



## Interview with Bo Forbes, PsyD

Scholar, Healer,  
Maverick

### Feature Article

Yoga Therapy in a Pediatric Hospital

### Perspectives

Crossing the Divide between  
Yoga Therapy and Research

The Road to Meditation

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—Carl Rogers



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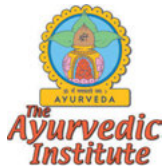
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## ENVIRONMENTAL STATEMENT

This publication is printed using soy-based inks. The paper contains 30% recycled fiber. It is bleached without using chlorine and the wood pulp is harvested from sustainable forests.

## Editor's Note



Sometimes when I've mentioned yoga for mental health, I've received the response, "Isn't all yoga about mental health?"

Yes, of course, to some degree. However, another way of looking at it, and the viewpoint of several contributors to this issue, is that when yoga practices are targeted specifically toward improving mental health

it implies some specialized knowledge of a wide range of mental health issues, from anxiety and depression to schizophrenia and psychosis, that we might encounter in our clients and students. Even something as common as anxiety is on a spectrum, from mild, adaptive anxiety to PTSD. And so, as yoga educators and therapists it's important that we be aware of what we are trained to do with our clients, and where our competency gaps are. Just as Loren Fishman discussed in the last issue in terms of structural yoga, it's essential to know what you don't know, as well as what you do know.

The articles in this issue focus on different aspects of yoga and mental health.

We hear from two pioneers in this field: from Michelle Fury, our feature article is an inspiring in-depth description of her work at Children's Hospital Colorado and the specific issues she encounters with teaching young people there; and from Bo Forbes, a fascinating interview discussing the integration of psychotherapy and yoga therapy, sure to spark a conversation on this topic. Grace Bullock offers some lessons learned from psychology research that may inform research in yoga and mental health, including how we might approach studying the more esoteric aspects of yoga. Bob and Kristen Butera offer a clear and accessible approach to teaching meditation to our students, taking into account each person's abilities and preferences. Lee Majewski offers sage advice and examples from the field of teaching to youth with mental health issues; psychiatrist Mort Kissen writes in elegant and moving prose on yoga and grief. This issue's training report is on yoga for mental health, and we are lucky to have more useful business advice from Jacob Grisom in part two of his trilogy of articles. Sadly, we say goodbye to our knowledgeable, compassionate, and wise columnist for Mentor's Corner, yoga therapy teacher trainer Robin Rothenberg. Please see the call for new columnists below (each contributes for three issues) and a reminder to send in your questions.

Finally, as you will have noticed, we have redesigned YTT. As editor, I felt it was time to update the look to be cleaner and more modern. My designer and I brainstormed and came up with a new design that we feel is fresher, more inviting, and more readable. We hope you agree!

In service  
Kelly

## Calling for Mentor's Corner columnists and questions

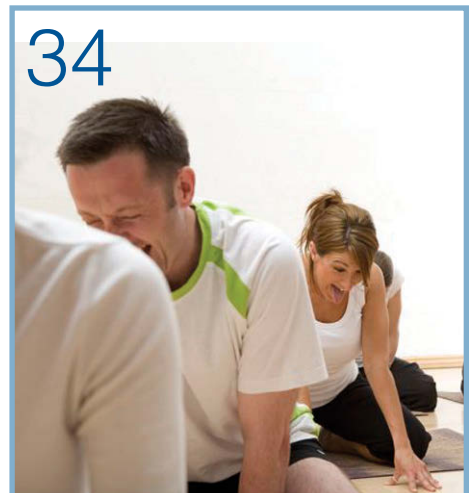
**If you would like to nominate someone to contribute a series of three Mentor's Corner columns, or are interested in writing them yourself, please contact the editor, Kelly Birch, at [kbirch@iayt.org](mailto:kbirch@iayt.org).**

**And, remember to send in your questions to Mentor's Corner!**

Cover: Bo Forbes teaches the art of propping supported reclining twist pose in her Integrative Yoga Therapeutics teacher training.

Photo credit: Leili Towfigh © 2013

- 2 [Editor's Note](#)
- 4 [Members News](#)
- 4 [IAYT in India](#)  
*By John Kepner, MA, MBA, Executive Director IAYT and Eleanor Criswell, EdD, President IAYT*
- 5 [2013 Annual Report to Members](#)  
*By John Kepner, Executive Director*
- 6 [Conference Corner](#)  
[Montreal International Symposium on Therapeutic Yoga 2012](#)  
*By Staffan Elgelid, PhD*  
[Yoga, the Brain and Mental Health](#)  
*By Kelly Birch, E-RYT500, PYT-500*
- 8 [Yoga Therapy for Daily Living](#)  
[How to Attract, Enroll, and Retain Clients](#)  
*By Jacob Griscom*
- 10 [Feature Article](#)  
[Yoga Therapy in a Pediatric Hospital: A Mental Health Approach](#)  
*By Michelle Fury, LPC, RCYT*
- 14 [Mentor's Corner: Q&A](#)  
*By Robin Rothenberg, CYT*
- 16 [Perspectives](#)
- 16 [The Road to Meditation: Guiding Students to Personal Practice](#)  
*By Robert Butera, MDiv, PdD, and Kristen Butera, E-RYT500, PYT*
- 18 [Crossing the Divide between Yoga Therapy and Research: Lessons from the Field of Psychology](#)  
*By B. Grace Marie Bullock, PhD*
- 20 [Yoga Therapy in Practice](#)  
[Essential Tips for Teaching Yoga to Youth with Mental Health Issues](#)  
*By Lee Majewski*
- 24 [How Yoga Assists with the Grieving Process](#)  
*By Morton Kissen, PhD, Dipl ABPP*
- 28 [Interview](#)  
[With Bo Forbes, PsyD](#)  
*By Kelly Birch, E-RYT500, PYT-500*
- 34 [Training Report](#)  
[The Minded Institute's Yoga Therapy for Mental Health Training](#)  
*By Eve Menezes Cunningham and Louise Kitchener*
- 38 [Review](#)  
[Your Brain on Yoga](#)  
*By Sat Bir Singh Khalsa, PhD, with Jodie Gould*  
*Reviewed by Stephanie M. Shorter, PhD*
- 42 [Members News](#)
- 43 [IAYT Member Schools](#)
- 44 [2012 IAYT Donors, Patron Members, and Supporting Members](#)



## IAYT in India

By John Kepner  
and Eleanor Criswell

One of IAYT's goals is to strengthen our connections with the major yoga educational, research, and therapy institutions in India. To this end, we traveled to India this past December, visiting three yoga institutes and presenting at two conferences. Several other members presented at another conference.

### At the Kaivalyadhama Yoga Institute

IAYT was well-represented at Kaivalyadhama Yoga Institute's 7th International Conference, December 27–30, 2012—a gathering of over 700 delegates from 15 countries at their clean, green, and quiet campus in Lonavla (near Pune, India). Among the IAYT members presenting were Sat Bir Khalsa (who has been there many times as a researcher), Matra Raj (who studied there years ago), Lee Majewski (who has been studying there since last June), Ananda Balayogi Bhavanani (long-time IAYT Advisor from Pondicherry), and first-time attendees, us and Dilip Sarkar. Lee, a yoga teacher and cancer survivor from Canada, is also part of a team presenting a new yoga-, ayurveda-, and naturopathy-based detoxification and rejuvenation program for cancer patients at the Kaivalyadhama Yogic Health Center in April and May of 2013. (An article by Lee is on page 20 of this issue.) John was on two panels: “The Need for an International Accreditation Council in Yoga” and “Should Yoga Therapists be Licensed?” Both sessions have already helped us in our own work on standards by presenting a global perspective on the movement toward standards and the integration of yoga into health care. We give thanks to Subodh Tiwari, the conference organizer, who will also be presenting at SYTAR 2013.

### At Swami Vivekananda Yoga Anusandhana Samsthana or S-VYASA University

We were hosted here for two days, and toured the campus, the hospital, and the research facility. This is a yoga university, offering MAs and PhDs in yoga and publishing the *International Journal of Yoga*, or *IJOY*. They also have a hospital inte-



Panel Discussion:  
The Need for an  
International  
Accreditation Council  
in Yoga

grating yoga, ayurveda, naturopathy, and allopathic medicine. Instead of referring to their visitors as “patients,” they call them “participants,” since they actively participate in their healing. This is another clean, green, and quiet campus, located outside of Bangalore. Our thanks to Dr. H.R. Nagendra, vice chancellor, and to Naveen K. Visweswaraiyah, PhD, associate professor (and presenter at SYR 2011).

### At the Yoga Institute's 94th-Year Celebration

We visited the Yoga Institute, Santa Cruz (E), Mumbai, India, on December 16 and 17, 2012, and were welcomed by Dr. Jayadeva and Hansaji Yogendra. The oldest organized yoga center in the world, the Institute, founded in 1918, was preparing for its 94th-year celebration. The Yoga Institute specializes in a holistic approach to yoga and yoga education based on Patanjali's classical yoga. One thousand yoga students come through the Yoga Institute each day. The Yoga Institute was the first to become an IAYT member school.

We returned to the Institute on December 25. The graduates and volunteers of the Yoga Institute had prepared exhibits for every aspect of yoga, from asanas through pranayama and beyond. A popular exhibit was the research stall, which included signs, photos, and artifacts from the Institute's long research history. We appreciated seeing an original manuscript of the founder, Shri Yogendraji, which concerned his appreciation of the benefits of yoga for everyone. Another priceless artifact was a set of detailed notes in his handwriting concerning patients undergoing therapeutic yoga. Many of the exhibits were interactive so

that participants not familiar with yoga practices could have an experience of them that led to increased understanding. Everyone was enthusiastic and delighted to share his or her information. Yoga and the Yoga Institute had made a big difference in their lives.

Many of the Yoga Institute's books were on display, including their guide to teaching yoga in schools. From the beginning, the founder had been adamant about wanting yoga practices to be accessible to average citizens, called “householders.” It was particularly precious to experience the children's area, where the exhibits were staffed by children, who were ably communicating the practices to other children and adults.

There were wonderful panels at the event. John participated on a panel bringing yoga together with medicine; Eleanor spoke on a panel devoted to yoga and education.

### At the Patanjali Research Foundation, the Second International Conference on Yoga for Health and Social Transformation, January 7–10, 2013

Sat Bir Khalsa and IAYT board members B.K. Bose and Susan Gould-Fogerite presented at this conference. Our thanks to Shirley Telles, conference organizer and presenter at SYTAR 2009 and SYR 2010. **YTT**

# 2013 Annual Report to Members

By John Kepner  
IAYT Executive Director

IAYT provides four broad programs in support of our mission: (1) publications, (2) conferences, (3) training standards/program accreditation (forthcoming), and (4) membership services, all primarily supported by membership dues. I like to use this structure to report on our progress in each of these areas, as well as highlight key opportunities and challenges.

First, however, I am pleased to summarize by saying that 2012 was another growth year for IAYT and all our programs. IAYT also ended up modestly in the black for the third year in a row. This is critical for us, as well as for all nonprofits, since everything is plowed back into expanded and improved services. And I am the first to say that we need to provide new, expanded, or improved services in several critical ways:

- Adequately fund the start-up efforts of the accreditation process.
- Take the *International Journal of Yoga Therapy (IJYT)* to two issues a year.
- Greatly improve the IAYT website.

## Publications

B. Grace Bullock, PhD, joined us as the new editor-in-chief of the *International Journal of Yoga Therapy*, and produced an outstanding debut issue. Since IJYT was indexed in PubMed in 2011, our submissions have soared. We now have an opportunity to expand the journal to two issues a year. It's actually an imperative for the growth of our journal and our field. The challenge is funding. You can help by encouraging your academic library to take out a subscription to both *IJYT* and *Yoga Therapy Today (YTT)* via their normal subscription channels.

*Yoga Therapy Today*, under the leadership of Kelly Birch, continues to grow as a valuable resource and forum for members, and I am always proud to show this off to others outside of our membership. As a magazine, however, *YTT* does not lend itself to the single-article hosting and indexing system that we use with MetaPress. So, starting with this issue, Kelly will now also be preparing *YTT* in a flipping-book version that will be available online for download and that can be read on all your devices—desktop, laptop, tablet, phone. This should greatly expand the utility of *YTT*, especially for the approximately 30% of our members who are digital members only.

## Conferences

SYR and SYTAR 2013 are the first conferences that IAYT has presented and produced entirely by ourselves. See the centerfold advertisement in this issue. See also the new conference website, [www.sytar.org](http://www.sytar.org). I want to recognize and appreciate all the work and innovations that went into the new site by Julie Deife, communications consultant, Ken Wilson, graphics design, and Jean Stojkov, IAYT webmaster. Please note also the outstanding conference support by our sponsors, as shown on Page 1 of this issue. We are all but sold-out of sponsorship tables.

