anti-depressants and medications for pain and sleep. The medications made me so spacey I could barely function, and I still had huge administrative responsibilities to carry out. I was in so much pain I had to pull myself out of chairs. And I felt very, very hopeless. That awful stage of my life has given me great empathy for those dragged down by illness and total hopelessness after the medical world has told them there is nothing more that can be done, that they need to learn to live with it. Who would want to live that way? I sure didn’t. Unwilling to accept life in a wheelchair at the ripe old age of 46, I studied with healers and tried many alternative healing modalities, all of which helped somewhat, but I remained resistant, searching only for relief from my pain. Slowly I stopped rolling my eyes and began opening them to the possibilities. In 1993, I found my way to Reiki and, instantly, I knew I had come home. I loved it. It became my new passion. I had a tool to take care of myself every day. I dared to hope.

The Healee Becomes a Healer

During the following ten years, I retired from the schools, started a Reiki business, opened a wellness center, gave nearly 6000 individual Reiki treatments and taught Reiki to hundreds of students. I learned a lot about the wonders of Reiki, the human body and the human spirit. And I slowly healed. Today I am well. Little did I know then that my frantic search for pain relief had in reality been a frantic search for my own spirituality. Thus the healing. Thus the passion to pay back in gratitude. Thus the desire to help others cut through the dross.
In 2001, I began doing Reiki volunteer work at the Montefiore Home in Beachwood, Ohio. Slowly, three other Reiki Masters and I began to integrate Reiki into the facility to the point that the previously skeptical CEO gave us free reign to experiment in the secured Alzheimer’s unit, and the equally skeptical medical director began to refer to us fondly as “Reikiologists.” We were soon paid to give Reiki treatments to Hospice residents.

Dealing with the Fear of Reiki

When we began practicing Reiki at Montefiore, we encountered fear and misunderstanding from staff, residents and family members. I had learned from my Reiki Master, Sr. Ann Winters, OSU, at the Ursuline Sophia Center in Pepper Pike, Ohio, how to handle these challenges. She taught us to explain Reiki, to model it, but to never to try to “sell” it, defend it, or argue about it. I adopted her mantra: Is it hurting anyone? Is it helping anyone? That is all I would say, and still say, when inquiries or discussions become confrontational. I let my hands do the talking.

At Montefiore, we gave free sample treatments to any staff who requested it. We spontaneously offered Reiki to nurses complaining about headaches or pain. Staff observed how Reiki could quiet an upset resident. I began to teach Reiki classes to dozens of administrators and staff members at very low cost on weekends, adjusting myself to their work schedules. Our own daily mantra to one another became, “Trust the Reiki.” I learned that if I was willing to do the work for Reiki, Reiki was willing to do the work for me.

Our Reiki Experiments Begin

In 2004, I coordinated our first pilot Reiki program at Montefiore. In this six-month project, 42 residents with Alzheimer’s disease/dementia residing in a secured unit were given either Reiki or placebo hands-on treatments twice per week during the “Sun-down Syndrome” hours of 4-6 PM. The residents were randomly placed into two groups. Twenty Reiki Masters participated fee-free. One group of residents received Reiki treatments. The second group received exactly the same hands-on treatments in terms of hand positions and time but from volunteer Montefiore staff who knew nothing about Reiki and had not been attuned to it. A standardized rating system was used to chart the behaviors of the 42 residents before treatments (from 3-4:00 PM), during treatments (from 4-5:00 PM), and after treatments (from 5-6:00 PM). Treatments lasted 20 minutes on each participant. This project was informal and results consisted of anecdotal and observational information.

Results of Reiki Use on Those with Alzheimer’s Disease

- Staff and families reported improvements in sleeping and eating and less agitation in those receiving Reiki.
- Results of Reiki treatments compared to placebo treatments were visibly better, though residents obviously enjoyed both types.
- Non-participating residents nearby were quieter and calmer. They may have been benefiting from their proximity to the Reiki energy.
- Many participants were unable to tolerate us standing behind them doing Reiki, apparently finding this very threatening. Approaching them from the front or side was more acceptable, especially when we held their hands or knees to begin.
- We developed a hand position protocol that seems especially tolerable for and effective with this population.
- Staff reported that participants tried to find us in our treatment rooms on days we were not there, looking for the relief of Reiki.
- Though many were unable to communicate with us, they began pointing to body areas where they wanted us to apply our Reiki hands, evidently associating our hands with comfort and relief.

This pilot project produced promising results indicating very positive effects of Reiki on this population. We learned a great deal, and I was encouraged to further pursue this service vision.

