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Does Guided Imagery Help Older Adults' Overall Well-being?

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Does Guided Imagery Help Older Adults' Overall Well-being?

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MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work

St. Catherine University and the University of St. Thomas

St. Paul, Minnesota

in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Guided Imagery is a 3,000 year-old practice that has evolved into a holistic approach to general wellness and healing. Guided Imagery is beginning to be recognized by researchers and clinicians as a complementary therapy that encompasses the mind, body, and the spirit. It can be used to heal physical and emotional disharmony. The purpose of this study was to explore therapists' experiences using this therapy modality with older adults. Using a qualitative design, 8 therapists (nurses, psychologists, and social workers) were interviewed regarding their experiences working with older adults. This study focused on the use of guided imagery to address symptoms of pain, depression and anxiety that effects an older adults' overall well-being. Findings from this study will be used to determine areas of further study and implications for clinical social work practice.

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The Use of Guided Imagery to Improve Quality of Life in Older Adults

The older adult population, persons age 65 and over, is increasing at an accelerated rate, due primarily to longer life expectancy and the Baby Boomer generation aging. According to the US Census Bureau (2012) by 2020, there will be 53 million people over the age of 65 in the United States. Chronic Pain is a common experience and concern among older adults (Monrone & Greco, 2007). The prevalence of pain increases as people age (Kaye, Baluch, & Scott, 2010). Medical conditions such as arthritis or cancer commonly experienced in older adults can cause pain which affects their capacity to complete activities of daily living (ADL) and independent activities of daily living (IADL). ADL/IADL's include tasks such as eating, dressing, bathing, toileting, transferring and more complex activities such as shopping, doing chores, and managing money. The prevalence of pain can impact the ability to function and ambulate. This leads to impaired posture and loss of muscle mass, that can result in falls further impacting ADL's (Laired, R., Udeshi, A. 2016). Pain is often associated and correlates with high levels of functional loss and stress, which can burden the individual, their family and society (Ling, Chen, Francis, 2009).

It is important to determine effective self-management techniques to reduce functional disability in activities of daily living (ADL) and to help maintain ones' independence and improve overall well-being when pain is present. Researchers have been studying pain in older adults for quite some time and the interventions that can reduce the amount of pain one suffers. One non- pharmaceutical strategy that has been proven to be effective in reducing pain and increasing overall feelings of well-being is guided imagery (Lewandowski, 2013). Guided

imagery is a non-pharmacologic modality. Research has shown that when utilizing this therapy there is an increase in calmness, increased relaxation, reduction of reported pain, and an overall feeling of well-being (Youdin, 2014).

In recent years, there has been an increase in the use of mindfulness practices in western culture. There are a host of mindfulness practices including relaxation techniques, meditation, and guided imagery. Mindfulness techniques have been used by physicians, therapists, nurses, and trainers to treat pain, depression, and anxiety. Pain is a significant burden and can affect the day to day activities for an older adult and their quality of life. Guided imagery is a simple, low cost, and effective tool for reduction in pain and improved well-being. Studies show that the brain stimulation through guided imagery can affect the central nervous system which can contribute to a positive impact in all physical and mental areas of an older person's life.

The question is how does the use of guided imagery impact the overall well-being of older adults? The current study seeks to understand the benefits of using guided imagery in the reduction of pain, depression, and anxiety for older adults; therefore increasing their overall well-being and assisting with improving functional abilities in older adults resulting in an improved quality of life.

Literature Review

Key concepts that will be covered in this review of the literature are how older adults overall well-being can be affected by pain, anxiety, and depression. The common treatment

modalities will be reviewed and explained. This study explores basis of guided imagery, the history, and what types of guided imagery interventions have been used to improve quality of life. How does guided imagery work to improve overall well-being?

Pain

Pain in older adults is prevalent in 60-75% of people over the age of 65 (Molton&Terrill, 2014). Pain can be associated with deconditioning, mobility concerns, accidents, and cognitive decline (Kaye, Baluch & Scott, 2010).Some of the areas affected by pain are joints and muscles in the back, legs, hips and neck which leads to difficulty maintaining sleep, limits activity due to fear of falling, pain in movement, and can lead to weight gain and obesity. Persistent pain can lead to cyclical patterns of anxiety, depression and social isolation. One in four older adults experience depression (Molton & Terrill, 2014). There are some myths about pain that older adults believe such as: Pain being a normal part of aging, resulting in under reporting of pain and distress associated to pain. Another belief is that their pain can't be treated, or they may fear becoming addicted to pain medication or that the medication may cause side effects, such as constipation and "dementia" (Reddy & Cottrill, 2011). Pain can be under reported because an elderly person may feel that it is a normal progression of aging. A thorough assessment of pain is important due to the impact it can be have on one's life. Pain can compromise daily functioning as evidenced by difficulty sleeping, financial concerns, anger, fear, anxiety, depression and a decline in ability to complete daily tasks (Lewandowski, 2013).

In their study on the treatment of patients undergoing joint transplant surgery, Antel et al. (2004) showed that guided imagery could be used to lower pain, painkiller consumption, and shorten the length of hospitalization. In guided imagery, the subconscious converts the messages

of symbols and metaphors to help the body heal (Ezra & Reed, 2008). In another medical study, focusing on cancer patients, guided imagery was found to switch the brain to a healthier and relaxed state, which was associated with the body's ability to reduce precancerous cells and decrease the amount of pain medication needed to control pain (Ezra & Reed, 2008).