The common theme of the afternoon sessions at SYTAR is "Competencies in Action," all explicitly designed to support the competencies in the new standards. We sent out a Call for Proposals last fall, and most of the afternoon sessions were selected this way. We continue to have an almost overwhelming response to this call, and were only able to accept about 10% of the proposals. We met our goal to have at least half of the presenters new to SYTAR, but we will still be exploring ways to provide more opportunities for members to share their expertise with their peers. The Common Interest Community (CIC) sessions are one way, based upon short, "TED Talk"-like presentations. This year we have a new session, "Rehab Professionals: Bridging the Past with the Future," conceived by Matthew Taylor. Our other CIC session, "Mental, Emotional, and Spiritual Health," has historically been our most popular session. New for 2013 is a special seminar, "Ayurveda 101 for Yoga Therapists," in part to support our members' growing interest in ayurveda.

## Educational Standards and Accreditation

The final "Educational Standards for the Training of Yoga Therapists" were published July 1, 2012, on our website. This is a fundamental milestone for our field. These competency-based standards are approximately at the level of a professional master's degree in yoga therapy and an intriguing result has indeed been the number of colleges now inquiring about starting a master's degree in our field. We owe a huge thanks to the hardworking members of the Educational Standards Committee. We also owe a huge thanks to all the schools that have been supporting this process with their school membership

fees. They are listed on our website and you can search for them by location, name, and program director.

The new IAYT Accreditation Committee has been hard at work developing an application for programs seeking accreditation as to meeting these new standards. This application should be ready in mid-May. There will be a Meeting of Schools June 12–13 just before SYTAR to review this application. This is a long process, not to be rushed, and one of our goals is to facilitate collaborative, peer support in this transition. One model is an academic department that offers a set of core and elective programs. I am already seeing programs expanding by adding modules this way taught by other program directors and specialists. I expect more development along these lines as program directors have a chance to meet each other and hear more about this at SYTAR.

Funding the start-up costs of a professional accreditation service in a timely manner is a major challenge for IAYT. These costs are higher and more concentrated than the standards effort, in part because we have three face-to-face meetings this year, including a retreat in February, the meeting of schools in June, and a meeting to review the first round of applications in mid-August.

I emphasize here that the Accreditation Committee is focused on accrediting programs, not credentialing individuals. While we have published some initial guidelines for grandfathering individuals, we have a long way to go to have a complete method to address this important but very thorny issue for any field developing standards. We will discuss this at a special meeting at SYTAR and in periodic notices on our website.

## Membership

IAYT membership continues to grow, with approximately 3,000 individual members at year end, an increase of 8% over the year before, and 100 school members, an increase of 19% from 2011. Membership services is held together single-handedly by Jesse Gonzales, our long-term intrepid manager. I regularly hear praises about her personal service to so many members.

(Annual Report and Members News continued on page 42)

## Montreal International Symposium on Therapeutic Yoga 2012 (MISTY).

October 20–21 at the Westin Montreal Hotel, Montreal, Quebec.

By Staffan Elgelid

The Second Montreal International Symposium on Therapeutic Yoga (MISTY) took place October 20–21, 2012, in Montreal, Quebec. One of MISTY's aims is to educate and open a dialogue with yoga therapists and yoga teachers, as well as more traditional healthcare providers such as osteopaths, chiropractors, medical doctors, physiotherapists, and health organizations, on how yoga therapy can support traditional medicine. In that spirit, the first session on Saturday was a panel debate with yoga therapists and traditional practitioners that work in different settings on how to best interface with traditional medicine. The members of the panel and audience also discussed the topic of licensing/certification/credentialing of yoga therapists. The audience participated in the debate and many interesting ideas on the above topics were discussed.

MISTY is a unique type of conference in that it features sessions in English and French. Approximately half the sessions are in English and half in French. This leads to an eclectic mix of participants and presenters who otherwise might not meet at the same conferences. At MISTY, these two groups get a chance to exchange ideas and share in their common experiences. So MISTY supports not only interconnectedness between traditional medicine and yoga therapy but also between the English- and French-speaking yoga therapy communities.

The way MISTY is set up fosters interconnectedness and exchange of ideas. All the conference rooms were arranged around a larger area where the exhibitors were. The participants and exhibitors also shared meals in that common area, as well as concentrating there during the breaks. This presented the opportunity for many informal discussions and exchanges between the participants and the speakers about the ideas that were presented during the sessions.

Most of the speakers presented two

2-hour sessions on different topics. By having the speakers present twice, the participants had an increased chance of attending at least one of the sessions of their favorite speaker. Many of the speakers also attended other speaker's sessions, and there was lots of sharing and respect between the speakers and participants during the lively sessions.

MISTY is a conference that will continue to grow. MISTY features some of the leading speakers in the field of yoga therapy, including many members of IAYT, a sponsor of this event. Not many conferences can offer such high-level speakers in two languages, in an atmosphere that is so open and conducive to sharing and interconnectedness between the speakers and the audience. I believe that MISTY 2013 will continue in the tradition of the MISTY 2011 and 2012, and I strongly recommend anyone who wants to shape the future of yoga therapy, and how yoga therapy will interconnect with traditional medicine, to attend MISTY 2013.

## Yoga, the Brain and Mental Health

London, England, November 2–4, 2012.

By Kelly Birch

The idea for a conference arose when Heather Mason, MA, founder of the Minded Institute, contacted Jane Ryan, the head of a large conference organization, Confer, with the hope of speaking at a conference. Instead, Jane suggested that given Heather's background, they should coordinate an entire conference together!

Yoga, the Brain and Mental Health was held at the School of Oriental and African Studies in central London. Participants included yoga teachers, yoga therapists, mental health professionals (psychologists, therapists, social workers), researchers, and students. The theme of the conference was to consider yoga's function as a body-based therapeutic intervention within the context of modern western society and to explore the role of yoga in the regulation of emotion based on the latest neuroscientific research.

Heather Mason, who also spoke, brought together an impressive lineup of

speakers, several of whom were IAYT members who flew from the United States for the weekend specifically for the conference: Patricia Gerbarg, MD; Richard Brown, MD; Sat Bir Khalsa, PhD; Sara Lazar, PhD; and Chris Streeter, MD. Speakers from the United Kingdom were Mira Mehta, MPhil; David Beales, MD; and Robin Monro, PhD, a yoga therapist and former molecular biology researcher, who chaired Saturday's morning session.

Throughout the three days we were treated to a rich program of presentations held in the large lecture hall, which comfortably accommodated the 290+ attendees. A wealth of information was shared by the eloquent speakers: signaling pathways of the body and mind (David Beales); a review of the research and practices of yoga as they relate to mental health (Heather Mason); original research on yoga and neurotransmitters (Chris Streeter) and neuroplasticity (Sara Lazar); classical yoga psychology (Mira Mehta); breath techniques and emotion regulation (Patricia Gerbarg and Richard Brown); and yoga for mental health conditions (Sat Bir Khalsa). The presentations were combined with practical, complementary workshops interspersed between lectures. The workshops were taught by some of the speakers as well as several teachers from the Minded Institute of London.

As a native of England now living and working in the United States, I was thrilled to be a part of this historic conference—the first of its kind on yoga and the brain in Europe. The excitement and desire for knowledge and collegiate connection was palpable, from the enthusiastic questions during the lectures to the buzz of conversation in the breaks. During each break, IAYT's table was inundated with visitors. As the idea of integrating yoga therapy and psychology is a relatively new phenomenon in the United Kingdom, the excitement was brimming over at our stand. Participants from all backgrounds were keen to learn more about IAYT, a sponsor of this event, and all of our activities.

The conference was so well received that plans are already in place for a larger program for next year that may include various stress-related disorders and current yoga research.

Kudos to Heather and Jane for pulling off this landmark event! **YTT**

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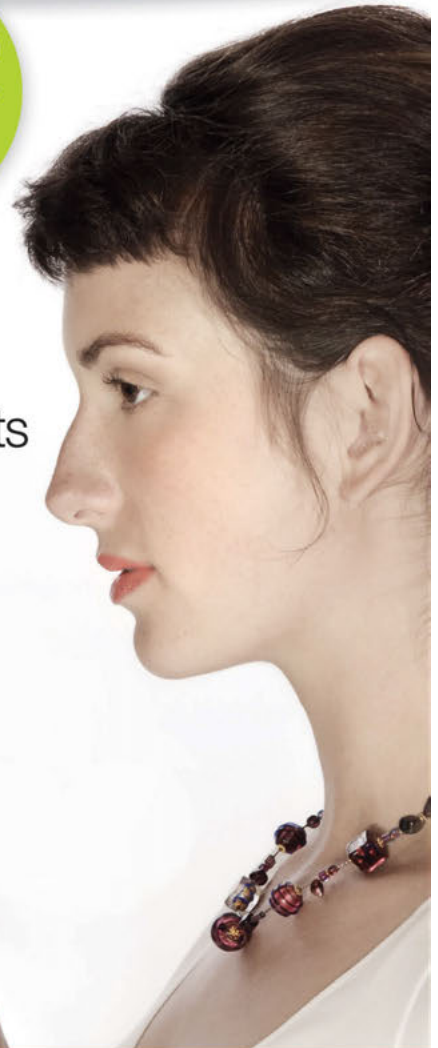
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## How to Attract, Enroll, and Retain Clients

By Jacob Griscom

### The System for a Successful Private Practice

In business, there are principles and practices that can be studied, understood, and applied to generate consistent results. The results that concern us in the business of our private practice are the numbers of prospective clients we are attracting, the number of new clients we are enrolling, the retention and results of our clients, and our financial profit.

These are the areas that we need to focus on if we want to start or grow a financially sustainable practice in which we are able to focus on serving our clients and not on inefficient or ineffective business practices. If we put our attention on studying, understanding, and applying the practices of client attraction, enrollment, and retention, then we improve. In fact, some small shifts in understanding and practice can make a big difference, or even the difference between being able to do what we love for a living or not.

In this article, I'm going to discuss a step-by-step approach to achieving these results.

### A Reliable System for Serving People's Needs

People in general are not interested or concerned with yoga therapy as a profession, as yoga therapists are. They are concerned with themselves and their needs. We as providers are accustomed to the idea of focusing on our clients' individual needs in terms of treatment, but when it comes to discussing what we do, we often describe it in terms of the modalities we use, which prospective clients may not relate to their own needs. However, if we switch the focus to communicating about the needs that we serve instead of the modality that we practice, we will attract more clients

When we have our attention on the needs of our clients, the aim of our learning, writing, and teaching is not just for more information, but specific information that can help our clients. I certainly recom-



mend specializing your work within a niche audience. It's much more likely that you'll be able to serve one group of people really well and attract prospective clients and referrals when people see that you are focused specifically on them and their issues. Even as a general practitioner without a specific niche focus, you can focus on the predominant health concerns people are facing: weight management, energy, pain, sleep issues, and emotional stress (anxiety and depression). In health surveys, these are the top challenges that are consistently reported by respondents.

As a yoga therapist, you are not taking responsibility for their health in the way that a physician might typically do. You are empowering your clients to change behaviors and implement new practices to address the root causes of their health challenges. Changing behaviors requires more work than taking a drug. It takes repetitive attention and action, along with inner changes in consciousness and priorities. A practitioner's success is also related to the success of their clients, and so it's more beneficial to clients and practi-

tioners to use a program investment model instead of individual sessions.

For example, you may work with clients on a weekly basis for six months at a time with the option to pay you up front for the six months, or monthly at a slightly higher rate. Again the reasons for a client to invest and commit to working with you in a program like this do not have to do with yoga therapy, they have to do with their health needs and challenges. They are not investing in a "yoga therapy program," but choosing to prioritize a weekly focus on their health so that they can reverse challenges and get new results. This is the essence of client enrollment.

Your first conversation with a client should not be about whether or not they'd like to schedule a session with you. Instead, offer them a free session that is entirely focused on helping them clarify

their vision, goals, and challenges for their health and their life. Be entirely curious and ask questions about the costs and impacts their current health challenges have on their life, and the payoffs they would get from reaching their health goals.

The most powerful way for clients to commit to their own long-term commitment to health and healing is for them to connect with their inner motivation for it. So, rather than telling them that they need to work with you, let your clients build their own case for working with you. Question them gently but directly to uncover their motivation to commit the time and energy needed to change behaviors and get results. Because we are focused on helping our clients change behaviors, only a small portion of the value we offer is our actual recommendation or practice. The far larger portion of the value we offer is the coaching that helps our clients actually implement the change for long-term sustainable results. This is the essence of client retention because people will stay with you as long as they are continuing to

get value from personal growth and progress with their health.

