

A Reiki Program for a Jewish Nursing Home for the Elderly

Part I

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THERE SHE WAS, a slender woman determined to walk to the table without assistance except for her walker. The year was 2010. The social worker arranged the visit on “common grounds” in the home’s café. She sat to the right at the end of the table and asked that I sit to her right and leave a spot open directly across from both of us. I wondered where the slender woman had gone, since we barely had time to smile at each other. The social worker leaned over and whispered that refreshments were on the way and not to object or try to pay for them. I thought, “This is very unusual.” Even when we were all seated, and the introductions were made, Helen Downs, the resident interested in meeting and discussing Reiki was still a little pre-occupied arranging the table with tea and morning glories, her favorite dessert. She also brought a gift, candles. When I tried to get up to help, once again, the social worker leaned over and said, “She insists.” It would take a few more minutes to get to the topic of Reiki.

For many years, my husband, Jim Landers, and I had searched for a non-invasive, effortless technique for people to learn that would help them (and us) evolve and heal both the mind and body in a permanent way. We were both opera singers. We found that music, particularly opera performance, brought a certain state of consciousness to audiences. This was a temporary state, lasting for a short period of time. It also does

not empower the audience to learn how to acquire the state of consciousness, and it would take many years of training to become an opera singer!

We also have had many years of Transcendental Meditation (TM) practice. TM is an effortless technique but the issue here is that most people can’t afford the price in this economy and an oath is taken not to share how to do it.

Then, in 2003, we brought a visiting friend to a TM teacher to learn that technique. In return, he wanted to teach us Reiki, suggesting it as the answer to our quest for that special technique we were looking for. And we discovered that there is a very similar, classical-style meditation technique taught in Reiki classes that anyone can learn at any time. Reiki offered the answer we were looking for: an effortless technique combined with optional meditation to heal the mind and body for both practitioners and recipients. Anyone can learn Reiki, and it requires no intellectual or physical criteria. The best thing about it is once a person learns the technique it can be practiced individually or on others. We were drawn to learning the technique and advanced to an understanding that there was a lot more to learn about the system called “Reiki.”

After our attunements, as we continued to explore Reiki, it seemed very confusing, as there were a lot of publications on the subject. We wondered why we hadn’t learned of the Japanese Reiki techniques

authors like Frank Arjava Petter wrote about. We read all of the publications about Reiki we could get our hands on. The last book was William Rand’s, *Reiki, The Healing Touch*. “This is it,” we both said and decided to re-train. We searched for classes in the area to try to keep costs down since we would both be signing up for class and saw an ad for a Reiki I class taught in Connecticut by Kathie Lipinski, a licensed ICRT teacher. Months later we took Advanced Reiki Training/Reiki Master with William Lee Rand. The experiences transformed our lives.

We returned and made a list of “to-do’s.” Aside from assimilating the lessons and practicing on ourselves, we decided to offer a program to everybody we ever taught or talked about Reiki to before our classes and called it the “Gratitude ’08 Program.” We taught anyone who wanted to learn Reiki for a nominal fee. Hours were set up around the clock for people with busy schedules, for families, for anyone. This also gave us practice teaching over and over and over again and also gave us a chance to help others not to be as confused as we were before we re-trained. In April 2009 Jim and I both took Karuna Reiki® training with William Lee Rand and came back and offered it to the original “Gratitude ’08 Program” participants! In addition, meeting Mari Hall and studying with Frank Arjava Petter in his Jikiden Reiki course further enriched our lives.

On to the “to-do” list.

1. Present Reiki to the public in an uncomplicated way and make it accessible for anyone to try it. One day, we were at our favorite vegetarian restaurant, Bloodroot, located in Bridgeport, Connecticut. It’s beautiful location right on the Long Island Sound and its respectful atmosphere led us to a thought. “Wouldn’t it be great to teach here in this environment?” And people could enjoy the lunch menu too! It was a perfect match, and owners Selma and Noel opened their doors to us. We chose to advertise Reiki classes at a restaurant as if it were as common as having lunch and a Reiki session, and it has been a success. We began offering ReikiShares for Reiki practitioners and found that there were many different approaches to Reiki and its history that created a kind of knowledge gap among its practitioners. This intrigued us, and as a way to honor all the lineages, as William says, we set out to fill the gap by giving time at the share for discussion and Reiki news updates. There will be more of the process and how to set up a Reiki Share in an upcoming article.

