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## Curriculum Standards

### Establishing a Base Curriculum for Reiki Training

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## Abstract

### Purpose:

Define the elements needed in training and curriculum for the development of a Reiki practitioner.

### Materials and Methods:

Brief interviews were done with community members. A literature review was then undertaken of over 50 books that are focused on training Reiki. Sixteen training manuals, including the original manuals created by Usui ( which had been changed into book form) and 10 journal articles on training, were reviewed. Commonalities in training topics were identified. A second review was done to determine areas that are commonly or frequently missing from training programs that are appropriate to this community and often taught in health care settings.

**Results:**

When the training standards were reviewed it was noted that many Reiki training programs teach Reiki without teaching any of the other skills necessary for ethical practice or are considered reasonable information to have learned for an individual involved in health care at any level. For example, while many Reiki training programs do include the key precepts, they do not include training in either health care ethics or standards of practice (Connor, M., et al., 2006).

**Conclusion:**

The areas most commonly or frequently missing from training programs that are appropriate to this community and often taught in health care settings need to be added to training programs.

**Keywords:** Reiki, Curriculum, Energy Healing, Training, Energy Medicine, Biofield

**Introduction.**

Over the last forty years scientists have been researching many aspects of Reiki to attempt to determine whether there is any validity to the process Reiki as a practice. While these studies have focused on a variety of different areas relating to Reiki, very little of it has looked at differences between training programs, or at what types of training might be necessary for a competent practitioner. An assumption is often made on the part of the public when seeking classes that if they "certify" an individual, they must cover all of the relevant material. After eighteen months of various committee meetings and surveys, extensive review of books, manuals and web sites, it was determined that there was no standard curriculum across the 203+ types of Reiki (Connor et al. 2022). While there were occasional common elements in training, most programs left out information of importance to the student when considered from a professional perspective.

**Background.**

A series of meetings were held with the leaders of the energy practitioner training community, associations and scientists in 2018 at Arizona State University in Phoenix Arizona,

which were used to develop more cohesive organization within the energy healing community. Working groups were developed from these meetings and those working groups then led to the development of two organizations, the National Certification Center of Energy Practitioners (NCCOEP, [www.nccoep.org](http://www.nccoep.org)), and the National Alliance of Energy Practitioners (NAOEP, [www.naoep.org](http://www.naoep.org)). During the development of the National Certification Center of Energy Practitioners (NCCOEP, [www.nccoep.org](http://www.nccoep.org)) it was determined that further working groups were needed with the goal of defining more specifically the commonalities and differences within the energy practitioner community. These groups were tasked with a goal of appropriately defining minimum qualifications that a practitioner should meet to be considered competent at a national level, as well as the minimum training standards required. The working group meetings of the NCCOEP were then held over eighteen months in groups as small as 4 individuals and as large as 27 individuals representing various segments of the energy community. Those meetings and discussions resulted in specific definitions and divisions. Dower, et al. (2001) and Guarneri & King (2015) have identified processes to advance emerging professions in integrative health care that included defining types and establishing curriculum. Definitions have been established and have been available for review on [www.nccoep.org](http://www.nccoep.org) since 2020. Areas of weakness in research about the community were identified and suggestions made for resolving those issues. Two articles specific to research in the Reiki community have been written to date on methodological issues (Connor, MH et al. <sup>1</sup> Connor, MH et al. <sup>2</sup>, 2022).

### **Purpose.**

Define the elements needed in training and curriculum for the development of a Reiki practitioner.

### **Materials and Methods.**

A series of brief 30 min interviews were done with a range of community members, and a literature review was then undertaken to look at elements of curriculum. Over 50 books focused on training Reiki, 16 training manuals including the original manuals created by Usui which are now in book form, and 10 journal articles on training were reviewed. Commonalities in training topics, including precepts, hand positions and other information were identified. A second review was then done to determine areas commonly or frequently missing from training programs that are appropriate to this community and often taught in health care settings.