## How to Boost Client Attraction, Enrollment, and Retention

Here are three steps you can take right now to boost client attraction, enrollment, and retention in your new or existing practice immediately:

1. Choose a niche market to focus your practice in, or as a general practitioner, start focusing on yoga therapy and ayurvedic approaches to weight loss, increased energy, pain elimination, sleep, and stress issues.
2. When you are asked what you do, speak to the results you help your clients achieve and ask for referrals. For example, "I help people eliminate chronic lower back pain and avoid drugs or surgery. Do you know anyone with low back pain?"
3. Trade in the session-by-session practice model. Start offering free sessions that clarify your prospective clients' vision, goals, and challenges. Enroll them in committed long-term programs

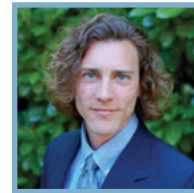
The most powerful way for clients to commit to their own long-term commitment to health and healing is for them to connect with their inner motivation for it.

with regular weekly sessions that give them consistent coaching support to change behaviors and get results.

## Implementation

The biggest difference between practitioners who build sustainable practices and those who don't is implementation. When we take action, we get results. We learn from our results and then take more action to keep learning and keep improving. If we can adopt an attitude of taking action every time we learn something, we will make rapid progress.

Take a moment right now to write out a plan for implementing the steps I just shared with you. You might be excited to try this, but since this is likely different than what you've tried before, you may also find this challenging. See if you can approach client attraction, enrollment, and retention as a scientist and a servant, and test these principles and practices to verify the results for yourself. **YTT**



*Jacob Griscom is the president of Everyday Ayurveda, School of Business. The Grow Your Ayurvedic Business certification program is designed to help you build a successful and transformative ayurveda or yoga therapy practice for yourself, your clients, and your community. Learn more at [www.everydayayurveda.org](http://www.everydayayurveda.org).*



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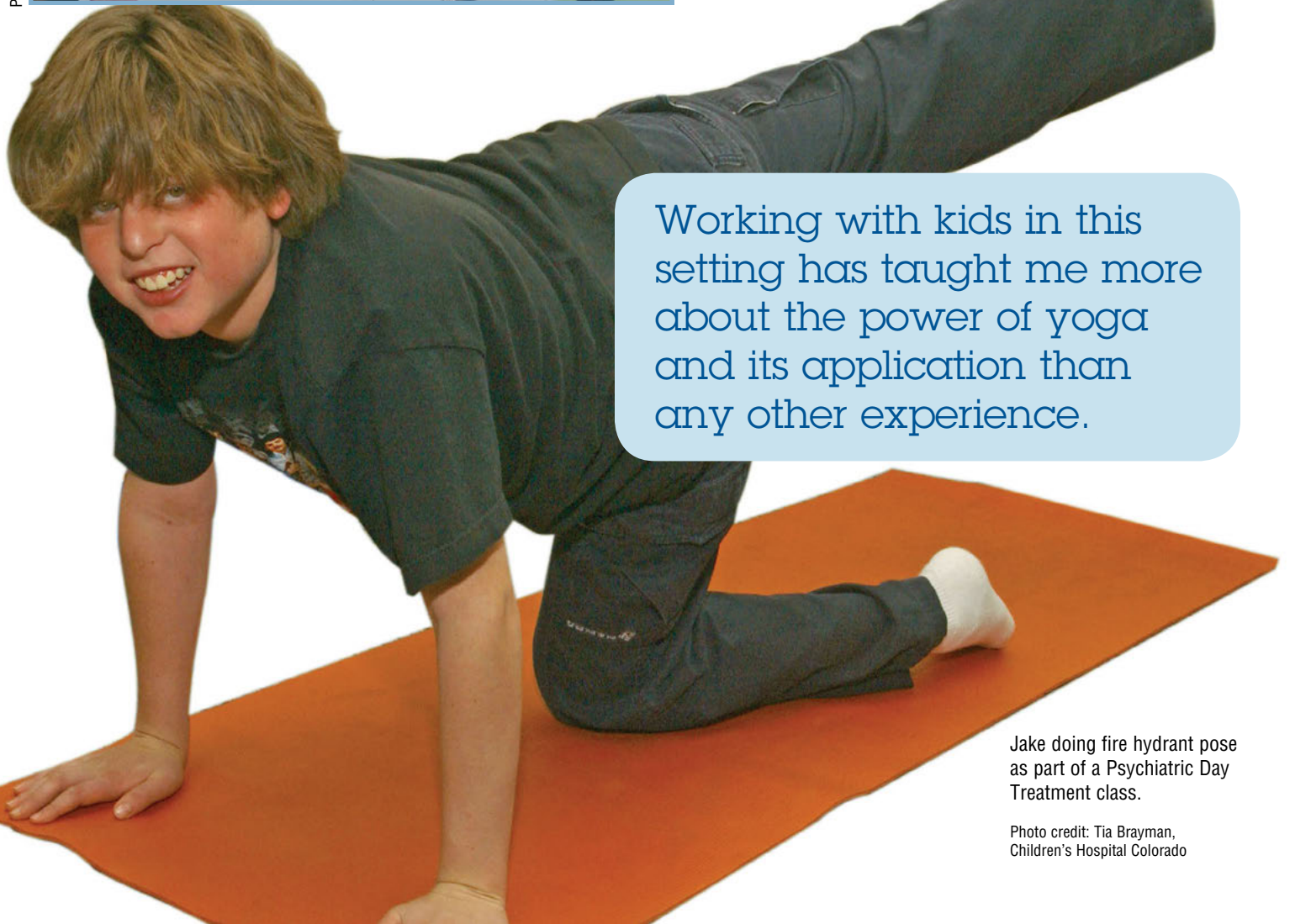


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# Yoga Therapy in a Pediatric Hospital: A Mental Health Approach

## Pioneering a New Branch of Integrative Medicine

Photo credit: Randall Streiffert, Children's Hospital Colorado



Working with kids in this setting has taught me more about the power of yoga and its application than any other experience.

Jake doing fire hydrant pose as part of a Psychiatric Day Treatment class.

Photo credit: Tia Brayman, Children's Hospital Colorado

By Michelle Fury

## Introduction

The combination of yoga therapy and mental health is gaining traction in the public eye. In a 2009 *Time* magazine article, licensed clinical social worker Joan Stenzler spoke of the natural union of yoga and psychotherapy. She is quoted as saying, "The goal and intention in psychotherapy is to support a patient to be who they always were. And that's yoga!" (Kornfeld, A.B.E. [2009]. Psychotherapy goes from couch to yoga mat. *Time*. Retrieved from <http://www.time.com/time/health/article/0,8599,1891271,00.html>.)

Stenzler is describing what I do at Children's Hospital Colorado (Children's Colorado). I am both a licensed psychotherapist and a seasoned yoga teacher. Though it has been a challenge to get here, I know it is possible, because I have been doing it for over seven years and with great results. So in this article I will describe what I do, the current setting in which my position exists and how it was created, and the qualifications necessary to fill it. I will also review the compelling evidence that yoga therapy can and should be used for mental health benefits.

## Keep Calm, Carry On

Recently a girl attending my weekly therapeutic yoga group for adolescents lost consciousness when it was her turn to "check in." The group was part of the Adolescent Psychiatric Unit (APU) at Children's Colorado. My primary role in this group is to use yoga therapy as a psychotherapeutic intervention, and this particular APU yoga session serves as a good example of how I do this.

As soon as the girl slumped over, the other staff in the room and I sprung into action: staff called for a nurse who arrived quickly and assessed the girl's health. Meanwhile, the other staff and I escorted the teens back to their unit. Once in the unit's day room, I led the group in a slow flow of gentle yoga poses that emphasized forward folding, followed by deep breathing. During check out, I asked each participant to share how she or he felt. All teens reported a change in their affect from the beginning to end of group. For instance, one teen checked in as "blah" and checked out as "relaxed." Another teen checked in "irritated" and checked



Three teens take part in the filming of Children's Hospital Colorado's instructional yoga video for teens in September 2011.

Photo credit: Randall Streiffert, Children's Hospital Colorado

out "refreshed." Though this APU group started off unusually, the unusual circumstances highlight something important about the teens' response: that is, they didn't respond much at all. This particular group of teens presented with the blunted affect that is common in depression. The psychotherapist in me allowed me to notice the teens' nonreaction and to point out to them that something extraordinary had just occurred, while the yoga therapist in me knew what yoga poses and breathing techniques could enliven and regulate the participants. This example also demonstrates the combination of modalities in action.

## Developing a Yoga Therapy Program in a Hospital that is Pediatric and Psychiatric

I am a full-time yoga therapist in the Ponzio Creative Arts Therapy Program (PCAT) at Children's Colorado. Pediatric psychiatrist Marianne Wamboldt, MD, co-founded PCAT in 2005 with a grant from the Craig Ponzio family. PCAT offers art, dance/movement, music, and yoga therapies, and is composed of master's-level licensed therapists. I have been part of this team since I joined it as a psychotherapy intern in the fall of 2005. Now, I run weekly therapeutic groups for almost all units within the Department of Psychiatry and Behavioral Sciences at Children's Colorado. These units have inpatient and transitional day-treatment programs. I also see individual outpatients on a semi-regular basis. My remaining time goes to the Integrative Headache Clinic (IHC), where I conduct a bi-monthly yoga class for adolescents with chronic headaches.

Like my fellow PCAT therapists, I use my modality (yoga) as a psychotherapeutic intervention. We meet weekly to discuss our teams' policies with the units we serve, to provide one another with peer supervision on difficult cases, and to discuss the training of our interns. My PCAT team as a whole has formally recorded the check-in and check-out process via a measure called FACE pages (Fast Assessment of Children's Emotions) over two years. Because good psychotherapy involves looking at one's negative emotional states as well as the positive states, sometimes we care less about whether an adolescent's state is positive or negative and more about whether he or she notices a change. Two years of collecting FACE sheet data has shown us that teens overwhelmingly report a change in their affective state from the beginning to end of all the PCAT groups. More informally, I have consistently noted improvements in mood and emotional regulation in the teens, as well as receiving positive reports from their healthcare team.

The work that I (and my fellow PCAT therapists) do with children and adolescents does not happen in a vacuum. When I see an individual patient I communicate with his or her primary psychologist or psychiatrist on a weekly basis to coordinate care. Before I see each of my regularly scheduled groups, I speak with staff on the unit to determine what interventions and techniques to use for that particular group. Being clear about the scope of one's practice is vitally important in an environment like Children's Colorado. For instance, while I must be familiar and trained in the use of the DSM-IVR (the

*(continued on page 12)*

*Revised Diagnostic and Statistical Manual for Mental Disorders*), I do not diagnose. In addition, while I am a co-investigator on a few studies at Children's Colorado, my role is to develop and deliver yoga therapy interventions.

Being clear about the scope of one's practice is vitally important in an environment like Children's Colorado.

Unlike the art, dance/movement and music therapies offered through PCAT, there is not an academic master's degree associated with yoga therapy for mental health. Yet. We are working hard at Children's Colorado to create the structure and the alliances foundational to a formal yoga therapy education. To that end, I created a yoga therapy internship that mirrors the other PCAT modalities' internship programs, which I have implemented for the first time this academic year of 2012-2013. I am currently supervising an intern student who is enrolled in Naropa's Masters in Contemplative Psychotherapy Program (MACP), the program from which I graduated. The difference between her internship experience and mine is that I had to do two separate internships to satisfy the requirements of MACP. This was because the structure did not exist at Children's Colorado that would allow me to get all the clinical "talk therapy" experience I needed to graduate (280 hours of direct client contact, to be exact). But under my guidance as a licensed psychotherapist who integrates yoga and talk therapy skills, my intern is learning to do the same while also fulfilling Naropa's requirements.

In addition, Dr. Wamboldt and I are working closely with Hansa Knox, director of PranaYoga and Ayurveda Mandala in Denver, where they have created a comprehensive children's yoga teacher training. By 2014, Children's Colorado will be a practicum site for PranaYoga students enrolled in this program.

### Job Requirements

In order to do what I do at Children's Colorado, I have worked hard to meet certain

requirements. I am a Registered Children's Yoga Teacher (RCYT) who has facilitated therapeutic yoga for children and families for seven years, and I have taught yoga in general for sixteen years. I hold a master's degree in Contemplative Psychotherapy from Naropa University (Boulder, CO) and I am a Licensed Professional Counselor (LPC) through the State of Colorado. I am trained in Dialectical Behavioral Therapy (DBT), an evidence-based mindfulness therapy, and have much training and experience in trauma therapy. At Children's Colorado, we require the following of yoga therapists or yoga therapy interns:

- A) Licensed in psychotherapy, psychology, or social work, or B) currently seeking an internship to satisfy graduate school requirements in clinical practice from one of the fields listed;
- Currently an RYT-200 (Yoga Alliance), plus two years of teaching experience; and
- Two years' experience working with children (such as childcare or teaching).