2. Teach Reiki to anybody who chooses to learn it. This is emphasized especially in places like homes for the elderly and/or hospice. While practitioners set up practices, there is still a need for people to learn Reiki autonomously. Where programs bring more people in to administer Reiki, there is an abundant amount of intention and ability to learn the simple technique. This happened at The Jewish Home for the Elderly!

3. To go with the flow, grow and learn. This point will always be a “work in progress.” From this point, we developed a list of intentions about what we wanted to accomplish as a result of putting our to-do list of items in place and many of these, including bringing Reiki into residential

facilities and having both the residents and the staff learn Reiki, which in turn would lead to an acceptance and respect for Reiki as a legitimate technique for wellness, were about to become a reality.

Our first “Home” client: Mrs. “D”

My presence that day at the café began with a phone call from a social worker at The Jewish Home for the Eld-



Mrs. D: “Reiki has helped me become more “relaxed.” I can sleep better and am more at ease throughout the day. I feel good. The first time I tried Reiki, it felt like I had a full night’s sleep. It felt like something was lifted. It feels so good, and it lasts all week long. I recommend Reiki to everybody, and really believe they could benefit from it. I’m “relaxed now and I feel better. Reiki is so easy to learn. Now I can use it whenever I feel the need to.”

erly in Fairfield, Connecticut. She had received a recommendation from a third party about the Reiki work Jim and I do in the area. We could only determine that it was from a meeting and lecture given two years prior for Visiting Nurses/Hospice. You never know where or whom you reach when working with seeds of intention! The social worker explained that she had a case that might

benefit from Reiki treatments. She had never experienced Reiki and didn’t know much about it except that in cases of anxiety there seemed to be relief and improvement. The resident she spoke of was “very anxious” and open to alternative methods of relief.

I began to talk about Reiki and a plan of working with Mrs. Downs, nicknamed “Mrs. D,” before I was interrupted with the question, “How much will it cost?” I wasn’t expecting that question. “How much will what cost?” “How much for a series of Reiki sessions?” *How do I answer that question?* I thought to myself. You see, there are about four or five Reiki intentions my husband and I are working on for the larger community and one of them is to bring Reiki and Reiki practitioners into facilities where it and they are recognized and compensated for their time. And here was one of many intentions being answered. It didn’t so much matter how much money but that there was documentation that there was an exchange for services provided. Reiki requested, provided, documented and compensated. The social worker explained that she was working on behalf of a grant from an anonymous donor and that it would pay for four sessions at a time, like a retainer. This was extraordinary because we rarely forecasted monetary rewards when it came to Reiki. But then, I still had to explain to her that there was no way to determine the course of treatment until the work began, and that there might be more frequent sessions at first. Again came the question, “How much?” When I resumed speaking, the social worker interrupted again and said the grant only allocated \$30 and would pay for four sessions at once for a total of \$120. I thought, “This is a wonderful day for Reiki practitioners!” I thanked her saying it usually costs more but that this was a wonderful opportunity that I would like to begin as soon as possible.

What I didn't know was that there was a budget, and that budget was \$30 per month! Since this was an important beginning for Reiki at the facility and my client really benefited from the sessions, I ended up going to the home weekly for a minimum of 1 to 1-1/2 hours and submitting a bill for only \$30 per month. So when that first four-month billing period check arrived for \$120, I laughed and thought the morning glories and that smile were worth more than all the finances put forth in the system of cash, and the fact that Reiki was being paid for in a facility accomplished one of the points on the Reiki list of to-do projects!

However, that morning in the café, all I knew was that everything was going to depend on the outcome of the initial meeting with Mrs. D.