Depression

Depression is often under diagnosed and treated when an older adult is suffering from pain (Bair, J., Robinson, R., Katon, W., Kroeke, K., 2003). Pain can affect how someone is responding in their daily interactions and decrease their quality of life, which can lead to depression. Many people have co-existing depression and pain that increases signs and symptoms of emotional and physical distress (Bair, Robinson, Katon, & Kroencke, 2003). Early detection and treatment helps to reduce symptoms of depression such as; isolation, sadness, weepiness, anger, lack of appetite and feelings of hopelessness. When depression improves, overall well-being improves (Vink, Aartsen, & Schoevers, 2007). People with depression often have more unexplained pain and tiredness and utilize more health resources; such as the Emergency Department (ED)(Bair & Kroencke, 2003). A key component in guided imagery is that it can help to reduce depression which, in turn, assists in improvement of one's ability to manage daily tasks and may reduce unnecessary medical costs.

There are five symptoms that people can experience that can exacerbate their somatic symptoms of depression such as abdominal pain, headache, back and chest pain, and facial pain (Bair, Robinson, Katon & Kroenke, 2003). Depression can affect how someone is able to function throughout the day. According to Lin et al. (2003), awareness of pain and depression can lessen the effect on the person's emotional and physical health and improve the community

at large. When people are feeling better there are less trips to the ED, therefore, less stress on the economy for the older adult and their community.

Anxiety

Anxiety is more common among older adults than depression. Also, anxiety can lead to a lower quality of life (Therrien & Hunsley, 2012). Anxiety is an elevated state of nervousness and distress that can negatively impact the ability to enjoy daily life (Foji, Tadayonfar, Monsenpour & Rakhshani, 2015). Anxiety can be considered a normal part of aging and it might be overlooked as a concern affecting one's life. There are many medical concerns such as cardiovascular disease, respiratory disease, and pulmonary disease that can involve anxiety symptoms, making it difficult to understand the cause of anxiety (Alwahabi, 2003). Anxiety can be a side effect of a medication that is being utilized to help a medical condition. Anxiety is a common response to pain or the anticipation of pain. It is important for the clinician to be aware of all factors that can be affecting someone medically and psychologically to ensure accurate physical and mental health exams. Recent research studies show that concentrating on a pleasant mental image and thinking positive thoughts can have a positive effect on one's mood and lowering anxious thinking (Antall & Kresevic, 2004).

Guided imagery has been shown to reduce anxiety and decrease the use of medication in a variety of medical settings (Cooper & Stollings, 2016). In one study, guided imagery has been shown to significantly reduce the anxiety of patients facing cardiac catheterization in a control group compared to care without guided imagery (Tusek, 1997). In another study, it made knee surgery pain more manageable. Guided imagery has been taught to nurses, therapists, and other medical professionals to assist patients in the reduction of anxiety.

Treatment for Pain

Managing pain in older adults is a top concern for physicians, nurses, and social workers. Pain is a burden to older adults and a fear to many as they progress in their life journey (Burhenn et.al, 2014). The most common approach to treat pain is to use medication. Polypharmacy, or the use of multiple medications, is popular for older adults. It is not uncommon for older adults to be on five to eight medications, which can lead to adverse reactions (Burhenn et. al, 2014). This is a difficult issue for older adults due to the way their bodies process medications (Molton&Terrill, 2014). The use of medications can reduce functioning in older adults. There are many side effects that can develop such as lethargy, dizziness, balance problems, constipation, and confusion (Burhenn,et al 2014). Yet, under treating pain can cause social isolation, anxiety, depression, cognitive impairment, lack of movement, difficulty sleeping and risk for independence (Cavalieri, 2005).

There have many studies showing the rational for using other modalities to treat pain. The use of non- drug interventions is vital in dealing with pain. Pain has a complex relationship with the body, mind, and spirit and the use of complementary therapies and analgesics is considered the most effective treatment, in most cases (Lewandowski, 2004). Other ways to combat pain is exercise, massage, heat/cold packs, music, and guided imagery (Posadzki et al., 2012)

Guided Imagery

Guided imagery is a mind-body-spirit healing approach that is expanding to mainstream healthcare. It is used to heal physical, emotional, mental and spiritual concerns (Vadnais, 2016). Guided imagery, self- guided or with a therapist, can be used in conjunction with other

medical care for fast results in reducing pain, anxiety, and depression (Bonadies, 2010). It is a therapeutic process that works with one's imagination to improve mood and generate positive outcomes (Ezra & Reed, 2008). As a practitioner, it is an important tool that guides clients into relaxation and inner focus to improve one's outcome. According to Ezra & Reed (2008), the interaction of the process is different for each person; usually through one of the five senses. The more senses experienced the deeper that it impacts the person. An important step lies in the facilitation of the process and guiding the person in a safe and secure place.

There are four types of guided imagery: pleasure, physiologically focused, reframing, and receptive imagery (Linguist, 2013). Guided imagery can be delivered through a variety of methods, including scripts via phone, paper and pencil, one-on-one therapy, and through audio or video recordings. Mental images affect who we are and what we do and the impact our actions take. According to Ezra and Reed (2008), there are many techniques in guided imagery. The most popular method is, working with an image, for example; identifying what pain is by seeing it, labeling it, putting certain qualities to it. The person can be guided to discuss problem solving techniques on why they do not need that in their life. Accessing inner wisdom is important in establishing ones' potential (Ezra & Reed, 2008). Ezra and Reed teach different techniques such as; **Inner Healer**, which establishes a symbol for guidance and strength and allows communication and interaction. Another technique, **Inner Strengths**, assessed through imagery, teaches that guidance can be given by drawing upon past experiences when a certain quality was used that is needed now. Another technique that is used to help rate pain at three levels: worst, least, and gone is called **Transforming Pain**. In this method, a drawing is used to represent the story that one is experiencing with pain, anxiety, and depression, including emotional and physical symptoms.