Photo credit: Tia Brayman, Children's Hospital Colorado

Michelle assisting a student in Psychiatric Day Treatment

### Anatomy of a Yoga Therapy Intervention for Mental Health

Though I don't think of yoga therapy and psychotherapy as separate any more, I

understand that this is still a fairly new concept for most. So I will highlight each set of skills as I practice them in a single session. Let's go back to that APU group I mentioned at the beginning to understand which part is psychotherapy and which part is yoga therapy. The check-in and check-out practice with each adolescent before and after each group is a psychotherapy technique that helps create attunement (my responsiveness to each teen). By attuning with the kids from the start, I am able to decide what yogic interventions to use. In this particular group, the check-in went like this: "What's your name? How are you feeling? And if you could start any new school club what would it be?" A mental health counselor developed this last question, and its informal tone is purposeful: it creates a casual atmosphere that is relaxed and attuned to adolescents who may be new to yoga. Through the check-in/check-out technique, I am practicing brief therapy (a common and well-researched therapy model). The goal of brief therapy is to build therapeutic rapport with the patient as quickly as possible. Rapport literally means "relationship" in French, so therapeutic rapport refers to the process of building relationship between two individuals in a therapeutic relationship. Attunement is one of the ways to build therapeutic rapport. All of these psychotherapeutic tools (attunement, brief therapy and rapport building) help me to create a therapeutic yoga environment, in which adolescents feel they can trust me.

While I'm establishing rapport, I'm also assessing each teen's behavioral profile. For instance, am I working with a group who has eating disorders or Autistic Spectrum Disorder, or do their issues vary? The APU have been admitted to Children's Colorado because they are in danger of hurting themselves or someone else. Yet their mental health issues can vary widely: in a group of 10 teens, three teens may be severely depressed and struggling with suicidal ideation, three teens experiencing hallucinations, and the other four rapidly cycling from anxiety to depression (i.e., bipolar mood swings). My job is to design a yoga intervention that helps the entire group regulate their moods, or learn to be present with uncomfortable thoughts, feelings, and sensations.

To determine the most beneficial yoga techniques for the group (or individual), I think about what direction I want to guide

the energy. If the majority of the group is depressed and/or struggling with hallucinations (which can sap a person's energy), I want to gently increase the energy to a more alert and awake state by the end of the group. I can do this by introducing a slow flow of yoga poses that builds to either headstand prep at the wall or core-strengthening poses. If the group is primarily anxious, I want to gently decrease the energy toward a calm, grounded state. In this case, I might start the group with a more vigorous flow of sun salutations that lead toward more calming floor stretches and end with a balancing breathing technique like counting breaths up to ten. My paramount objective is to "meet" the person (or group) where she or he is.

As mentioned previously, the teens in the APU group suffer from depression, anxiety, or a mixture of both. After we all filed into the unit day room my main objective was to help them regulate whatever emotions they might be having after witnessing their peer lose consciousness. I did this by starting with a slow flow of gentle yoga movements first in their chairs and then in a brief standing warrior flow to release anxiety. Then I instructed the group to sit back down for deep, calming breaths. Both kids and staff reported feeling more relaxed and refreshed than before we started.

### The Rising Star of Integrative Medicine

Currently, the medical world refers to yoga as complementary and alternative medicine (CAM) or integrated medicine. The Centers for Disease Control and Prevention (CDC) reports that more and more consumers are turning to CAM, especially for chronic illnesses ([http://www.cdc.gov/pcd/issues/2004/oct/03\\_0036.htm](http://www.cdc.gov/pcd/issues/2004/oct/03_0036.htm)). So it makes sense that Children's Colorado incorporates Integrated Medicine (in the form of yoga therapy as well as the entire PCAT team) into its model of care.

To move forward the practice of yoga as psychotherapy, a number of factors are needed. First, we need to create manuals on how to integrate yoga therapy and psychotherapy more formally. I intend to write a training manual for my interns, and eventually a book. If you or any yoga therapist you know are currently using yoga for mental health reasons, start writing!



Girl scouts practice yoga to promote positive body image during Girl Scout Body Image Badge Day.

Photo credit: Tia Brayman, Children's Hospital Colorado

Second, we need to formalize yoga therapy training (for mental health) and collaborate with other educational institutions, as Children's Colorado has started to do with Naropa and PranaYoga. Third, we need to create standardized yoga treatments for mental health that can be studied through research. Children's Colorado has been doing research and pilot studies on yoga for years (though we have not formally published anything yet).

### Replicating the Process

For those interested in being a yoga therapist in the field of mental health, here are a few tips that may help you forge your own path up the mountain of yoga therapy for mental health:

- Pursue formal education and licensing in a mental health field (such as psychotherapy, psychology or social work).
- Pursue formal education in yoga therapy from a yoga therapy school that incorporates physical and mental health components in its training curriculum.
- Create alliances between a yoga school and a local mental health facility.
- Work with individual yoga therapy clients who have mental health goals for their yoga therapy practice.
- Write a grant for your program (you may be able to find free classes and resources through your local library or the internet), or team up with someone who writes grants professionally.
- Contact a local yoga school to inquire about space for your therapeutic yoga groups.

### Conclusion

Working as a yoga therapist at Children's Colorado for the past seven years has

been the hardest and most rewarding challenge of my life thus far. On the one hand, it has neither been easy nor simple to fit yoga into the medical and mental health model of a pediatric hospital. On the other hand, the field of medicine and mental health seems open and ripe for the ancient albeit alternative practice of yoga therapy. Parents, kids, psychiatrists, and physicians alike seem to want a more humane and individual approach to physical and mental health care. To deliver yoga therapy effectively in the mental health setting requires a lot of training and cross-training of a yoga therapist. But at this point in my career, I cannot imagine doing anything else. Working with kids in this setting has taught me more about the power of yoga and its application than any other experience. It is my greatest wish that the field of yoga therapy in mental health grow and expand in the coming years. **YTT**



*Michelle J. Fury, RCYT, LPC, caught the yoga bug in 1992. She has taught yoga for over sixteen years and facilitated therapeutic yoga groups for over seven years. In sharing the healing practice of yoga, her goal is to empower kids to develop strong bodies, sharp minds, and resiliency.*

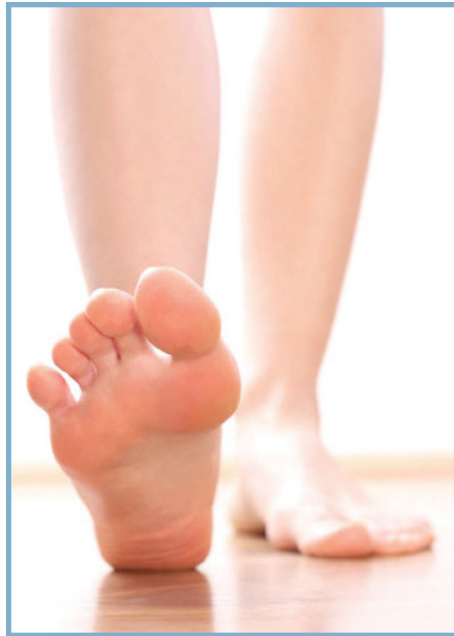
Photo credit: Tia Brayman, Children's Hospital Colorado

By Robin Rothenberg

Over the past few months I've received many inquiries regarding foot pain, including questions about how to address plantar fasciitis, bunions, and heel spurs, all of which I have suffered from for much of my life. So, in this issue I'd like to share what I've learned about healing these problems through yoga practices. I'd also like to address some common yoga techniques I've encountered that were not so effective and to offer an approach that has entirely eradicated my own foot discomfort. After 50 years of aching tooties, I can finally say I have "Happy Feet" (Warner Bros. Pictures, 2006).

To understand the complexity of the feet, one has to have some basic understanding of the nature of fascia. The bottoms of the feet are layered in bands of fascia-connective tissue that forms the foundation for our arches and links the muscles that line the front, back, insides, and outsides of our legs all the way to our hips, torso, and head (and vice versa). Therefore, imbalances in the feet can greatly affect the knees, hips, and lower back. Fascia has a matrix-like quality and surrounds every structure of the body: bones, muscles, organs, and so on. The fascial web is kept hydrated largely through movement. When fascia is held fixed, it dries up, becomes hard and sticky, and loses its ability to glide freely, which can lead to adhesions, restricted movement, and pain. Therefore, when working with the feet, movement—and by this I mean *variety* of movement—is key.

I came to yoga with feet that had hurt my whole life: I had collapsed arches and a pigeon-toed stance that resulted from internally rotated femurs, especially on my right side, causing significant left-right imbalance. My first real "aha" moment in yoga involved attempting to make my feet parallel and lift my poor arches, which offered some relief. Such began a hopeful, but not exactly smooth, journey from foot *duhkha* (suffering) to *suhkha* (happiness). Over the years I stretched my feet, and rolled on soft tennis balls and reflexology balls with hard bumps that beat my soles to a pulp. I lifted my toes and spread them out, weaved my fingers between them. I weighted the outsides of my feet, refusing to let my arches fall, circled my ankles, and stretched my calves. I had my feet and legs rolled to release the fascia and strengthened my ankles on wobble boards. I gobbled fabric with my toes. Everything helped a little...but overall I still had daily pain, at times so severe that I took to wearing an ankle brace when



teaching because walking barefoot had become unbearable.

Then a few years ago two pieces of information coalesced in my mind, shifting my whole approach to my feet. First, I began to learn more about fascia and its qualities, and with this information I changed my yoga practice to include non-linear movements, micro-movements that tugged and wiggled the matrix web of connectivity in wave-like undulations that freed chronic tension in my shoulders, my back, and around my hips. It occurred to me that although I had been stretching my feet over the years, I had always stretched them the same way, across the bottom. Fascia responds best to random, ever-changing movement—repetitive patterns create rigidity. I began exploring versatility of movement in my feet, stretching into the sides, back, and top of my foot, linking tight spots in my feet to tight knots in my calves and sometimes all the way up into my hip. While not always comfortable afterwards, I found it to be delightfully pain-reducing.

The other lightning rod for change came from an IAYT colleague, John Childers, to whom I am forever grateful. John wrote a Common Interest Community session for SYTAR 2009<sup>9</sup> offering a cure for plantar fasciitis. Of course, that grabbed my attention! The focal point of his presentation was a one-legged adaptation of supported bridge pose with the lifted leg extended and held parallel to the floor, the toes grasping a marble. This action creates an intense contraction from the bottom of the foot up through the calf muscles. Immediately my mind raced through all I've

learned about the importance of balancing stretch with strength and the usefulness of combining contraction with extension. These concepts have formed the foundation of much of my therapeutic work for chronic pain. Yet, I had never considered implementing them for my feet.

John's presentation helped me realize that the fascia on the bottoms of my feet were "locked long"—tight and tense in extension. The cure for locked-long tissues (think chronic slump and over-stretched, but tight erectors in the thoracic spine) is to strengthen them to shore them up and simultaneously to contract them to counteract the extension. I began to combine undulating stretching with strong contractions, building from non-weight bearing to increasingly more weight bearing. Like magic, the pain that had plagued me for my entire life began to subside immediately.

I can now say that I no longer have plantar fasciitis, I can even walk barefoot on my gravel driveway without wincing. Freedom from foot pain has truly changed the way I stand; I feel more solid and confident and less fearful in general. Even more amazing than the decrease in pain has been the diminishing size of my bunions; they reduced by a good 30–40% and my big toes now sit properly rather than turning inward, which I attribute to the redistribution of weight through the center of my ankle and strengthening of my arch. I stopped wearing any kind of hard-soled shoe for hiking and prefer my Vibrams (toe-shoes), which again allow my feet to flex and move naturally rather than holding them in a fixed position. Over the past two years, I've shared many of these practices with my therapeutic students with similar conditions. Feedback has been very positive and students have expressed experiencing great relief from working this way.