President and CEO Keith Myers Comments About Reiki

There are not enough words to thank Keith Myers, President and CEO of Montefiore for his generous support of our Reiki work during those years. Without his vision and trust, none of our current work with caregivers could have occurred. Keith,
Teaching Reiki to Caregivers

now President and CEO of MorseLife Health Care in West Palm Beach, Florida, says, "In 2001, I had the pleasure of meeting Judy McCracken, a Reiki Master at Montefiore. After she explained the principles of Reiki and the ways it could help the elderly, I felt strongly that a holistic approach needed to be a part of the services that we offered at Montefiore. As I gained more exposure to Reiki and saw the continued benefits on our resident population, I embraced this alternate care method at an even greater level. I had an innate feeling that it needed to be part of the Hospice Program to ease pain and distress and part of the Dementia Unit to provide a sense of calm, especially for residents experiencing "Sundown Syndrome." I thought that this association with Reiki would help position Montefiore as a premier organization in the country. With that goal, I wanted Judy to start testing the validity of Reiki on different patient populations and to use Montefiore to train new Reiki Masters. I believe strongly that the successes that were experienced during my tenure at the helm of Montefiore were due to the great energy that Reiki brought to the organization.”

Our First Collaborative Project

In 2006, we received a $50,000 grant in collaboration with the Alzheimer's Association, Cleveland Area Chapter, to teach Level I classes to caregivers of loved ones with this disease. To qualify for participation, the caregiver needed to be caring for a person with the disease who still resided in a residential home, not a nursing facility. Seven other Reiki Masters and I team-taught 142 caregivers, free of charge to them, asking only that they do Reiki as often as possible on themselves and their loved ones and report results to us. The twelve-hour Level I course was taught for six consecutive weeks, two hours each week.

We learned firsthand of the trauma and stress experienced on a daily basis by caregivers. As these classes unfolded, we were told amazing stories by the caregivers about improvements in their own sleep and that of their loved ones, about decreases in agitation, anxiety, and yelling of those in their care after using Reiki. Caregiver Jennifer Johnson told us, “I have been able to get 98% relief from my chronic lifelong insomnia by using Reiki.” She and her daughter, Kelly, attended the classes together as the caregiver “team” that shares the care of Jennifer’s father. Jennifer had high praise for the effects of Reiki in her life and said, “If they offer the classes again, I’ll be there. I loved the group and the support and that everybody could do the Reiki.” Her daughter Kelly went on to become a Reiki Master.

Another caregiver told us the story of her mother, who had been bedridden for three years, out of touch, and incontinent. She did Reiki on her mom every evening for one week after finishing the Reiki class. One evening she and her husband went out to walk their dog. When they returned her mother was not in the bed, and they were shocked to find her in the bathroom. Our caregiver was frantic but her mother didn’t know what the problem was; she was just using the bathroom! This “awakening” continued for quite a while, and the neurologist could not explain it. Her mother continued for months to be present and coherent for a few days and would then return to the “other place.” Her daughter felt Reiki brought her mother back to her for “visits.” It is important to point out, though, that this was the only dramatic story of this type that we heard. We were not hearing about cures but about improvements in the quality of life, such as better memory, ability to do tasks again, a return of the more pleasant personality traits, better walking ability. Caregivers often used the word empowerment to describe what they felt the use of Reiki was doing for them personally.

New Information for us from the Project Training

• Caregivers are an essential target group for Reiki training. They are in a position to give Reiki daily to themselves and those in their care and they are in great need of relief from stress.
• They are not going to buy massage tables, nor do they have an hour free to give Reiki treatments. They taught us that even 10-15 minutes of Reiki gives powerful results.
• A complete Reiki treatment in a chair or wheelchair is far more expedient than using tables and beds and is equally effective.
• Users can multi-task while doing Reiki (examples: talking, using one hand, walking, etc.), which has important implications for time-limited professional caregivers using Reiki in their workplace.
• Reiki taught in a class series as opposed to a one-day course increases the likelihood of integrating Reiki into daily lives. Hearing reports from each other about the past week’s experiences was extremely motivating and inspired participants to do more Reiki and try more hand positions in the week ahead.

We Create New Products for Use in our Training

• Based on what we learned from the experiences of the caregivers, we created a new, 60-page Reiki Instruction Manual for Caregivers, including standard Reiki Level I curriculum and new techniques teaching caregivers the importance of taking care of and nurturing themselves. Each caregiver in the class receives this manual free of charge. Attendance at all sessions earns the caregiver a Reiki Level I practitioner certificate.
• We created a three-part DVD demonstrating the giving of Reiki treatments on a massage table, a hospital bed and in a chair. We advocate strongly now for caregivers to use the chair treatment model, most helpful with time constraints and their own physical limitations. The DVD is shown in class to the caregivers prior to their experiencing extensive supervised practice using the various hand positions.
• The manual contains pictures of hand positions shown in the DVD with narrative instructions beside each picture, giving the caregiver pictorial direction sheets for reference.