According to a 2000 study of 53 medical schools, guided imagery was being taught to medical students to help them reduce pain in their clients in order to improve overall functioning (Bresler, 2005). It is becoming more accepted and used as a therapy modality to prepare patients for surgery and for improved tolerance in therapy sessions. There has been a recent push to incorporate more holistic modalities with clients but guided imagery is not a new therapy.

According to Bresler (2005), guided imagery can be found in the first prayers and rituals of Native Americans as a way to evoke hopes, beliefs and behavior. Anton Mesmer's "magnetic passes" in the early 19th century showed the beginnings of documented research that the "effects of imagination" could heal. Sigmund Freud and Charcot developed hypnosis as a way to explore the subconscious mind. Carl Jung believed that our unconscious was where our intuition and self-actualization can be found and if you connect within you will find wisdom and positive outcomes. Historically, guided imagery may be the longest therapy approach used and the benefits of this modality continue (Bresler, 2005).

Mind, Body, and Spirit

A common theme throughout the review of the literature shows that guided imagery is a connection between the mind, body, and spiritual self. Guided imagery uses all senses: vision, sound, smell, taste, movement, and touch (Vadnais, 2016). Using guided imagery can develop positive outcomes for physical and mental health. The unconscious and pre-conscious processes assist the person's goals by developing strength, control and motivation to accomplish a goal. The positive images are visualized ideally when in a state of relaxation and with a set goal, for example pain relief. The more detailed that is portrayed helps to provide the most assistance in relief (Posadzki, 2012). According to Lewandowski (2004), it is important to have awareness, choices, freedom to act intentionally, and involvement in creating change in order to have a

successful guided imagery experience. The ability to manage one's pain experience and participate in the change can be deeply satisfying (Lewandowski & Jacobson, 2011).

Guided imagery is used by clinicians by prompting the formulation of mental pictures to achieve relaxation. There are scripts that lead to a scenario that is calming and relaxing to the client (Cooper & Stollings, 2016). It can also include listening to peaceful music that leads to a reduction of muscle tension, blood pressure, and breath rates (Brewer, 1999). Imagery can affect all major physiologic control systems in the body. It can affect respirations, metabolic rates in cells, gastrointestinal secretions, sexual function, cortisol levels and immune responsiveness (Bresler, 2005).

“Psychoneuroimmunology (PNI) is the mind-body science that is the foundation for how and why imagery works” (Ezra & Reed p. 11, 2008). Our body organs are linked together which is why guided imagery can improve overall well-being and decrease the risk of medical concerns in older adults (Ezra & Reed, 2008). People, in general, use imagery all the time in negative ways, such as worrying about finances, or passing a test, or dealing with a problem at work. When this happens negative chemicals, such as adrenaline and cortisol releases into the body, which can lead to higher blood pressure and rapid heart rate (Ezra & Reed, 2008). When imagery is associated in a positive way, it can release endorphins that aid in feelings of joy and help the central nervous system (Brewer, 1999).

Some questions that arise when completing the literature review are how long does guided imagery take to work, who can perform guided imagery and what ages does guided imagery help? What is the long range success of the treatment and can anyone utilize this independently? These are questions that will be examined in this qualitative study. From the

review, it is apparent that guided therapy in correlation with other pharmacological and non-pharmacological interventions can alleviate pain, anxiety and depression. Once thought as “alternative”, guided imagery is finding widespread scientific and public acceptance (Bresler, 2005). This qualitative study will examine the benefit of using guided imagery to improve older adult’s well-being. The study will review techniques that are being used to reduce pain, depression, and anxiety. The study will examine how guided imagery works both physiologically and emotionally to improve older adults well-being.

Methodology

Research Purpose and Design

Research is a parallel between practice and research; the social work methods for collecting and analyzing data help to evaluate and assess practice (Monette, p. 226). Quantitative research “involves measurement of phenomenon using numbers and counts” and qualitative research involves “data in the form of words, pictures, descriptions, or narratives rather than numbers and counts” (p.39). The purpose of this study is to explore the use of guided imagery by healthcare professionals and the observed benefits to wellness when utilizing this technique with older adult clients. An exploratory qualitative study was conducted to gain insight from therapists who work with adults and why this intervention is considered beneficial. According to Pagett (2008), qualitative methods can be appreciated and appealing because it is the inside story and is person-centered. Guided imagery is considered holistic and qualitative research can be considered as that, as well. Individual interviews with professionals who use guided imagery provided the data for this study. Grounded theory methods were used to capture ideas and themes in the interviews.

Sampling Method

This study used purposive sampling, which is a type of non-probability sampling to recruit participants who best serve the purposes of this study. Non-probability sampling focuses on sampling techniques where the units that are investigated are based on the judgment of the researcher. The participants were selected based on their characteristics. This researcher asked healthcare professionals who use guided imagery with older adult clients to participate in the study.

Permission was granted to obtain a list of potential participants by the organization Guided Imagery International; a list of names, email addresses and phone numbers of therapists who are certified in guided imagery and registered with the organization was used. This researcher contacted the Associated Clinic of Psychology to gather names of clinicians who utilize guided imagery as a technique in their practice. This researcher emailed a letter inviting the identified therapist to participate in the study (Appendix A). After inviting thirty people to be part of study, this researcher heard back from 10 and contacted eight eligible participants to schedule an interview. Two potential participants were eliminated due to not meeting the criteria of working with older adults.

Prior to the interview, participants were emailed a consent form approved by the University of St. Thomas IRB (Appendix B). The consent form included information about the study, procedures, risks and benefits, and a confidentiality statement. Data for this study was gathered through interviews. Interviews took place in person or by telephone. It was audio recorded on an android cellular and the information was sent to a secured password protected site for transcription.