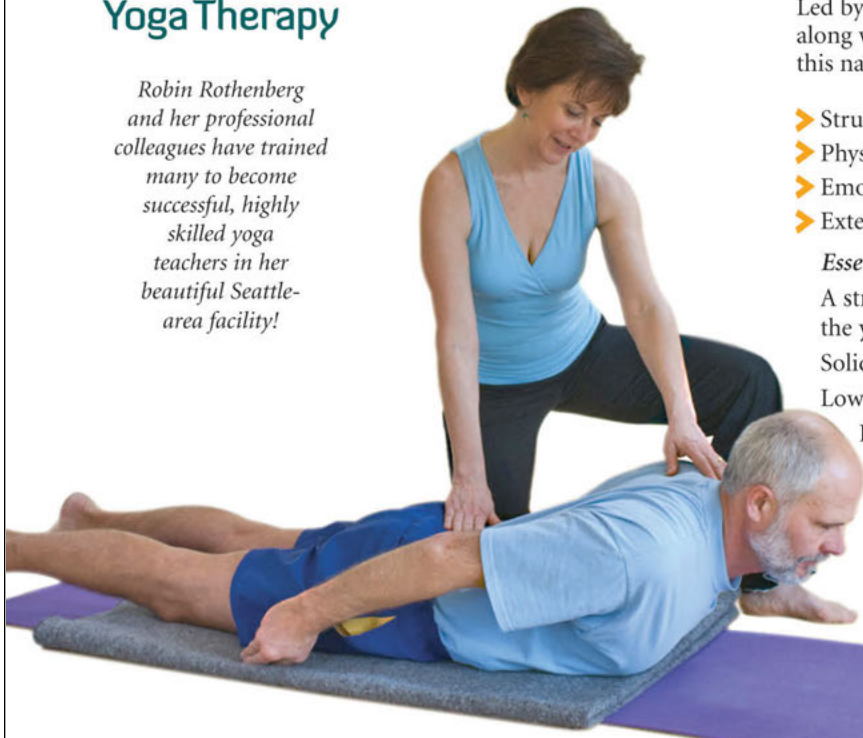
Here are a few tips for practice that I used to heal my foot problems:

1. Sit in a chair and place your feet on a soft support like a yoga bolster on the floor in front of you. Begin to move them in a variety of unusual and exploratory ways. Pay special attention to the places that feel tight or that cramp. Use your breath and move in and out of the resistant areas, never insisting yet returning again and again to massage them free. You can also do this from a supine position, prone, and in seated forward bends.
2. Once you've stretched the sides, tops, backs, and bottoms well, contract the  
(*Mentor's Corner continued on page 40*)



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## The Road to Meditation: Guiding Students to Personal Practice

By Robert Butera and Kristen Butera

**M**editation is a process of stilling the mind. Paradoxically, the formal definition of meditation can be simplified to this: *focusing with one-pointed attention for an extended duration of time*. This definition means that most people strive to meditate but may only experience a state of meditation for a minute or so during a particular session.

The lifestyle modifications and practices of the eight-fold path that lead up to meditation are designed to stabilize the mind in a systematic fashion. Once these steps are mastered and higher levels of mental stability are experienced, a seated meditation practice has the potential to further a student's self-realization process. Many yoga therapists know from field experience that guiding new students to create a consistent meditation practice can be a challenging prospect. Most of them come willing to learn, usually aware of the scientific evidence that meditation will be good for their stress reduction, perhaps even with a belief that meditation will have a positive impact on their overall life experience. Yet more often than not, they come back saying something like "I tried, and I just can't" or "I don't have the time to fit meditation into my life."

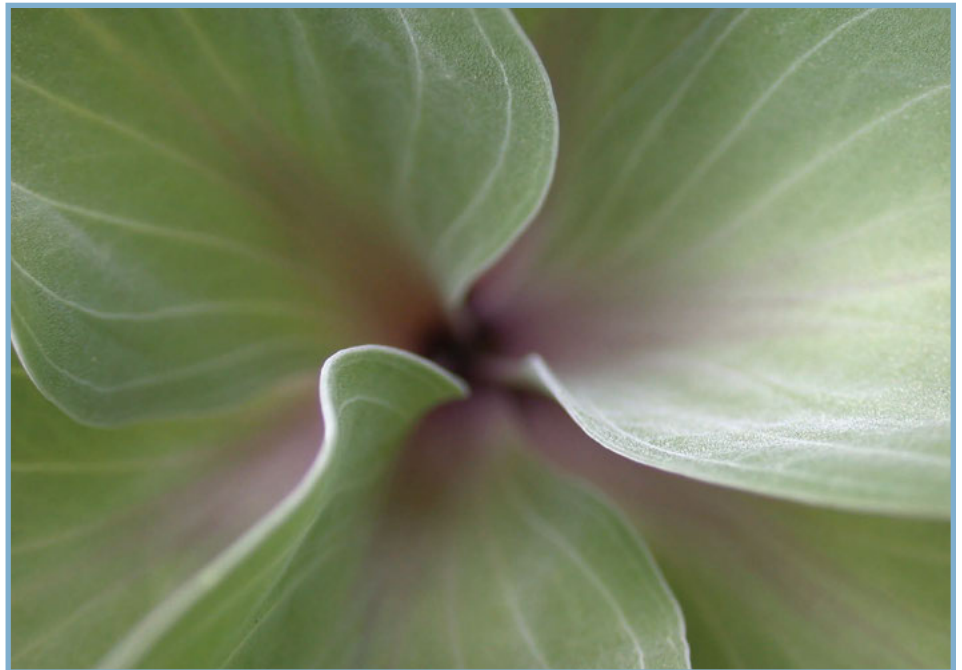
### Preparing the Student for Meditation

In this modern milieu of continual stimulation that has the average person in a constant state of mental activity, you can create a roadmap that starts the student on a journey toward meditation via a variety of mind-quieting activities. Rather than trying to take a student from 60 miles an hour to zero, which may perpetuate any existing feelings of inadequacy or failure, you can recognize and meet the student at his or her own unique starting point.

Many yoga therapists are already doing some type of mind-quieting work with their students through yoga poses, breathing, and relaxation exercises. These types of practices can be used as meditation primers. Going slower in an asana practice, holding poses for a longer duration, or going beyond physical tension in relaxation helps students work with their mental chatter and negative thought loops. Pranayama practices that focus on the connection between the breath and

mind create space for introspection and personal awareness.

Over the last 25 years, I have spent many a yoga therapy session helping students to sort out the stories they tell themselves around what is "wrong" with them and why they "can't" meditate. Often, I've found that once the self-sabotaging notions have been worked out, we discover that the practices the students were doing simply had not directly addressed their personal needs or lifestyle realities, and we can start afresh from there.



### Lifestyle Modifications as the Path to Meditation

One of the basic principles of the traditional guru-disciple model of one-on-one learning is that practices were tailored to meet individual dispositions. If we follow that line of thinking when using meditative practices in yoga therapy sessions, it can be useful to realize that there will always be an element of trial and error in order to discover what types of meditation work best for a particular client. The ability to assess a student's needs is a skill and an art form that the yoga therapist can develop with intentional practice.

This sometimes means going back to the drawing board and eliminating sitting meditation practices altogether for a period

of time, if these have proved too difficult for the client. In many cases, it requires revisiting the essential tenets of classical yoga philosophy and working on the lifestyle aspects of the first two steps of the eight-fold path, the *yamas* and *niyamas*, with an eye toward removing obstacles to meditation. The belief systems that cause stress can be understood and begun to be managed in this way. From this foundation of understanding and modification, specific meditation practices can be explored in order to discover the ones that best suited the student's individual needs.

Rather than picking the student's weakest area to improve with meditation, try emphasizing their strengths first. It may not always be formal seated meditation, especially in the beginning. If that is the case, centering, chanting, guided relaxation, pranayama, and *pratyahara* exercises such as yoga nidra can all act as a prelude to a seated meditation practice. Following the traditional teacher-student model of yogic learning empowers the student to slowly find accessible ways of moving toward a more meditative state of being.

### Let Go of Personal Meditation Bias

Let's preface this section by saying that there is no one "best" way of meditating. There is only what works best for the indi-

vidual. In this day and age there are hundreds of different meditation groups to choose from. Each one of them exists because people benefit tremendously from the particular style of practice. If we intend to use meditation as a facet of yoga therapy work, we are honor-bound to recognize a student's unique journey and to offer them individualized meditative assistance rather than a prescription based on our own preferences or personal experience with meditation. We can be committed to cultivating a personal meditation practice and be transparent about our preferences with our students, while knowing that what works for us may not work for our students. Going beyond personal preference allows us to work with students in an adaptive and client-focused way.

### Discover a Personal Meditation Type

As part of my yoga therapy PhD dissertation, I researched hundreds of books on meditation with a goal of personalizing practices for the students that I was seeing during that time. I was able to experience a great many types of meditation via many discriminating teachers. As I studied the variety of traditions, I started to analyze techniques and see similar universal trends of practice. Through this process six distinctive groups emerged. All six types are summarized in this article. The summaries are simplified for the sake of introducing them in this format. Each tradition has a variety of perspectives, and additional information that offers an extended amount of detail as to why and how they work is widely available.

Because of the complexity of the individual mind and body, I haven't yet been able to create a quick psychological survey that helps people identify their personal meditation type. You will need a combination of intuition and communication to help your students find which of the six types works for them. I typically recommend that students try each style for at least a few days to see how their mind responds. Eventually, they will find one or more practices that meet their needs at any given time.

*Breath Meditation* focuses on the simple act of breathing. Within this approach there are a variety of focal points available. Some focus on a specific place in the body (e.g., the tip of the nose or the solar plexus) while others choose to focus on the interchange between the inhalation and exhalation (the pause between breaths). Other factions focus on the entire process of breathing as a connec-

tion to the mysterious universal life force. This method is especially popular in Buddhist and yoga circles, and has roots in a variety of religious traditions throughout the world.

There is no one "best" way of meditating. There is only what works best for the individual.

*Mantra Meditation* focuses on repeating a word, syllable, or phrase that has personal meaning for the meditator. The chosen sound/phrase is repeated over and over. Initially, it may be spoken out loud and eventually repeated silently in the meditator's mind. Some people use the same mantra for years, while others change out the mantra when needed. This method was popularized by the Transcendental Meditation (TM) movement but also has roots in a variety of religious traditions. It is often used in tandem with a physical object like a mala or a rosary.

*Visualization* brings internal focus to a specific image, stilling the mind. Rooted in ancient prayer and healing traditions, it has been used in modern times by the human potential movement and in the training of professional athletes.

*Intentionality* offers a variety of approaches. Under this category fall practices like prayer, being in nature and connecting to Universal/God consciousness. The world's many shamanistic and religious traditions have influenced prayer and nature-based meditations.

*Contemplative Inquiry* offers a more intellectual approach. The meditator chooses an unanswerable question and reflects on it. When the active mind's theories are exhausted, only the question remains. A common form of this practice is meditation on the question, "Who am I?" that was popularized by the seminal work of Ramana Maharishi. This tradition also has roots in the Zen Buddhist koan practice.

*Mindfulness* comes in many forms. In its simplest form, the meditator observes thoughts and feelings, as well as their reactions to them. Buddhist *vipassana* (insight) meditation is the source of many present-day mindfulness courses. This particular method has been popular with

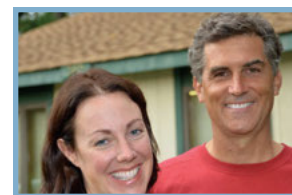
scientific studies that have offered solid evidence-based research about its efficacy, which has in turn helped the meditation community as a whole gain popularity and legitimacy.

### In Summary

The personalized approach to meditation asks the yoga therapist to offer a variety of practices that honor students' individual dispositions and allow them to explore their meditative potential. It is a slow and steady type of method, intended to create a sense of recognizable progress as students become more able to experience extended meditative states. It also gives new meditators time to adjust their lifestyle habits and create structures around having a sustainable meditation practice on their own. As students become more adept and consistent, the yoga therapist can offer adaptations to their existing practices or offer up new practices for them to explore as they become ready.

Meditation can be deemed effective and useful when the student has immediate positive benefits. A key indicator that a meditation practice is working is when the student feels more inspired, uplifted, and/or centered after meditating. If the student feels a strong negative reaction, then the meditation exercise may not have been appropriate or preparatory exercises may need to be further explored before trying a different meditation technique.

YTT



Robert Butera, MDiv, PhD, and Kristen Butera, ERYT-500, PYT, co-direct The YogaLife Institute in Devon, Pennsylvania, where they train yoga therapists and teachers of meditation and yoga. These programs follow the yoga-based lifestyle principles outlined in Bob's books: *The Pure Heart of Yoga: 10 Essential Steps to Transformation* (Llewellyn, 2009), and *Meditation for Your Life: Creating a Plan That Suits Your Style* (Llewellyn, 2012). Bob and Kristen also publish Yoga Living magazine in the Philadelphia region. To learn more, visit them at [www.YogaLifeInstitute.com](http://www.YogaLifeInstitute.com).

