

THE POTENTIAL USE OF GUIDED IMAGERY IN YOUR CLINICAL PRACTICE

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RESULTS OF SURVEY

Fifteen respondents offered feedback based on our request. Of these, 11 (73.3%) were coded as clinicians expressing positive views about the potential for using guided imagery in clinical practice, 3 (20.0%) were unsure, and 1 (6.7%) expressed negative views. All responses to the second open-ended survey question about barriers and facilitators regarding the use of guided imagery in clinical practice focused on barriers. These included lack of time, knowledge, training, patient acceptance or skepticism, and concerns about reimbursement for these services. Detailed responses are shown in Supplementary File 3.

This study was conducted in the West Virginia Practice-Based Research Network (WVPBRN) from March 2 – 17, 2017 through electronic survey.

Please share your general thoughts about the potential use of guided imagery in your clinical practice.

- Imagery could be very beneficial to my clinical practice.
- Tom Brady uses it, golfers use it, so I guess it could work
- I have heard of it, but have not been trained to use it and do not use it in my ambulatory primary care practice. I rarely do procedures.
- Enthusiastic. / We have used it regularly in medical group visits for patients with chronic pain. / Our BH counselors have also used it 1-on-1 for patients with chronic pain and other BH conditions.
- I am not familiar with the concept, but would be willing to learn.
- As a psychologist, I teach guided imagery (or some form of relaxation) to almost all of my patients, with early use in patients with anxiety or chronic pain. It is an effective tool for calming the sympathetic response, but is not necessarily the preferred form of relaxation for every patient.
- Not sure what you are asking here. Do you mean teaching our providers to learn these skills to treat patients? To screen patients as possible candidates to refer for treatment by others? To use imagery on providers to increase productivity / deal with burnout?
- I would very much welcome this.
- Sounds interesting. Would need someone else to implement.
- I believe it to be helpful for patients in the above mentioned scenarios. It would be beneficial to have guided imagery developed by skilled medical personnel and exported to a platform where it can be accessed by anyone (like YOUTUBE or a website)
- Personally, I love guided imagery and have used it a great deal with work with veterans to children. I work to special tailor it to each individual to allow the client to be as comfortable with it as possible so that they will actually practice it outside of sessions. I use guided imagery for stress, PTSD, pain and generalized anxiety; pretty much any time that grounding or refocusing would help the situation and the symptoms.

- It can be a positive coping technique used in substance abuse treatment for anxiety, anger and stress.
- I think the potential use of guided imagery would be a great addition to other modalities giving providers more ways to help people not completely at target with other therapies being used.
- I think it can be a potentially powerful tool for our patient population.
- Do not use

Please describe any potential barriers or facilitators for the use of guided imagery in your clinic.

- Barriers - patients' acceptance and repeated use of imagery / Facilitators - it's free and available
- WV skepticism could be a barrier
- Barriers --time constraints in busy practices, / lack of training, lack of trained team members who could assist /
- Barriers: takes longer than writing a prescription. Takes teamwork. Takes a provider with special training and interest. Does not make money for the pharmacy. Departs from dominant allopathic paradigm of US medical care including primary care. Requires openness by clients and patients who are mostly conditioned to allopathic paradigm. / Facilitators: Remote delivery means you can do it with your iPhone (powerful competing paradigm). Some OB providers (mainly female) are more open to alternative therapies. Most non-addicted pregnant women have cultural preference for non-drug treatments during pregnancy. / / I am a little surprised by choice of target population. Food choices in gestational diabetics might more sense to me. That group overlaps with your target population. / For me the larger context is this: there is no evidence based medicine without full inclusion of the social science evidence base.
- None that I can think of.
- No barriers for me. For physicians, I would imagine the barriers would be time and expertise. While it is easy to learn, it can be more challenging to teach as you have to be prepared to answer patient questions and problem solve any issues they may have with the technique.
- One more thing to overwhelm burning (or burned out) providers.
- I think they would need to work with an integrated behavioral healthcare provider, but these are regularly available at our site.
- No time for me as clinician to do this. Reimbursement for primary care clinician uncertain. Would need additional staff or access to outside resources.
- Like everything ... Time and cost. Having and paying for skilled medical personnel to develop these guided imagery.
- As a practitioner in Appalachia, many people are hesitant to try guided imagery due to cultural factors, either it's too "hippy dippy" or maybe they feel that medication is the best answer etc. Veterans (within the VA system), I believe because of the prevalence of the use of guided imagery and children have responded the best for me as a clinician.
- Interruptions from other staff, phone ringing, doors opening, etc.
- I could see lack of adequate training for staff and/or time to effectively administer the technique as being two potential barriers for guided imagery.
- My concern is - how much time does this add to a patient visit? What is an appropriate length of time for the guided imagery? / / I think time is always a barrier for these types of interventions.
- Barriers: Lack of time, lack of knowledge, lack of training.