Data Collection and Measurement

Participants were asked ten questions in a semi-structured interview (Appendix C). The time frame ranged from 18 to 45 minutes and the location and format of the interview was arranged to the preference of the interviewee. The general themes of the questions explored work and professional experience, the benefits of using this method, how it is performed with their clients and potential variations using this modality with older adults.

Data Analysis Plan

To analyze the data, the researcher used qualitative methods. Monette (2011) describes looking at words in a systematic way. For example, looking at patterns and repetition of words to focus on key areas of importance. The purpose is to sift, sort, and organize the data obtained in such a way that the themes and interpretations that emerge from the process address the original research question(s). The researcher sought out themes that emerged from the interviews to code central theories.

Protection of Human Subjects

Confidentiality. Approval from the University of St. Thomas Institutional Review Board (IRB) was sought before participants were contacted. To ensure confidentiality, names of the interviewees or the company they work were coded and do not appear in the data. Participants were given one copy of the consent form (Appendix B) and requested to sign another copy to confirm that he or she consented to the interview and agreed to be a participant in the study. The interviews were audio recorded using a password protected phone and transferred to a password protected computer within 12 hours of the interview. The interview on the phone was deleted once transferred. The interview file is stored on a secure computer. The participants were informed what will happen with the interview tape and about the storage of the transcript and

consent forms. Documents are kept in a secured file cabinet in the researcher's home for a period of three years. At that time, the documents will be shredded.

Risks and Benefits of being in the study. The study has no known risks to participants. Participants were allowed to end the interview at any time and had the right refuse to answer a question. The study has no direct benefits to participants. Potential participants were informed that their participation does not affect or influence a relationship with the University of St. Thomas or St. Catherine University.

Strengths and Limitations

All qualitative studies have strengths and limitations that can emerge while conducting exploratory, qualitative analysis. A strength of this proposed study is that the researcher gathered the personal stories of the therapists who believe in this alternative holistic therapeutic technique. Outcome themes were compared with existing literature to make it a more robust therapeutic modality. Another strength, is that the clinical data identified associations of this treatment with older adults. A limitation was the limited number of interviews that were completed in this short frame of time and the client perception of the benefit is missing. Another limitation is that the data gathered is from the clinician perspective and may not accurately reflect the view of the client's experiences.

Findings

This research study aimed to explore the use of guided imagery as a therapy modality for use with older adults to improve their overall well-being. Eight therapists responded and participated in qualitative interviews. The participants were Registered Nurses, Psychologists,

and Clinical Social Workers, seven of the participants were female. All of the participants use guided imagery and other therapeutic interventions into their practice. The following themes were extracted from participant interviews: what guided imagery is, who can benefit from using guided imagery and who cannot, what a session entails, what are the treatment goals, the benefits and negatives of using guided imagery with older adults to alleviate pain, depression and anxiety, and how it is measured.

Themes

Guided Imagery. Participants were asked about what was guided imagery. One participant said, “It is a cognitive technique that has the person use all their 5 senses while in an imaginary state”. All participants interviewed stated that sessions are usually about an hour. The first step is to explore areas of discomfort or dissatisfaction and goals for relief and improvement. They first ask the person what is bothering them and what problem they want to work on. Once this is accomplished, the client and the clinician can begin to set the environment to be relaxed and secure by focusing on breath and stillness to quiet the mind. The first step is to focus on their breathing and becoming relaxed, and finding a safe and secure place.

One participant stated:

I am the guide and support person. The client is working with their own images, for example they could be calling an inner healer image, when we engage in the imagery process the person is actually dialoguing and interacting with the identified image and I am there supporting the process.

Another participant reflected on what a session entails,

I want them to think of a person that is or was positive in their lives. I will ask them to sit by the side of the lake, a beach, or a garden...they may see leaves, birds, feel the sun, or smell the roses. The more rewarding and impactful the experience when they use their five senses. I ask them to look down the path...and tell me who they see...as they dialog with the person, I ask what is happening.

A participant stated that they used three potential scripts:

You have the person walk down a flight of stairs and you see a white glowing door. You go inside and it is a safe and comfortable place, you see three items or people in that space. You have the person describe the items. You can be in that place anyway you want to be. They are lead back up the stairs and can have the problems/issues in a box that they leave on top of the stairs. Another one that I do is to lead the person on a path to a safe and comfortable place, like an ocean or beach or a stream. They see a large bird and they travel above the world and they can see it as they want to see it and go where they want to go. Another one is that they are by a stream and they put their problems on a leaf and watch their problems drift away.

Mind, Body, Spirit Connection. Spiritual health is connected to mental, emotional, social, and even physical health. When our spirit is healthy, our body is healthier, our brain is healthier, and our relationships are healthier. Our entire soul is healthier. The mind, body, spirit connection already exists inside of each of us— we were born with it. This theme was identified by six out of the eight participants when describing what guided imagery is and how it is different than mediation. The last participant interviewed stated, “Imagery is about finding inner-strength,

transforming energy, working with emotions and dialoguing with their body”. One participant mentioned that “it connects the mind with the body. What is happening in the mind, in the feelings and the thoughts can be guided in a positive way to support the body.” Another participant said, “The goal is to calm their breathing and to be more in tune with their body...and to be more peaceful in themselves.”

One participant shared their thoughts on why someone may be experiencing anxiety and they stated:

they lost input into their body, they don't know what their body is saying. What was harvesting in their body. It helps to quiet the brain so one can focus to help the body heal. You have power in your mind to do something different.