# Crossing the Divide between Yoga Therapy and Research: Lessons from the Field of Psychology

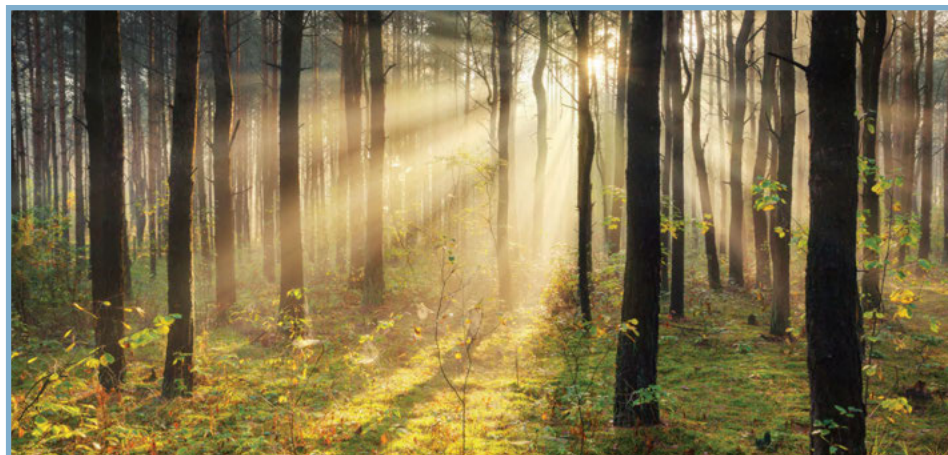
By B. Grace Marie Bullock

As yoga therapists and practitioners in the twenty-first century, we face the unique opportunity to participate in the emergence of yoga therapy in the West. We are pioneers, at the forefront of the movement to establish yoga therapy as a respected discipline in the Western healthcare system. As a practitioner you are probably convinced of yoga's effectiveness, and its potential to affect change on a number of dimensions. You likely have first-hand experience of the magical and sometimes mysterious ways in which your practice can transform you. While your experience and those of thousands of others are truly remarkable, they are not sufficient to convince huge corporations, healthcare systems, and governments to invest billions of dollars to implement yoga into their programs. Why? To date, there is insufficient data to support the efficacy of these practices.

Though the yoga tradition dates back over 5,000 years, it is an evolving discipline in the West. The Western medical model largely relies on evidence-based practices to make decisions regarding the utility of a particular treatment within a specific context. Evidence-based practices are assumed to possess a high degree of efficacy and treatment effectiveness, making them more cost-effective and appealing in this climate of rising healthcare service-delivery costs. Therapies are tested using rigorous empirical methods, ideally as part of large, randomized, controlled trials. The imperative to subject yoga to this type of evaluation is the juncture where yoga and science currently collide.

Proposals to quantify the methods, processes, and outcomes of yoga and yoga therapy are often met with strong resistance, and insistent claims that the depth and richness of the tradition cannot be captured in empirical research. Scientific methods are viewed as reductionistic and grossly inadequate when it comes to measuring the inter- and intrapersonal phenomena of yoga therapy. Sadly, one of the results of this ideological rift is increasing frustration among yoga therapists and yoga researchers, who both feel unfairly cast and misunderstood.

There is no simple solution to this problem. While at a conference in 2012, I was taken aback by the number of yoga



therapists who passionately expressed their displeasure at scientific attempts to quantify the practices of yoga. As a yoga practitioner and yoga therapist, I empathized with the contention that many aspects of yoga cannot be operationalized or measured without losing their richness, yet as an intervention scientist, I struggled to reconcile the fact that this level of inquiry is essential to the establishment of yoga therapy in Western healthcare systems. Upon further reflection, I recalled that the field of psychology wrestled with this very same issue nearly a century ago. Perhaps there are some lessons to be learned from that journey.

Some ideas seem rather ethereal, ubiquitous, or immeasurable. That does not, however, mean that they cannot be measured.

Western psychotherapy emerged within the medical model,<sup>1</sup> which recognizes a sequence of steps in the therapeutic process. These include the diagnosis of a disorder, a scientific explanation of illness, an understanding of the mechanism of change, and a proscribed treatment approach. The model is believed to provide sufficient knowledge to understand the etiology and nature of disorders and to determine the appropriate therapeutic

action, with the understanding that psychotherapeutic effects are the result of the correct application of a particular theoretical strategy. If components of an approach are changed or eliminated, it is assumed that the therapy would be considerably less effective. Freud used components of this model to frame his conceptualization and treatment in the development of psychoanalysis, and it continues to be widely employed in many therapeutic contexts.

The decades that followed the birth of psychoanalytic psychotherapy were marked by the advent of numerous competing theoretical models and treatment strategies (behavioral, cognitive, humanistic, existential, rational-emotive, depth psychology, and so on). Each claimed that the other was missing a component essential to the understanding of behavior and therapeutic change. Thousands of research studies were conducted to "prove" the efficacy and effectiveness of these and other strategies, many of which provided empirical support and many that did not. Heated public debates among researchers often ensued, which frequently fueled vigorous attempts to prove one theory superior relative to its competitors.

In 1979, Strupp and Hadley<sup>2</sup> threw the field of psychology on its ear. They assembled two groups of therapists, one consisting of highly experienced psychotherapists, and the other consisting of college professors with no clinical training who were selected based on their ability to form understanding relationships. Each group treated fifteen patients selected from a homogeneous group of participants classified as suffering from depression or

*(Perspectives continued on page 40)*

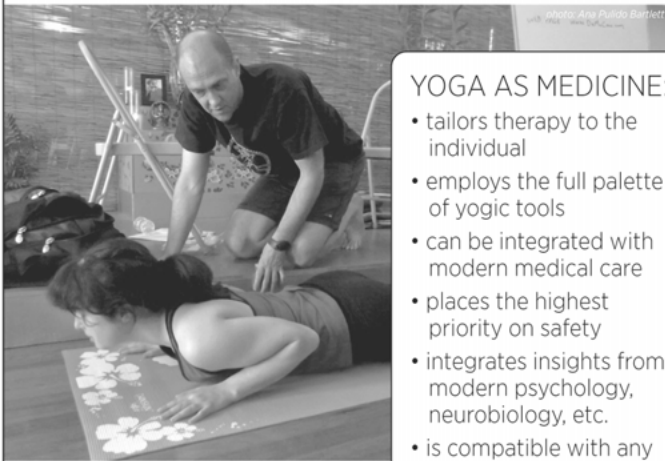


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## Essential Tips for Teaching Yoga to Youth with Mental Health Issues

By Lee Majewski

### Introduction

Canadian statistics estimate that an alarmingly high percentage of Canadian youth are affected by a mental illness or disorder—the single most disabling group of disorders worldwide.<sup>1</sup> The total number of twelve-to-nineteen-year-olds in Canada at risk for developing depression is a staggering 3.2 million.<sup>2</sup> Only 33–50% were identified by their doctors as having a mental illness at the time of death and only 15% of suicide victims were in treatment at the time of their death.<sup>3</sup> Statistics all over the world (WHO)<sup>4</sup> show that youth are underserved, in part due to the stigma around mental illness and the subsequent lack of reporting by youth of their mental state. And according to the WHO, this is going to increase by 50% by 2020. Central Toronto Youth Services/New Outlook Day Program (CTYS/New Outlook) in Toronto offers services to youth recovering from serious mental illness. The aim of this program is to assist young people in transitioning from a sheltered community-based life back into society. The duration of the program is eleven months, with a fresh start of twelve students every September.

As a certified Kundalini Yoga instructor, I'd been teaching yoga for depression in a community center. The CTYS/New Outlook program found me online and called to see if their youth could come and participate. Since my group was only for adults with depression, we arranged for me to present a demo class at their site in June of 2009. It was very well received and in September I began teaching regular classes.

At the start of my first regular class at CTYS/New Outlook, I faced twelve young men and women, 16–21 years old, all of us not quite knowing what to expect. Some looked at me with curiosity, some avoided eye contact, some were laughing to themselves, some were dozing off, some were staring at the wall with blank expressions on their faces, and some couldn't sit still.

### Building Rapport

I immediately began to learn about and build a rapport with each youth. The group included young people who had been diagnosed with bipolar disorder, obsessive-compulsive disorder, anxiety, depression, and schizophrenia, as well as youth still awaiting diagnoses. All of them, however,



had experienced a psychotic incident (characterized by an inability to distinguish between their perceptions or beliefs and objective reality and disorganization of the individual's life, emotions, and personality)—either as a part of a disease or drug induced. Some lived at home with family and some were in group homes. Most were there on a voluntary basis, referred by a hospital or social worker, but others were mandated by a court order to attend. Common to each one of them was a deep feeling of disempowerment. They all felt the stigma of mental illness and of being totally dependent on medications and doctors. They felt safe in this environment, but they also felt very confused by their illness.

I decided that my first task was to understand their level of social functionality, which varied greatly. Some were highly functional, some were quite mature but withdrawn, some were behaving irrationally as if living in their own inner reality, a symptom of schizophrenia. One seemed emotionally and mentally about five years old, yet she had developed highly adoptive behaviors so it was difficult to recognize her true level of functionality. And others behaved as if living behind a wall—I couldn't get any reaction out of them at all. My goal became to find what each one responded to and how to maintain contact with them despite their being often heavily drugged. One young man, a 21-year-old diagnosed with schizophrenia, sat in class avoiding eye contact with anybody. I refused to give up and praised him in every class, addressing him by name. It took three months for him to take his eyes away from his lap and to look at me. After another month, at times he showed a shadow of a smile when I addressed him.

### Taking the Time to Understand

I spent some time reading up on the conditions and side effects of the medications these young people used. Sometimes they were heavily medicated. Sometimes they had adverse reactions to medications they were taking, such as dizziness, drowsiness, dry mouth, fatigue, blurry vision, weight gain, tremors, shaking, stiffness, or abnormal movements—just to name a few. When the psychiatrists changed the medications or adjusted the doses, it would often create sudden changes in their behaviors, e.g., they might start bouncing off the walls or falling asleep in class. Behind these symptoms was a young, confused person struggling to make sense of his or her mental condition and life. It was crucial for me to be aware of each diagnosis and any changes in their situation. After a few months, I requested weekly meetings with the social workers who ran the rest of the program, which included reviews and check-ins on the development of each participant, as well as information on any changes in their medications. I wasn't able to communicate directly with the psychiatrist, but the weekly meetings with counselors were invaluable in this respect and were extremely helpful in learning how to meet the needs of this group. In addition, after about a year, upon my request there was always a counselor in the room during the yoga class—something that I highly recommend for anyone considering working with such a population.

### Seeing Beyond the Diagnosis

As their yoga teacher, I needed to look beyond the uncommon behaviors students may exhibit and not be affected by them. They may be having tics, be drowsy, be talking or laughing to themselves, or be very anxious and agitated. My success with them depended on my ability to disregard such behavior and see the person behind it, to find a way to connect to that part of them that is whole and not touched by illness. I needed to hold the space by treating them always with the same degree of care and kindness no matter what they did. In the three years that I taught there, only once did I have to ask for counselor intervention—one seventeen-year-old youth simply couldn't stop himself from verbally abusing me and had to be taken out of class. The next week, however, he came to apologize and cried on my shoulder. One of the students, with bipolar disorder, was troublesome and disruptive during class when he felt anxious. I was doing my best to not be affected by it and to always address him with kind-

ness, even though sometimes he would really stretch my patience. One day he arrived early to class, and he told me, "You know, I really feel I can talk with you in a safe way. I feel closer to you than to any worker here." To me, this was such an affirmation of my approach to teaching this group and a testament to the power of the love that I felt for them.

## Taking Yoga off the Mat

After a few months I introduced the idea of "taking yoga home." I showed the group that they have the power to make themselves feel better using yoga in their daily lives. I gave them tools to cope with emotions like anger, anxiety, stress, or discomfort outside of the classroom, in their home environment. I taught them pranayama for specific situations; I taught them mantras and mudras they could use when in need. I did as much as I could to empower them so that they could manage their own reactions and become independent. This also helped me to earn their trust.

At the beginning of every class I would ask them, "How did you use yoga in your day?" Often they would share stories like this one by a seventeen-year-old with bipolar disorder: "Yoga has impacted me in so many ways. It's made me a more calm and relaxed person; it's made me more flexible and smarter. It's made me more peaceful and centered and in tune with my body and the space around me. When I use yoga in my daily life I use it when I am stressed. I do *sa-ta-na-ma* to bring me down and to calm me. And I use the protection mantra (*Aad-guray-nameh*) when I feel I'm losing it and it brings me back to my center."

## Finding a Class Structure

It took some trial and error before we settled into a class structure that worked for these youth, and because they responded well to routine and structure, I stuck with the basic class outline (while allowing for the flexibility to respond to whatever their needs were on any given day). Class would typically begin with chanting opening mantras until the group settled down and were with me in class, followed by simple pranayama for about ten minutes. After that we moved to asanas, which varied depending on the needs of the group. If the class had excess energy to burn, we did sun salutations and after that we would do relaxation and pranayama. If it was an average day, I led some basic Hatha Yoga stretching poses (e.g., cat/cow, bow, camel, bridge, revolved chair, cobra, plough, seated forward bends) and we had some fun with balancing poses such as tree, mountain, triangle, and warrior 1 and 2. On a really good day I would choose a set from the Kundalini Yoga tradition, such as the Exercise for Balancing the Brain,

Body Cleansing and Disease Resistance, or Exercise for Mental Efficiency. I taught them Kirtan Kriya, which they liked and often used outside of class.