Once the tea and morning glories were arranged on the table, the introductions began. Mrs. D began first. Although she was a bit nervous she never stopped smiling and spoke with great enthusiasm and sincerity. She spoke about everything from cooking to how she "ended up in the home from a series of medical emergencies," leaving her extremely agitated. I introduced myself and asked her if she ever heard about Reiki. She replied, "No, but I'm open to anything, and will try anything if it will help." So, I began to explain what Reiki is. I looked at the social worker, then Mrs. D, and said, "Would you like to try it for yourself with a short sample session?" The social worker, looking both relieved and grateful, escorted us into a room called "The Family Room" and left.

After a ten minute session, Mrs. D shared that she immediately felt a "comfort" in her head and that "it never felt so good." We spoke a little about positive thoughts and setting intentions, and for her to picture herself with those intentions manifested. The day turned out

quite nicely and the next meeting was scheduled for the following week.

Mrs. D and I worked together almost every Sunday. She overcame many obstacles including many medical challenges during her Reiki treatments. The sessions were documented (see Document Form at ICRT)¹ and when she went to her medical appointments for medical challenges that came up, doctors and staff remarked how quickly she overcame them, how quickly things disappeared and how little time she needed for certain medications. When she mentioned Reiki to anyone who would listen, there was a compliant nod of the head along with a patronizing smile but no mention in her medical chart. However, at the end of the year, a request was made for her Reiki session's log to be respectfully filed in her patient chart and the social worker assured me that it was.

The funding from the grant stopped somewhere towards the end of September that year with explanations like:

- "This was the longest running grant in the history of a crisis-grant."
- "Never expected it to go that long."
- "Sorry, we cannot continue paying you...just consider this a 'success story'."

It seemed that Mrs. D's crisis was now being downgraded (or upgraded) to a success story and the funding was only meant for short-term problems. However, Mrs. D and I continued our Reiki relationship without payments.

To-date, there has subsequently been over two years' worth of weekly Reiki sessions and morning glories! I arrive with the portable Reiki table, sign in and get the key to the Family Room. "What is it and what is that?" is asked from time to time. Once I answered the question along with a simple explanation of what Reiki is. The staff member would

announce that the "massage therapist" was here for Helen's massage! That is no longer the case and almost everybody at the Home has heard about Reiki and calls it that, although an explanation continues to be provided just about every week.

And then, things began to change. One day, after one particular session, Mrs. D asked about Reiki techniques in cases like hers where you can't reach the person in need of Reiki. The conversation segued into a discussion about distant Reiki, which she had a few times over the telephone. Also discussed were techniques taught in Advanced Reiki Training, Karuna Reiki®, and how you can treat yourself.

"Oh," she said, "you never mentioned those, you just did them. So, what are they?" And, without realizing what was happening, Reiki I Class was in progress and morning glories were bumped up to include bags of treats lasting all week long!

Reiki I training was done a little each week and Mrs. D completed Reiki Level I October 3, 2010. She administers Reiki to herself once or twice every day. She was doing so well that the weekly meetings grew naturally to discuss Reiki II. This would take some doing with the schedules at the home for the residents—available slots of time average about two hours. So, the class took "on its own consciousness," as William Lee Rand might say in his classes when speaking about collective consciousness. All we had to do was "tune in." The next phase had officially begun!

With Mrs. D regularly practicing Reiki, the logical question was "What is the next step?" During our weekly meetings she would remark that some of her "neighbors" could benefit from Reiki and sug-

¹ www.reiki.org

gested exploring the possibility. I contacted the social worker who had originally arranged for the Reiki sessions for Mrs. D but she said this request had to go through the usual administrative procedures, so in November 2010 a letter was drafted to the senior vice-president/administrator at the home. In this letter, I inquired about the possibility of instituting a program at the facility further explaining a little about the work Mrs. D accomplished as well as highlighting the benefits of Reiki itself. Not thinking this could be completely foreign to a huge organization, I wondered why the letter was never answered.

Taking a couple of steps back and a detour, I was re-directed from the “clinical” side of the facility to the “volunteer” side of the facility and met with the volunteer coordinator in the spring of 2011. She had heard of Reiki and its benefits, and although she wasn’t completely sure how it worked, she thought the residents would also benefit from volunteer Reiki practitioners. Here was the way to accomplish our long-term goal of an autonomous program that would integrate Reiki into the residents’ daily lives.

STEP ONE: The Volunteer Application and Screening

Every facility has some sort of application and screening process that asks for general information, and questions regarding criminal convictions, physical restrictions and references.