A participant discussed that guided imagery is a holistic approach, “I am asking the client to use their mind, body, and spirit to improve. I am using interactive imagery to guide them but respecting their need to feel that they are part of the process of care and support.” Another participant stated that the main reason they use guided imagery with a client is that it “involves the mind, body, and spirit. This can have profound effects on biochemistry and the physiology of the person, great things can happen when the person connects with their inner intuition, using their 5 senses.”

Who Benefits. The research question relates to older adults and who can benefit from using guided imagery to improve their overall well-being. The benefits can be emotional, physical, and social. The findings suggest that guided imagery has great potential to improve the everyday emotional well-being of older adults. Participant's unanimously said that guided imagery or some adaptive form can be used with anyone. “I try to be open to anyone who is

receptive to using it and what is going to be their experience.” Some of the people interviewed discussed that the client has to be willing and able to try this holistic approach. One participant stated, “I have to evaluate whether or not they are willing to try it. Some people think it may be odd.” Another participant commented, “I really think that guided imagery is good for anyone, from child to older adult.” Six of the eight participants reported seeing great results in older adults ages “70 to 80.” “I think that it works well in people in their 70’s and 80’s.”

Limitations. Guided imagery may have limitations, so participants were asked about their experiences using guided imagery with older adults. A few of the participants discussed that a person has to be willing to try this therapy modality. One participant said, “it depends on their ability to think creatively and their willingness to try, some of my clients are not able to use their imagination and it does not appeal to them.” Other participants reviewed that guided imagery can be difficult to use when someone has cognitive impairments, “I think that you have to be cognitively intact to get the full benefit.” A couple of the participants said that using guided imagery with people who have personality disorders or active psychosis can be a negative experience and should be avoided, “ I think you need to be careful using it with people with active psychosis.” It was a common theme that with working with older adults hearing loss may be a factor that impacts the usefulness of this modality; these factors should be ruled out before beginning.

Diagnosis. Guided imagery can be used with older adults with many different diagnoses; participants were asked with what diagnoses do they use guided imagery with. Several types of diagnoses were identified by each participant when asked what diagnosis responds well to guided imagery. Participants agreed that guided imagery is useful for “pain management and with people who are depressed or experiencing anxiety.” One participant said, “ I would say out

of the clients I see and use guided imagery with 30-35% are diagnosed with depression and about 25% with anxiety and sometimes they co-occur. Pain is another critical aspect I see in older adults.” Another participant reported, “It can help anyone with discomfort in their lives, pain, and anxiety.” One participant commented, “Pain is more prevalent among older adults and can cause depression, not just correlate. Pain impacts their overall life, their recovery and their life satisfaction.”

Benefits. Data suggests there are benefits using guided imagery to improve the experience of pain, depression, and anxiety in older adults. It also helps with overall well-being of older adults. I will outline the findings and other benefits in using guided imagery. One participant reported, “If you are talking about depression, anxiety, and pain. All three can be greatly minimized or completely changed because they can address what the problem is.”

Pain. **The majority of the participants stated that older adults experienced a reduction in pain when using guided imagery.** Pain is a common complaint of the elderly. As the number of individuals older than 65 years continues to rise, frailty and chronic diseases associated with pain will likely increase, therefore participants were asked about the use of guided imagery in pain reduction. One participant said:

When you work with a symptom they are having they are bound to have a positive effect rather than a typical approach of dealing with it with medication, denial, or pushing it down and away. That is a sure bet that something won't go away. All the guided imagery techniques and the different ways to work with it, I see a benefit whether the pain is resolved, or a reduction, or they deal with it.

Another participant stated:

Once they engaged in using guided imagery and relaxation, I had to lower and turn off the pain pumps, because they didn't need it. The floor staff loved the guided imagery because they saw it help their patients who had nausea and pain.

A participant described using guided imagery to help someone with pain, "the image can represent the problem...and with using all five senses in a relaxed state, will help the person interact with the image, and bring insight and meaning into the pain."

Depression. "Depression is a factor in an older adult's participation in daily activities." One participant stated, "I see a lot of improvement in clients with depression, especially with those with limited mobility and not able to get out as much and they feel a lack of purpose, so they are depressed." Another participant said, "with depression you can guide people to do thought stopping, you can do so much reconstructive of thought and their life." One participant stated, "When people are caught up in their emotional pain guided imagery is a wonderful way to help them to calm, it is a source of wisdom and calm. It can help slow down their thoughts that can contribute to depression."

Anxiety. "Anxiety can affect how an older adult feels about their day." From the interviews, there is an overall agreement that when guided imagery is used to treat anxiety, there is a reduction of symptoms and increase in sense of control over symptoms. This results in an increase in self confidence in managing anxiousness with clients who have anxiety. One participant discussed that "people will go to a special place where they do have that anxiety". Another participant said, "guided imagery alleviates anxiety by modifying the negative cognitive processes inside the person."

Overall well-being. “ **It helps with healing, emotionally and physically.**” Participants discussed the overall benefits of the integration of using guided imagery with other therapeutic interventions, such as mediation, reframing negatives, reminiscing, life review and cognitive restructuring. One participant said, “I think as a person’s mood improves, they may be more self-assertive and more willing to do those things on their own. I think that a positive side effect is feeling more empowered.” A few participants stated, “It helps with healing, emotionally and physically.” One participant said, “I see acceptance of their life changes... they can engage in escape of the stress they are feeling which helps them adjust over time.” A participant reported, “ guided imagery can aide in a healthier digestive system and a decrease in blood pressure... a large number of clients have gotten off medications and are dealing with their concerns naturally.” Many of the participants discussed the goal of guided imagery is to help their client relax and develop a sense of self-control. One participant stated, “Whatever they want to accomplish to find their inner wisdom.” Another participant explained, “I want to alleviate their emotional or physical pain and make them feel better.”

