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Central meditation imagery therapy to decrease dementia caregiver distress

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Currently there are over 15 million family members and friends who provide unpaid care to persons with dementia. Dementia caregivers experience disproportionately greater morbidity, mortality, health care costs, anxiety, and depression. According to the literature, dementia caregivers may benefit from a meditation intervention to reduce stress, to promote self-awareness and problem solving skills, and to manage judgmental attitudes and negative emotions. Central Meditation Imagery Therapy (CMIT) has been shown to reduce depression, insomnia, anxiety, and improve mindfulness in dementia caregivers (Jain, 2014).

Purpose: The purpose of this project was to reduce caregiver distress through the delivery of a low-cost, evidence-based intervention designed for community-dwelling dementia caregivers.

Design: An evidence-based, in-person, guided imagery, and meditation intervention, informed by Younger's theory of mastery (1991), was provided to six dementia caregivers who participated in weekly 90-minute sessions held over the course of four weeks. Participants were asked to practice at least four times per week and to journal about feelings and thoughts related to their meditative practice. Scores from anxiety, insomnia, mindfulness, and quality of life psychometric instruments were collected from participants pre-and post-intervention. Quotes from participant's journals were evaluated for themes.

Results: A reduction in anxiety, insomnia, and an improvement in quality-of-life measures and mindfulness was reported post-intervention. Themes that emerged from participant's journals were indicative of conscious breathing, greater relaxation, improved sleep, and heightened compassion and self-awareness. Participants reported qualitative shifts in their ability to problem solve and improved relationships with the person with dementia.

Clinical Implications: CMIT is an effective, low-cost intervention that is less complex than multidimensional interventions and can be implemented in either a group or home setting. Other caregiver populations such as parents of special need children, caregivers of person with disabilities, or even professional caregivers may also benefit from the intervention.

Conclusions: A reduction in anxiety, insomnia, and an improvement in quality-of-life measures and mindfulness were noted in the wellness and health promotion program. Themes that emerged from participant's journals were indicative of more conscious breathing, greater relaxation, improved sleep, heightened compassion, and self-awareness. Participants reported qualitative shifts in their ability to problem solve and improve relationship with the person with dementia.

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