### **Results.**

The Reiki working groups decided to have sub-groups within the Reiki division. These sub-groups were named Clinical Reiki and Classical Reiki. The primary difference between the two was that a minimum of 100 hours of anatomy and physiology training must be included for Clinical Reiki practitioners. It was decided that the anatomy and physiology could be taken separately from the regular Reiki training programs. While many Reiki practitioners consider this energy practice a spiritual practice, having training in anatomy and physiology allows more effective communication with the larger health care community which may be necessary in some settings. Training in anatomy and physiology in no way negates spiritual practice. Further, it demonstrates a commitment to the care of clients by continuing to advance practitioner skills.

When the training standards were reviewed it was noted that many Reiki training programs teach Reiki without teaching any of the other skills necessary for ethical practice or are considered reasonable information to have learned for an individual involved in health care at any level. For example, while many Reiki training programs do include the key precepts, they do not include training in either health care ethics or standards of practice (Connor, M., et al., 2006).

This lack of training in ethical behavior has unfortunate implications. It is an urgent issue that must be resolved.

The following areas were identified as common in training programs:

1. Consenting to protect the practitioner
2. Reiki precepts
3. Hand Positions
4. Basic session information
5. Assessing clients status prior to healing
6. Practitioner preparation for a session
7. Symbols\*

\* While most teach symbols, many are different symbols in both shape and number. As they vary by type of Reiki, there is no need to change this.

The following areas were identified as missing from many training programs:

1. Ethics
2. Appropriate contact skills
3. Client feedback time on the session
4. How to verify client resources
5. Chemical sensitivities
6. Use of adjunctive therapies
7. Healing crisis
8. Assessing clients' status post healing (Fitness to drive.)
9. How to handle inappropriate client demands
10. Record keeping
11. Medical diagnoses - practitioners are not qualified to make a health care diagnosis unless they have additional health care training.
12. What issues to work on and when to refer
13. Development of a referral list

Because there are over 203 different styles of Reiki being practiced in the US, after discussion, the team of practitioners decided to make recommendations rather than specifying curriculum. The recommendations suggest the following topics be included in curriculum when Reiki of any type is being taught:

1. Receiving actual attunements
2. History of Reiki
3. Consenting to protect the practitioner and the client
4. Practitioner preparation for a session including meditation, breath and management of self thought.
5. Appropriate physical environment for a session
6. Reiki precepts
7. Hand positions and healing session practice
8. Symbols and symbol practice
9. Basic session information
10. Session practice
11. Ethics
12. Standards of practice
13. Appropriate contact skills
14. How to explain Reiki and a Reiki session to clients
15. Assessing client's status prior to healing
16. Chemical sensitivities
17. Use of adjunctive therapies
18. What is a healing crisis?
19. Client feedback time as part of the session
20. How to verify client resources
21. How to handle inappropriate client demands
22. Assessing client's status post healing (Fitness to drive.)
23. Record keeping
24. Medical diagnoses - they are not qualified to make any without additional credentialing.
25. What issues to work on and when to refer
26. Development of a referral list
27. Physical accessibility issue to practice room and bathrooms.
28. Local laws including health and safety inspections
29. Coverage for the practice when the practitioner is away.

## **Discussion.**

There are a number of more traditional training styles that prefer to do 1,000 to 10,000 hours of practitioner training prior to the next level of attunements. This is to provide quality supervision for the developing practitioner. In direct contrast, other programs teach Master I, II and III in a single weekend. After much discussion 4 to 6 days of minimum class time (8 hour days) was seen as a balance point. Given that there are more than 203 styles of Reiki (Connor et al. 2022(1)) that can be confirmed at this time that are practiced in the US, a balance within the

many shorter programs seemed the most reasonable recommendation. If more time is available to teach individuals, certainly instructors should be taking advantage of whatever is appropriate for that specific style. Often individuals need more time to learn and integrate material than is originally envisioned when teaching the skills of energy practices. Many of the alternate types of Reiki suggested 1-2 days per attunement level as a minimum. Some of those styles have up to ten attunements. Class time can also be done in other than daily increments. For example: evening or half day classes can be taught over an equivalent period of time.