A couple of the participants discussed the monitoring of biofeedback, which is “reducing the heart rate and bringing more blood flow to heighten feelings of calmness and improved well-being. Biofeedback is a self-training, mind-over-body technique developed in the 1940s. Doing biofeedback has a slightly holistic feel to it. For example, a migraine sufferer may be able to train her body not to have migraines or to lessen the headaches' severity. It's a method in which you consciously control a body function that normally is regulated automatically by the body like skin temperature, heart rate, or blood pressure. The idea behind biofeedback is that, by controlling the power of your mind and becoming aware of what's going on inside your body, you can gain more control over your health and your overall wellbeing.

Timeframe. The majority of the participants commented that something positive happens in every session and those results can be shown in one session. Benefits can continue on their own, if they are using it on their own. One participant said, “I think you can benefit in one session. You can notice small differences right away.”

Tools. Participants shared that one of the goals is to aide in teaching their clients “another tool for their toolbox.” A few of the participants stated, “they can learn empowering techniques that they can use on their own.” The use of CD’s and mindfulness literature were discussed in a couple of the interviews, “this is something that they can use on their own.” One participant stated, “ I am giving my client control that they can be a partner in their own healing and they can use this on their own.” People can invent their own imagery, or they can listen to imagery that's been created for them. Either way, their own imaginations will sooner or later take over, because, even when listening to imagery that's been recorded, the mind will automatically edit, skip, change or substitute what's being offered for what is needed, becoming a kind of internal process for each person's unique imagination. It is a technique that can be taught and used independently.

Side effects. All the participants agreed that there are no negative side effects in using guided imagery with older adults. Older adults who are willing participants in this modality and are open to the idea of incorporating into their lives find the least side effects. A participant said, “I have not noticed negative side effects. As long as you are trained to do this and know what to watch for...also a safe space is being used.”

Measure. In order to evaluate if an intervention is working, there is a need to use a measurement or screening tool. There are a variety of tools that can be used to measure the

effectiveness of guided imagery. Most of the participants discussed the use of a Likert question, a scale question, to measure the effectiveness. One participant said, “I use the pain intensity scale, I use a range of 0 to 10 and receive verbal report.” Other participants discuss using other questionnaires, for example the use of the PHQ or Cornell Scale. The Patient Health Questionnaire (PHQ) instrument for making criteria-based diagnoses of depressive and other mental disorders commonly encountered with older adults. The Cornell Scale for Depression in Dementia (CSDD) is used to screen for symptoms of depression in someone who has dementia. The CSDD takes into account additional signs of depression that might not be clearly verbalized by a person. The Cornell Scale measures observations and physical signs that could indicate depression. “This gives me an overview in general of how people are doing...I use multiple things to measure.”

Discussion

The purpose of this study was to explore the use of guided imagery as a therapy modality with older adults to improve overall well-being. The findings from this study reveal several areas of overlap with previous literature on this topic. All the themes identified in this study support and expand upon existing literature, including what guided imagery is and how it is used with older adults, the emotional and physical improvements with using this modality, and the way benefits are being measured.

Guided Imagery

Participants in this study were asked what guided imagery is and the majority of the participants mentioned that is a connection with the mind, body, and the spirit. According to Vandasis (2016), guided imagery uses all the senses; vision, smell, taste, sound, and touch. The

more detailed a person gets the more assistance they feel with the concern they are having (Posadzki, 2012). The mind is led on this journey, while in a relaxed state, to connect to the issue inside, it can leave a person in a state that feels freeing, which can be a spiritual state. A common theme in the literature was the integration of using senses to connect the conscious and unconscious processes to accomplish a goal. Participants agreed that this is an important aspect to use with clients.

Guided imagery can be delivered through a variety of methods. The most effective way, according to this study, is through the use of a guided script. Participants' described the need to have the client find a safe space where trust is built and that they have control. Guided imagery scripts have the person describe a pleasant environment that evokes a sense of safety and control. Perhaps, the person is using a script for transforming pain, where they see their pain they are experiencing and can interact with it. If a client is using a script for pain management, they may be able to envision the pain and interact with it in a safe place they have created. The older adult is guided by the therapist and communicates what they are seeing and feeling. The main goal is to illicit feelings so that the client can acknowledge those feelings and gain wisdom to the issues they are having.

This study expands on previous research supporting the use of guided imagery in older adults to improve their well-being; however more research is needed on how older adults can incorporate this more and reduce unnecessary medications. Elsegood, et.al's (2012) study with older adults in a residential care center found that the use of guided imagery improved the physical, cognitive and emotional status of the majority of the participants over a 16 day time frame, which aligns with this study's findings related to the positive effect guided imagery has on pain, depression, and anxiety of older adults.

Benefits

Guided imagery is a therapeutic technique that promotes healing and relaxation. The benefits can be emotional, physical, and social in nature. Each participant was asked about the benefits of using guided imagery. All eight participants discussed that guided imagery can be used with older adults as an effective way to deal with daily functioning. Participants' discussed common areas that guided imagery is used with the older adult population, identifying four subthemes: pain, anxiety, depression, and overall well-being.