They may be having tics, be drowsy, be talking or laughing to themselves, or be very anxious and agitated. My success with them depended on my ability to disregard such behavior and see the person behind it.

Although it was challenging, I found it was necessary to pay attention to the state of mind of each individual student. One person might be very agitated while another completely passive or even depressed. The class then had to be adapted to meet the requirements of both, with special care and attention given to those who needed it at any given moment. On an average day, opening a class with a chant repeated as many times as needed would eventually bring everyone into the here and now, ready for asanas or pranayama. I also found it helpful to play music at the beginning of class, especially loud music with a strong drum beat, such as the Japanese band Kodo. After three to five minutes of vigorous dance students would settle on the mats with smiles on their faces. At other times I used chanting or mantras, asanas, or relaxation—whatever seemed to be appropriate in the moment to get their attention. Sometimes I would use relaxation at the beginning of class and sometimes I would start class with strenuous asanas. Feeling out the energy of the group in the moment dictated my choice.

## Feedback

Six months into the program, I asked the group for feedback. Here are some examples of what they said: "I always feel better after class." "I am not as angry with the people I was angry with." "I want to do yoga to become smarter." "I want to do yoga to become better and stronger." "It helps me to be relaxed. It makes my compulsion go away. It helps me deal with personal issues. It helps me to think positive."

I discussed these responses with the director of the organization. She told me that the staff was receiving very positive feedback from the kids about how yoga impacted their wellbeing. She suspected that for that particular hour, the kids didn't

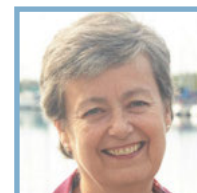
feel sick or handicapped in any way. She also said that they always felt better after doing yoga and she suggested that maybe they were starting to feel empowered to actually do something for their health instead of being solely dependent on drugs.

My classes teaching yoga to this population were the hardest in my teaching career. I never knew what would happen during class and in what state these youth would be when they showed up. The unknowns of every yoga class were magnified by the effects of the medications they were taking, as well as the specific challenges of their young lives. And so I had to be ready and open to meet the challenge of the moment. Yet—these classes were the most satisfying teaching job I have ever had. The reward of seeing the students coming in with grim faces and leaving with smiles was tremendous. So, as I was leaving for an extensive stay in India, I knew I had to find someone special to continue the classes. I was very lucky to find a Hatha Yoga teacher with some experience with mental health issues, and I am very happy to say that this year CTYS/New Outlook increased the number of yoga classes to three per week.

You can read more about "my kids" in my blog: [www.mentalhealthyoga.com/blog](http://www.mentalhealthyoga.com/blog).  
YTT

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*A yoga practitioner since the late '80s, in 2003 Lee travelled abroad to study Kundalini Yoga. Her current projects include co-operation with the University Health Network, Princess Margaret Hospital, and Central Toronto Youth Services in Toronto. Internationally, Lee works with Kaivalyadham Yoga Institute in Lonavla, India, creating and teaching specialized therapy programs.*

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Partap S. Khalsa DC, PhD, DABCO, Program Director at the National Center for Complementary and Alternative Medicine

##### “Demystifying Scientific Writing: Simple Techniques for Successful Manuscripts”

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SYR 2009 photos by Andrea Killam

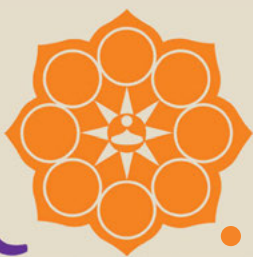
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- Göran Boll, Medical Yoga Institute of Sweden
- Loren Fishman, MD, Manhattan Physical Medicine & Rehabilitation
- Mladen Golubic, MD, PhD, Center for Lifestyle Medicine, Cleveland Clinic
- Sat Bir Khalsa, PhD, Harvard Medical School and Brigham and Womens' Hospital
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# How Yoga Assists with the Grieving Process

By Morton Kissen

As a psychoanalyst, I have always believed that traumatic experiences need to be mourned for effective healing to occur. Having experienced the healing powers of yoga following the death of my daughter, I became convinced that two different aspects of healing occur through the combined effects of psychoanalysis and yoga. One involves the memory process, a very intimate one, of looking at photographs of my daughter, and evoking remembrances of our past experiences together. The other was the use of yoga to focus on my body posture and breath in a mindful, self-compassionate, here and now fashion devoid of memory.

## Grieving and Remembrance

Although grief is frequently addressed during therapy, it is basically a very natural process. All losses are traumatic to some degree, and yet an intrinsic resiliency in the human spirit often allows considerable healing to occur over time.

The most common form of grieving is a narrative-based process and involves active and passive forms of remembering personal experiences with the lost person. In my case, I have repeatedly looked at pictures of my daughter that I have collected over the course of her life. I have also found it helpful to visit her gravesite about once a month and bring a folder of her pictures and other memorabilia with me, which I typically leaf through at the site. There are certain Jewish rituals that I find helpful, although I am not a very religious person. I collect a few small stones that I place on her monument and say a few short prayers.

For me, the act of remembering in this way establishes a continuous form of spiritual dialogue with my daughter, despite her passing. It is a very emotional experience, although I seldom cry very much during it. My crying tends to be either suppressed or more inward and quiet. Some times, I wish I could cry more easily and openly. I often envy my wife Judy and others who can cry more openly. It is interesting that there is a Hebrew prayer called Yizkor (it means "You shall



Jennifer with her joy of life, as I remember her.

remember") that is often said in a large group, all of whom have lost persons dear to them, on the Jewish High Holidays. Although I am not very involved with institutionalized religion, I have always found this form of communal participation soothing and spiritually uplifting. It also often allows me to express my sad feelings a bit more openly. It is almost as if a group therapeutic effect takes place during these large communal mourning experiences.

The need to remember is intrinsic to this first and primary form of grieving. It is also interesting that clinically, we often can discern a fear of forgetting in most mourners, as though that were a kind of betrayal of the loved person.

## Mindful Grieving

Although evoking memories of our loved ones is rooted in the past, the act of remembering can be mindful and even meditative, if it is clearly focused upon in the present moment as a sensory experience, including a focus on one's breath and bodily experience. It also involves an ever-evolving acceptance of a painful loss that has occurred without denying or magnifying it.

Yoga and mindfulness meditation have been particularly helpful as I have grieved the loss of my daughter. The

goal of such forms of meditation is generally to allow all thoughts, feelings, and memories to surface and to fall away while the meditator observes them with an attitude of welcoming.

I began taking yoga classes during the latter stages of my daughter's illness and have continued ever since. I am convinced that they have assisted my healing and mourning of her loss. In addition to the help I have received through mindfulness, there has been a renewal of my self-compassion expressed through much positive attention to my body from top to bottom. The luxury and requirement of doing that has opened up a permission to live and enjoy certain sensory aspects of living. I participate in yoga classes two or three times per week, which typically consist of groups of ten to twenty participants. Memories or thoughts and feelings are temporarily put aside or viewed as passing images to be placed into the background, as I and the other class members concentrate on our bodies in a very sensory fashion.

Many say that parents are not supposed to outlive their children. As a parent, I, and others in my situation, have translated that into guilt over surviving and a reluctance to enjoy the body as quite literally an embodiment of that survival. To be allowed to focus pleasurably and compassionately on my body for hours at a time has helped me immensely with my grieving.

I have noted with much interest that the few times that I have cried over my daughter in a more open fashion have occurred during my yoga classes. I suspect that these classes have opened up a special kind of grieving. This form of grieving is rooted in the body and in the present and involves very little conscious remembering. There is also a kind of acceptance that is deeply facilitated through yoga. That is the acceptance of the right to be self-compassionate and kind to oneself in this way. Also, there is an acceptance of the right to temporarily forget and to even enjoy that forgetting.

As a psychoanalyst, I have always seen the therapeutic process as a special

*(Continued on page 26)*

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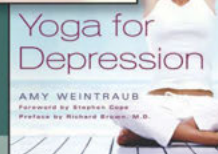
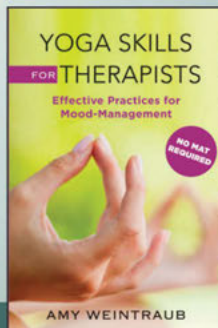


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kind of grieving over personal losses and self-ideals. It is also an opportunity to accept one's right to live a vital and valued life.

Since I have become very involved with yoga personally I have introduced it into my therapeutic work with patients to assist them with their grieving. I do light breathing exercises with my patients, at moments of intense stress or anxiety, and I recommend that they consider taking yoga classes. I have found that psychoanalytic therapy is intensified and made more effective when yoga is simultaneously practiced. Grieving is an important part of every therapeutic engagement, even if the loss of a loved one has not occurred. Patients can grieve their past and present ideals and accept their less-than-perfect, painful experiences and self-awareness through the combination of insightful self-exploration and mindfulness work in the here and now.

### Mindfulness and Self-Compassion

There are two highly researchable constructs that I believe explain at least some of the reasons that yoga can be helpful at times of deeply painful loss. As I have described, I personally have experienced their usefulness and have worked with many patients to incorporate them into their healing plan: mindfulness and self-compassion. Mindfulness is recognized as an important component of the healing process and has been integrated into various contemporary therapies. Mindfulness has at least five facets that have been made operational psychometrically by Ruth Baer and her research collaborators.<sup>1,2</sup> Taken together, they suggest a fairly refreshing and non-judgmental posture toward both the inner self and outer-world experiences, one rooted in the present with no particular remembrance of the past. The capacity to attend in a focused, sensory, and non-verbal or thinking way on present bodily and postural experience offers respite and a separate sort of healing and grieving process from that provided by remembering.

Self-compassion is the capacity to take care of oneself in a kind, yet not narcissistic or self-absorbed, interpersonally engaged fashion that is open to positive affects and aspects of inner and outer experience. Self-compassion has recently become the subject of empirical study.

Kristin D. Neff<sup>3,4</sup> has led the way with her development of a quite reliable and valid scale to measure this construct. The six factors help delineate a positive psychological construct of kindness to the self in the face of stressful, unpleasant circumstances. They incorporate an aspect of mindfulness but go beyond and include an ability to take a self- uplifting and positive perspective and to take care of oneself and one's needs, even under quite unhappy or difficult circumstances. Being kind to oneself is especially necessary at times of deep loss but is not always so easy to do.

### Future Directions

I have begun to research the natural connection of yoga with mindfulness and self-compassion and hope to report on this research in a future issue. I have also been demonstrating this connection to all of my students (in addition to my patients). I am now teaching graduate and undergraduate psychology classes and have introduced this component for the students in each class that I teach. **YTT**

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*Morton Kissen, PhD, Dipl ABPP, has been a professor of clinical psychology at the Derner Institute of Adelphi University, Garden City, NJ for over 35 years. He has written numerous books and articles on individual and group psychotherapy and is currently engaged in a research study of the relationships between yoga, mindfulness, self-compassion, and stress.*