Teaching Large Numbers of Caregivers Per Class

To maximize the use of our grant dollars, we needed to instruct large numbers of caregivers per class. We learned quickly that large classes, up to 25 caregivers, could be successful. Using two team-teaching Masters for each class, we were still able to establish that family-style of support and sharing, though certainly not as intimately as with a class of eight. The only challenge was the number of attunements to be done by each Master. We had pared the class content down to eight hours (four consecutive weeks of two-hour sessions each) with a tight agenda and no time to spare. The attunements were done in the second session to allow the caregivers to practice Reiki at home as soon as possible. The resolution was to send additional Reiki Masters, including our staff, to the second class so that each Master attuned six participants. This saved class time and enabled us to teach nearly 200 caregivers per three-month project.

Research Added to Our Current Caregiver Project

In 2008 Reiki Rays of Hope received a large grant from the Mt. Sinai Health Care Foundation of Cleveland, again in collaboration with the Alzheimer’s Association, Cleveland Area Chapter. We have taught Level I to 198 caregivers of loved ones who live at home or reside in nursing home facilities. Twenty Reiki Masters team-taught twelve, four-week Reiki courses in host nursing homes across northern Ohio. Again the classes were free of charge to caregivers, their “payback” being weekly reports of the results of using Reiki on themselves and their loved ones. The class agenda allowed for a great deal of supervised practice in class, giving them confidence in their ability to give Reiki effectively and fostering a “family” atmosphere of love and support among the caregivers, many of whom formed friendships as a result.

The major difference in this project has been the addition of a research piece being administered by the Case Western Reserve University School of Nursing in Cleveland. We had found little research data available regarding Reiki. We felt we were witnessing amazing, almost miraculous transformations in the lives of caregivers, and we were led to try to determine if what we were seeing could be documented in objective and credible fashion. The researchers created a questionnaire to assess the quality of life of the caregivers. Participation in the research piece was optional for the caregivers. The questionnaire was administered at the opening of the first class, at the end of the last class and then mailed to research participants one month following the class completion to investigate the effects of Reiki on the quality of life of caregivers. Final results of the research will be available in 2009.

Checklist for Starting Programs and Projects

Reiki Masters who are interested in starting similar programs should consider the following:

• Consider setting up a legal company (S Corp, LLC, non-profit) for liability protection and tax considerations.
• If you are going to charge fees, your liability exposure increases. Consider acquiring personal and business liability insurance.
• Acquire services of a CPA and an attorney. If you become a non-profit, seek an attorney who has experience with non-profits. Non-profit requirements are strict; it is essential that you have expert help in this area. This applies to small businesses too—make sure the attorney has experience in setting them up according to your state laws.
• If you are going to teach Reiki, make sure you have a curriculum to use, appropriate materials and adjustable agendas, which can be tailored to the schedules of the recipients.
• Things work best when you have the support and permission of facility administrators who have authority to acquire your services. Make an appointment and explain your program. It is effective to have data on the growing numbers of facilities instituting these programs. Offer to give a presentation to top staff. I take several Masters with me and as we present, we simultaneously give sampler upper body treatments to staff in their chairs. Having them experience Reiki is much more effective than trying to describe it.
• Be flexible. Your goal is to get your foot (hands) in the door. Be willing to give samplers, to give presentations, to set up pilot programs, to start fee-free. Make yourself and the Reiki valuable and the pay for service will follow.
• Take advantage of the growing demand for wellness programs in health care facilities. Your Reiki program may fit right into their strategic plans to help with the wellness and morale of staff and the problem of health care worker attrition.
• Barter. You provide free treatments, low-cost classes. The facility provides you with rent-free space to serve and teach and a ready-made audience of staff, residents, patients and families.
• Find non-profits to collaborate with you. Provision of Reiki to their constituency is invaluable to their agency.
• Shop around. Do your homework. Find out the best practices of other practitioners and model and duplicate their programs. Don’t waste time and precious energy reinventing the wheel.
• Acquire funding. There are hundreds of foundations and agencies founded to grant funds to innovative service projects. Check those in your area and their criteria for granting funds. Connections can really help you in this process.
Who do you know on the board of the grant agency? Collaborate with a non-profit or a medical facility to jointly apply for the funding, leaning on their longevity and credibility. Our position is that we will do all the work; just give us the operating space and co-sign the grant applications. And work it is. The organization and time commitment of such projects is enormous. The efforts pay off in your success at so visibly helping others and the growth of your reputation as reliable, competent partners. Success brings more success. The first efforts are the toughest. Then your credibility and reputation precede you and help you to move more easily through future doors.

Our Next Projects

We have received a grant to teach Reiki to 25 mothers of children with Autism. We are also collaborating on a new grant with Montefiore to teach Reiki to 200 nurses from northern Ohio, free to them, with continuing education units provided. In this project, which again will be researched by Case Western Reserve University, we will be investigating the effects of Reiki on the stress of nurses and their use of Reiki with patients while working with them, using a multi-task approach. Our ultimate goal is to be able to offer these classes for caregivers nationwide.

—Judy can be reached by Email at jmccracken08@oh.rr.com or through her web site www.reikiraysofhope.org