Pain in older adults is prevalent, according to the participants, which coincides with previous research done. Pain can affect cognitive, social, and physical functioning of older adults. Previous studies have shown positive outcomes to manage acute, procedural, and postoperative pain, a few of the participants reflected on experiences utilizing this in acute settings. Pain can lead to falls, reduced socialization, and cyclical patterns of anxiety and depression. Participants' voiced the problems that can be impacted in one's life when they are having pain. Previous studies show that the use of guided imagery can be used to lower pain and therefore reduce the need for pharmacological interventions. For example, in a study examining pain in older adult women, Buerhenn (2008), found that out of 82 woman with Osteoporosis, the benefits of using guided imagery CD's lowered their need for pain medication for 60 of the participants. Our bodies have an "inner pharmacy" which is influenced by our imagination. The subconscious speaks to us in symbols that our bodies know how to convert into physical blocks of healing. The right side of the brain is where our brain grasps and processes information; this is the area used when using guided imagery is used to deal with pain (Reed, 2012). Mechanisms within the right side of the brain are used to process information from our bodies to our

awareness. These same mechanisms are triggered using guided imagery to transform how information from the body is processed into awareness, in order to mitigate pain symptoms.

Depression is underdiagnosed in older adults with pain (Bair, et.al 2003). The majority of the participants report that early detection and the use of guided imagery in older adults is of a benefit to them. Previous research supports the use of this modality in older adults to bring awareness of underlying issues that can affect a person's emotional pain (Lin et al 2003). Participants report that negative reframing can be done through a guided script. Participants report that depression can limit mobility, increase isolation, and a reduce well-being in older adults. The use of guided imagery can improve motivation and deliver feelings of gratitude increasing one's self worth. Participants discussed the importance of developing a safe and therapeutic relationship. Older adults need to feel that they have some sense of self control. Lack of self-control lowers self-esteem, increases anxiousness, and impacts an older adult's ability to cope, which affects their optimism about the future. A sense of not having control over symptoms results in lowered self-confidence, increased anxiousness, and lowers sense of hope that there will be relief. If there is little hope of recovery, this also lowers motivation to use or try new coping strategies.

According to Therrien & Hunsley (2012), anxiety can affect how an older adult is able to handle daily life stressors. Anxiety is common among older adults and has a greater impact on quality of life. Participants agreed that guided imagery helps older adults manage anxiety. Guided imagery can be used in those moments of anxiety to help alleviate anxiousness. It has been shown to reduce physical symptoms of anxiety, such as reducing heart rate and regulating breathing to a normal rate, which aides in bringing the client back to a state of calm (Tusek, 1997).

Participants' views on the use of guided imagery to improve overall well-being aligned with the previous research. All participants reported that using guided imagery, along with other therapeutic interventions, improved depression and anxiety scores and lowered pain ratings. Bondaies (2010) found that using guided imagery provided fast results in reducing pain, anxiety, and depression. Using guided imagery can develop positive outcomes for an older adults' physical and mental health.

There are very few risks in using guided imagery. Participants' discussion of using guided imagery with clients with memory loss is supported by past research regarding using this therapy modality with older adults; participants agreed that an adaptive version could be of benefit, further research is needed. Participants report that the use of guided imagery is increasing in assisted livings, nursing homes, and hospitals. Guided imagery is inexpensive, efficient, and easy to administer in these settings (Elsegood, et al, 2012). As mindfulness activities continue to grow in popularity, clients' willingness to try it may increase.

Research implications

Using guided imagery presents as a potentially effective method to improve overall well-being for older adults. Further exploration and study on the use of guided imagery is warranted. Because only eight clinicians were studied, it would be important to do further research on other therapists who use guided imagery techniques to determine if their approach is similar. A quantitative study that is larger in scope and gains further knowledge on the techniques that clinicians use would be beneficial to understanding how it is used with across the profession. For example, gathering data on changes measured by the Liekert scale, PHQ-9, or other measures could be helpful to validate quantitative data. . Further study of the efficacy of each of

the guided imagery approaches would also help to ascertain whether more resources should be put into using this approach with older adults. The use of guided imagery can affect the clinician and client care and the therapeutic alliance, further research is needed in this area. Perhaps in depth studies on the financial benefits of using guided imagery in medical settings would be beneficial in the expansion of the use of this modality and training of professionals.

Policy Implications

Public health policy makers are drawing attention to overdose rates among older Americans, but prescription drug abuse has been a taboo subject in the medical field. Minnesota data shows that the number of opiate-related deaths among those 55 and older rising , there were 10 in 2003 and 47 in 2013 (Centers for Disease Control).When accompanied by signs of age, a slowdown in a person's metabolic rate, a decline in tolerance and more medication prescribed, a drug dependency can emerge quickly. Addiction is often overlooked , some of the symptoms can mimic the aging process (Chau, Walker, Pai, Cho, 2008). Policymakers need to evaluate the spectrum of potential harm reduction, effective treatment, and prevention interventions and shift the focus of their efforts to implementing policies that actually have the power to save and improve lives. Social workers can be an advocate for changes in policies and procedures at the local, state, and federal level.

Practice Implications

Based on the findings from this research, more questions need to be answered. One question that comes to mind is how prevalent or wide-spread is the use of guided imagery as it relates to older adults? From the findings it appears to be a well-known intervention for older adults when used with other interventions. Using guided imagery techniques, whether it is in

oneself or as an intervention, appears to have positive results, but why is it not used more as a common intervention? All of the research reviewed that focused on the older adult population was conducted within the last ten years. Another common theme was very small sample sizes. For social workers and other professionals to use this intervention on a more consistent basis, what is the criterion for how much research needs to show benefits prior to starting a particular treatment? If the research that is completed in this area continues to show positive results from using this modality with older individuals, the assumption can be made that it will become a standard of practice.