**Include in all three levels or all levels in that style of Reiki**

1. Receiving actual attunements
2. Practitioner preparation for a session including meditation, breath and management of self thought.
3. Reiki precepts
4. Hand positions and healing session practice
5. Symbols and symbol practice

**Include in Level 1**

1. History of Reiki
2. Practitioner preparation for a session including meditation, breath and management of self thought.
3. Basic session information
4. Appropriate physical environment for a session

**Include in Level 2**

1. Consenting to protect the practitioner and the client
2. Ethics
3. Standards of practice
4. Appropriate contact skills
5. How to explain Reiki and a Reiki session to clients
6. Assessing client's status prior to healing
7. Client feedback time as part of the session
8. How to verify client resources
9. How to handle inappropriate client demands
10. Chemical sensitivities
11. Use of adjunctive therapies

12. What is a healing crisis?
13. Assessing client's status post healing (Fitness to drive.)
14. Physical accessibility of practice room and rest rooms
15. Local laws
16. Coverage when practitioner is away and leaving phone messages to confirm appointments

### **Include in Level 3**

1. Review - Consenting to protect the practitioner and the client
2. Review Ethics
3. Review standards of practice
4. Review appropriate contact skills
5. Review how to handle inappropriate client demands
6. Review assessing clients status post healing (Fitness to drive.)
7. Record keeping
8. Medical diagnoses - they are not qualified to make any without additional credentialing.
9. What issues to work on and when to refer
10. Development of a referral list
11. Review physical accessibility of practice room and rest rooms
12. Review local laws
13. Review coverage when practitioner is away

Handling these topics in this order should provide a balance between sufficient time to integrate the information, and topics that build on each other. It also leaves some of the more technical aspects of being in private practice to the end of the training, when students are most likely to be receptive to the information. Beginning students are unlikely to have the mental framework to understand a class on record keeping, since much of the records would consist of information learned in either Level 2 or 3. As such it is also less likely to be remembered completely at that point in time. In contrast to this, personal preparation is important to drill, as it is easy to forget the importance when a person is busy. These suggestions would not be appropriate for those styles including 10 levels, so in such cases modification to space the topics out, possibly with greater depth, would be necessary.



## **Conclusion.**

There is a great deal of variety in the topics that may or may not be included in different Reiki training programs. Some of this variation, such as the variety of symbols included, is appropriate. However, this may also mean that important topics for any adjunct healthcare practitioner training are not included, eg. record keeping. The committee recommends these additional topics be included. Additional recommendations also include the appropriate points in the training process to include this information. Individuals teaching Reiki should also recognize that programs need to be long enough to accommodate these topics, as well as to allow for integration of Reiki by the individual student as students vary in the speed at which they can incorporate their learning into real world skills.

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\*\* Editors note: The review team had a combined 140 years of experience teaching Reiki.

**Bio:**

Dr. Brian D, Dailey, MD, FACEP, FACFE is a highly rated emergency physician with over 35 years of expertise in trauma, accidents, and injury. A graduate of the University of Rochester School of Medicine and Dentistry, he did his surgical rotations at SUNY. Board certified in Emergency Medicine, Forensic Medicine and Forensic Examination. He has been an Assistant Professor in Emergency Medicine, a Clinical Instructor in Surgery, and a Clinical Instructor in Complementary and Alternative Medicine, at the University of Rochester School of Medicine & Dentistry, Rochester, NY, until 2003. He was selected as one of America's Top Physicians by the Consumers Research Council of America, Washington, DC, for 6 years. He is a third degree Reiki Master-Teacher with extensive experience in energetic and vibrational medicine, including the use of CranioSacral therapy, crystals, and color. He has vast experience in sound therapies, including Hemi-Sync<sup>®</sup>, Spatial Angle Modulation, and crystal bowls to induce altered states of consciousness. He is a member of the Professional Division, and is on the Board of Advisors and Board of Directors Emeritus of The Monroe Institute<sup>®</sup> (TMI) in Virginia.

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