There will also be some training necessary to educate new volunteers on the rules of the facility (i.e. no financial remuneration from residents, no soliciting, etc.), and on the laws of the state including HIPAA laws (Health Insurance Portability and Accountability Act) nicknamed “What you hear here, stays here.” Wheelchair safety, hand washing, dress code, signing in and out is also discussed.

There are some agencies that require volunteers to be Reiki Masters before participating in their programs, and other programs send Volunteer Reference Forms to the references submitted by prospective volunteers. Questions asked include how long and in what capacity they’ve known the applicant, a description of the applicant’s disposition (i.e. friendly, happy, temperamental, cooperative, reserved, etc.), dependability, his or her reaction/comfort level with persons of diverse backgrounds and overall questions referring to whether the applicant is a “good” candidate for the volunteer position.

In our particular program, after careful thought and several meetings, we determined that many potential problems would be avoided by setting the program up with all the volunteers together at one time under the auspices of our group, “ReikiOvertones.” Reiki volunteer applicants were referred to us and the application forms were submitted along with a copy of the applicant’s highest level Reiki certificate. Reiki credits were given to volunteers to extend or compliment their training. On-site training was also provided to practitioners of all levels including Reiki Masters.

The applicant was only recognized as a volunteer during the workshop hours, which made the paperwork much easier at the facility’s administrative end. The only criteria were what we had learned in our Reiki training:²

1. The attunement must be in person (a copy of Reiki certificate requested for file).
2. Reiki must be traced back to the founder of the system, Mikao Usui.
3. Reiki energy does not come from a person because it is spiritually-guided.
4. Reiki can never cause harm because it involves light or no touch and is guided by a “Higher Source.”

More Forms

Several more forms are required. There is a client documentation form used for Reiki sessions (refer to free download at www.Reiki.org) and in most facilities, for various reasons including HIPPA, written permission is required to share comments, testimonials, pictures, etc. We decided to use two separate forms. The first was a “blanket” Reiki Client/Resident Information Form and the second was a “waiver and release” to use comments and/or pictures taken during the Reiki workshops, sessions and/or classes. These were signed by both the resident and a witness. Similar forms were drafted for the Reiki volunteers, signed and witnessed. A group documentation form was also generated with one copy turned in to the Volunteer Coordinator and one kept for our files and entered into a database. This documentation included attendance records for both residents and volunteers.

A flyer was made to generate interest and inform the residents that a new program was beginning. The flyer took about one month to create. There are several things to consider when working with the elderly. Eyes and ears are challenged so the average font size is 18 points and you’re asked to project your voice when speaking. We were also informed that a border around the edge of a flyer makes it more attractive and that is a must!

For the purposes of both the documents and the flyer, it is worth noting that there is a certain medical parlance used to explain Reiki, which is adopted in most facilities. Words like “channeling, guides, etc., are not permitted in this setting. Emphasis is on “complimentary,” “biofield energy,” etc.

² For a more in-depth definition refer to the article written by William Lee Rand first appearing in the Winter 2002 issue of the *Reiki News Magazine*.

Clinical proof was required in order to state that there are benefits to Reiki so we were prepared with several studies and began one of our own about the session, which required forms for the practitioners and a summary documentation form. The latter consisted of a series of questions asked before and after the Reiki sessions. The results were entered into a database over a period of time to determine the outcome of Reiki in the areas listed below, with a 1–5 answer range, 1 being the worst and 5 being the best:

1. How pain-free are you?
2. How relaxed are you?
3. How are you right now?

A typical form would include the questions and answers above, direct quotes from the residents, the date, time and practitioner.

Since Reiki was new to “The Home,” it began with a “hands-free” approach and was called “Hands-Free Chair Reiki.” This lasted about three weeks and permission was granted to administer Reiki in its non-invasive way using light touch. A set of hand positions was

suggested to practitioners in addition to detecting areas in need of Reiki that included the front and back of the head, staying away from the ears (especially of those who had hearing aids) and moving right down the body while residents rest in the wheelchair.

Part II of this story will appear in the Spring 2013 issue of the *Reiki News Magazine*. 

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