Many clinicians who are not currently using guided imagery in minor ways could find this research helpful to determine what additional elements they might want to integrate into their practice. While the results of the study cannot be generalized, clinicians can try different techniques from the findings to test in their practice. The findings also provide an in depth understanding of how guided imagery can be used to improve an older adult's well-being. One limitation of the study was that the researcher is partial to this way of thinking. This may have led to bias in the interpretation of the findings and interpreted in a more positive light. Additionally, this study had a small sample size, which has limited the range of perspectives on the issues researched. The researcher only interviewed practitioners and did not gain insight into the perspectives of clients, which is an additional drawback of the study. In addition, having a variety of perspectives and approaches might make it difficult to determine how to apply practices learned in this study to other specific approaches practitioners use. This is why having a study with some quantitative measures of a patient's pain, depression, and anxiety levels would be helpful to gather objective findings. Another limitation of the study is that the participants interviewed take a holistic approach to psychotherapy.

The strengths of this study lie in the depth of analysis allowed when using qualitative research, while quantitative research, which would not allow such detail into personal stories. It gives a comprehensive understanding of each participant's views on the research question. Getting individual perspectives on using guided imagery provides more detail on the different techniques and approaches. This not only provides insight into the research, but it provides opportunity to discover issues for further study, both qualitative and quantitative in nature.

Conclusion

Guided Imagery, though an ancient tradition, is coming to the forefront of psychotherapeutic care. Imagery is a mind-body intervention that uses imagination and relaxation to bring about change in physical, emotional, or spiritual dimensions. It is based on the cognitive processes of mental imagery. The findings of this study support the literature that suggests guided imagery is an effective addition to therapeutic interventions to use with older adults. The findings conclude that further research should be conducted in areas regarding how guided imagery impacts older adults, clinician and client care and the therapeutic alliance.

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Appendix A

Recruitment Email

Dear Potential Participant,

My name is Darcy Winsor and I am a Master's of Social Work student at the University of St. Thomas/St. Catherine University School of Social Work in St. Paul. I am conducting research under the supervision of Dr. Melissa Lundquist, a professor in the program. I am looking to interview clinicians who incorporate the use of guided imagery in their practice with clients. My research will assess the benefits and effectiveness of using guided imagery in the reduction of pain, depression, and anxiety in older adults.

I obtained your information through Guided Imagery International, Associated Clinic of Psychology. To my knowledge, you are certified to use guided imagery and/or are a licensed clinical social worker or psychologist. I would like to speak with you about your experiences employing the use guided imagery with your clients.

Interview information:

- 30 to 45-minute interview
- Interview will be scheduled at a location and time convenient to participant
- Participation is voluntary and there are no known risks or benefits.
- Information will be confidential

If you wish to assist in this study, please email me at wins0015@stthomas.edu by February 15, 2017 or call me at 763-276-8692. If you have any questions or concerns, you can call me or my supervising chair, Dr. Melissa Lundquist at 651-962-5813.

Thank you for your consideration,

Darcy Winsor, LSW

Master of Social Work Student

University of St. Thomas/ St. Catherine University

Appendix B

University of St. Thomas

Informed Consent

Guided Imagery in the Improvement of Quality of Life

You are invited to participate in a research study about the use of guided imagery in the reduction of pain, depression, and anxiety in older adults. You were selected as a possible participant because you were listed on the Guided Imagery International website, or you work for the Associated Clinic of Psychology or the Penny George Institute. You are eligible to participate in this study because you are certified in this treatment modality and/or are a licensed practitioner. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

The Researcher

My name is Darcy Winsor and I am a graduate student at St. Thomas/St. Catherine University in the School of Social Work. My research chair is Dr. Melissa Lundquist. This study was approved by the Institutional Review Board at St. Thomas University.

The Research

The purpose of the study is to gain insight into Guided Imagery and how it addresses pain and improves overall well-being among older adults. This study's findings will give an outlook on the use of Guided Imagery as a therapy modality for this population.

The Process

Your participation in the study will involve an interview with an estimated length of 30 to 45 minutes. This interview will be tape recorded for later analysis and transcription. The questions will include your experience using this technique with older adults and the benefits that you see using this method in your practice.

Risk

This study poses little to no risk to its participant and there are no direct benefits to participants.

Privacy and Confidentiality

I will do my best to ensure that confidentiality is maintained by not citing your actual name within the actual study. You may request that certain data collected from you not be used in the study. All signed consent form will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at St. Catherine University and the University of St. Thomas reserve the right to inspect all research records to ensure compliance. The records used will be note taking, audio recording and transcript of the interview.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect current or future relations with the University of St. Thomas or St. Catherine University, or with me, the researcher. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw up until a week following the interview by informing me, data collected will not be used. You are also free to skip a question I may ask.

Contacts and Questions

If you have questions later, you may contact me at 763-276-8692. You can also contact my research advisor, Dr. Melissa Lundquist, at 651-962-5813.

By signing below you agree that you have read and understood the above information, and would be interested in participating in this study and agree to participate in a taped interview.

You will be given a copy of this form to keep for your records.

Printed Name of Study Participant

Date

Signature of Study Participant

Signature of Researcher

Date

Appendix C

Interview Questions:

How does guided imagery improve the well-being of an older adult?

1. Can you tell me about your educational and work background?
2. Was there an event that led to you choosing this method of therapy with older adult clients?
3. How do you determine which clients you use guided imagery with? What is the most common diagnosis?
4. What does a session entail?
5. What are the treatment goals?
6. What health symptoms does guided imagery help?

7. What benefits do you see guided imagery delivers with pain? Anxiety? Depression? ADL functioning?
8. How are the benefits measured or determined?
9. Are there any negative side effects you have seen in a client from the use of guided imagery?
10. What is the time frame for someone to experience a difference?
11. Are there limitations to providing this therapy?
12. Do you see variations in response to guided imagery based on age or diagnosis?

Is there anything else you think would be important for me to know about the work you do?