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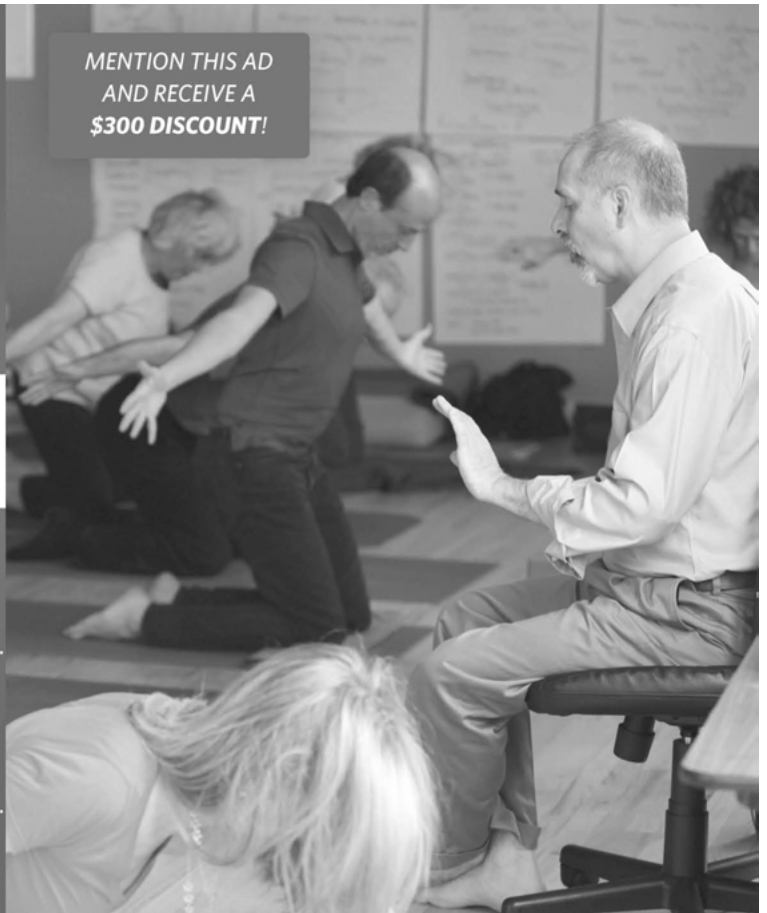
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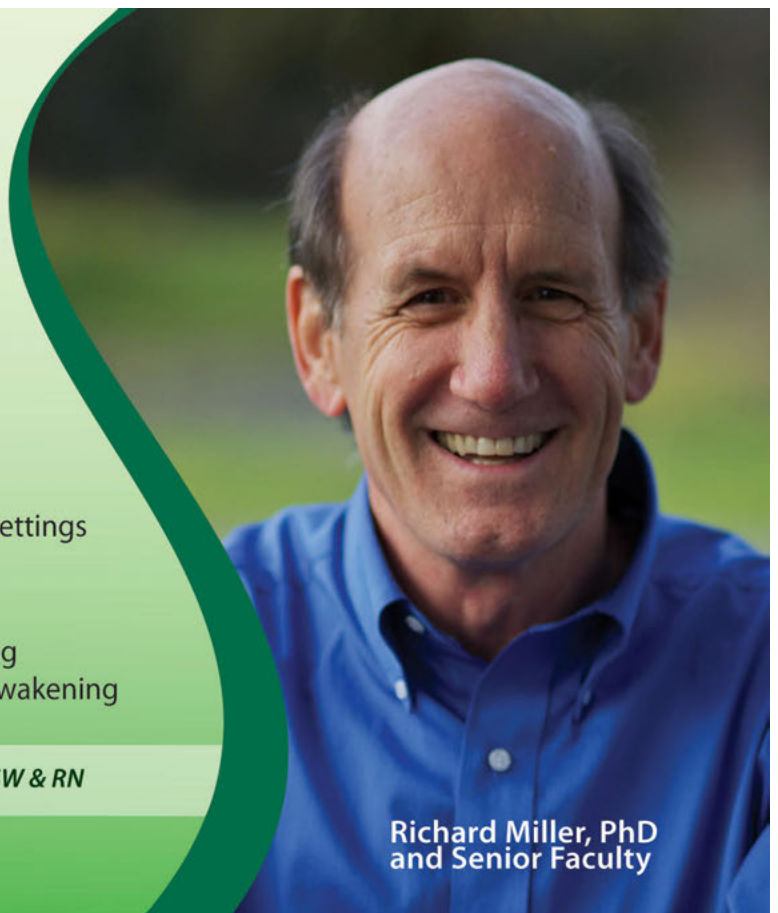


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# Interview

## with Bo Forbes, PsyD

By Kelly Birch

### Introduction

**B**o Forbes is a scholar and a healer, yet also a maverick. As a freshman at the University of Chicago, Bo took classes at the graduate school of social work. She earned her bachelor's and master's degree at the age of 21, after taking a brief detour into biopsychology, stress management, biopsychosocial behavior, and sleep research, and received her doctorate at 25. Her experiences led her to understand the emotional brain as not simply thoughts and feelings, but as an intricate mind-body network that determines neural, physical, and emotional health. As a psychologist, and then later as a yoga therapist and teacher, Bo's awareness of this network influenced her understanding of anxiety and depression. She is the founder of Integrative Yoga Therapeutics, a method that utilizes the tools of yoga to engage and transform the mind-body network, and she directs the New England School of Integrative Yoga Therapeutics and their training Center in Boston, which offers yoga therapeutics to clients with physical and emotional issues. In many ways, as we'll see from this discussion, the foundation of Bo's early study and training served as a springboard for her search for more innovative treatments by integrating the fields of psychotherapy, yoga, and yoga therapy.

I first heard Bo at her SYTAR plenary presentation in 2011, What is Mental Health Missing that Yoga Provides (and How Does Yoga Do That)? I was fascinated to hear her talk about the integration of psychotherapy and yoga therapy. In the following discussion, we explore this topic and its implications for both fields.

**KB: What about the conventional ways of approaching mental health is unsatisfactory?**

**BF:** The World Health Organization has predicted that by the year 2020, depression will be the second biggest health problem on our planet, and by 2030, it will be our number one global disease burden. These astonishing statistics have serious implications for global healthcare. Anxiety and depression are becoming worldwide



Photo credit: InterPositive Media

epidemics. Our current treatments of choice, psychotherapy and medication, aren't doing enough to stop them.

Anxiety and depression aren't just mental, emotional, or biochemical; they're mind-body issues. And here's the dilemma: psychotherapy addresses the mind and to some extent the emotional regions of the brain, while including a rich therapeutic alliance. Medication targets the emotional regions of the brain and to some extent the physical body. But when we use just psychotherapy and medication, we're addressing patterns in only two or three areas, while the rest of the mind-body network, as I call it, practices the old patterns of anxiety and depression.

**What do you mean by the "mind-body network"?**

The mind-body network contains the mind and physical body, plus several elements that play integral roles in depression and anxiety: the autonomic nervous system, immune system, and enteric nervous system (our belly brain), for example. It also houses our fascial web: the information superhighway of connective tissue that's found throughout the body. Our pain pathways belong in the mind-body conversation as well; we know that pain disorders are intimately connected to anxiety and depression. Anxiety and depression, then, aren't simply "biochemical illnesses." They're neuro-emotional patterns that are

reflected in and often reinforced by each part of the mind-body network.

It feels to me that we are poised to experience a paradigm shift in the way we conceptualize the origins and treatment of emotional illnesses such as anxiety, depression, and chronic pain—and in the way we view the process of healing. We're starting to acknowledge what isn't working in our approach to emotional health, and that's the first step in any paradigm shift.

**Please talk a little more about this paradigm shift.**

A sea change is occurring in psychotherapy, psychiatry, and even medicine. We're starting to expand our view of healing to encompass more than allopathic interventions such as psychotherapy and medication. Two-thirds of all people on antidepressants aren't getting better. That is, 66% percent of all people on antidepressants aren't experiencing satisfactory symptom relief. In a medical setting, to continue to use interventions that don't work 66% of the time would be considered at the very least to be outside the realm of best practices. Currently, over 40% of Americans now seek out complementary and alternative medicine, and that number is growing. People are starting to believe, along with their physicians and therapists, that there's more to emotional balance than mental processing or biochemical interventions. We're coming to the understanding that we all possess within us a bio-available technology for emotional health: the mind-body network. This network should be addressed as a complement to psychotherapy and medication—and the more elements of the network we can involve in healing, the more fully we heal. So we're stepping into the first stages of this paradigm shift, which is a backdrop to changes occurring in the fields of yoga and yoga therapy.

**Paradigm shifts tend to be threatening to people. How is the psychotherapy community responding to this?**

Well, I think part of my dharma or life purpose is to be a paradigm-challenger. That's not an easy role to play: most people respond with ambivalence. First, there's an excitement, a sort of quickening.

If we acknowledge the importance, and I'd say the imperative, of bringing the body into psychotherapy, we have to come to terms fully with what isn't working in our profession.

Psychotherapists seem to love the concept of bringing the body into treatment—they feel it's the next step in the evolution of therapy. But their excitement is often tempered with defensiveness, and understandably so, when they consider what the role of the body in emotional health means for the future of talk therapy. And then there's the issue of additional training that a psychotherapist might need to integrate the body into treatment. So there's where the ambivalence often comes into play—and I can relate to that.

But I'm optimistic: psychotherapy is in a rich transition right now. Decades ago, pioneers in therapy introduced body-centered methods such as sensorimotor integration and Hakomi therapy. They were the first to say that the body played a role in emotional healing. They offered exploratory, process-focused techniques to psychotherapists, and their work planted seeds that are now growing in new ways.

We've begun to take steps toward a more integrated mind-body approach to emotional healing. Jon Kabat-Zinn's seminal work has brought mindfulness-based stress reduction (MBSR) into mainstream psychotherapy. My colleagues at the Institute for Meditation and Psychotherapy based here in Boston have played an integral role in furthering this work; they train psychotherapists in bringing meditative practices into psychotherapy.

You know, psychotherapists experience a high rate of burnout and emotional contagion from their work. More psychotherapists are turning to yoga and meditation to help with stress resilience and rejuvenation. And that's a great begin-

ning. It's getting us to start thinking, "How can we integrate these techniques into psychotherapy?"

The dilemma is that as psychotherapists, we've been trained our entire professional careers not to go anywhere near the body. Meditation is much easier to integrate than yoga, because it doesn't involve touch.

Alongside these changes, more psychotherapists view yoga therapy or group classes as a valid adjunct to psychotherapy. But I wonder if psychotherapists in general accept how effective and even necessary it is to integrate yoga (or yoga therapy) directly into the actual session. Our current paradigm shift will likely change this, but it may take another eight to ten years before we see widespread acceptance for a structured and integrative body-centered approach to psychotherapy.

If we acknowledge the importance, and I'd say the imperative, of bringing the body into psychotherapy, we have to come to terms fully with what isn't working in our profession. This reckoning compels us to seek training in yoga and the body. So when I say these things to psychotherapists and the initial "glow" of the message wears off, I often encounter a primal sense of upset. And I can empathize; I've been there myself. It's what caused me to explore this integrative work in the first place. But it's earth-shattering to realize that one's career needs to take such a radical shift in trajectory, especially given the time and resources we've invested in our training.

#### **When and how did you start to integrate yoga into your psychotherapy practice?**

As a young psychotherapist, I worked with clients who had suffered from eating disorders, substance abuse, and mood disorders, among other issues. I worked in psychiatric hospital and outpatient settings. Throughout this time, I felt like there was something missing in psychotherapy. This ignited a long search in which I experimented with different forms of complementary and alternative medicine, including hands-on healing and acupuncture. But my first yoga class was an epiphany: I asked myself, "If yoga can make me feel this emotionally balanced, this connected

to a deeper part of myself, what might it do for people suffering from anxiety, depression, and chronic pain?" I began to study yoga more deeply, including yoga philosophy, Sanskrit, and the Sivananda, Iyengar, and Vinyasa systems. I had a small psychotherapy practice, and slowly began to integrate yoga into that practice.

Later, I transitioned from "integrative psychotherapy" (psychotherapy that incorporated yoga) to yoga therapy with less processing. The impact of this work was more powerful than I ever would have imagined. I began to accept referrals from colleagues, mostly psychiatrists and holistic physicians, and saw their clients as an adjunct yoga therapist. They began to give me feedback that as a result of this work, their clients began to access places in treatment that they'd been working together to reach for many years. More and more psychotherapists and physicians became excited about the possibilities of yoga therapy: one of my psychiatrist colleagues told me that his patients who did yoga had a greater ability to self-regulate and to give him feedback about how medications were working. Meanwhile, many of the trainees in our teacher-training program brought Restorative Yoga into their psychotherapy sessions, with tremendous results. Several psychotherapists contacted me to say that the fifteen minutes in which they did restorative poses without processing was incredibly powerful, but in a way that differed distinctly from the verbal breakthroughs they experienced. They wanted to know what this "restorative therapeutics stuff" was, and how it worked. All these signs told me that we were on to something really transformative.

Over the last decade and a half, with the help of my community here in Boston, I've developed and fine-tuned an approach to emotional and physical healing that I call Integrative Yoga Therapeutics (IYT). We have a center in the Boston area where we've worked with a variety of clients and special issues, including oncology, chronic pain, and mood disorders. Our school, the New England School of Integrative Yoga Therapeutics (NESIYT), has a 200-hour and 500-hour teacher training and a yoga therapy training program. We teach large and small group classes and offer yoga therapeutics group sessions as well as individual sessions.

*(Continued on page 30)*

IYT is a living, breathing system: it has structure and consistency, but it also continually adapts to the feedback of our community's teachers, trainees, students, and clients. You could say that the system is the result of an ongoing collective effort. And we've had multiple clinical settings and a large clinical base through which to practice and refine our work.

**What specifically prompted the shift from using yoga as an adjunct to psychotherapy to using yoga as an integral part of the treatment?**

Early on in sessions, when I first began to integrate my yoga and psychotherapy work, I'd have clients drop in to restorative postures and talk from that deeper place. They had life-changing insights during restorative sessions that differed from the mental "aha" experiences we've all witnessed or experienced. Then they'd jump up to process the insight and would completely lose contact with the "felt" sense of the experience. I began to realize that the talking part of the session fosters mental insight—which is valuable, but on its own doesn't lead to lasting change. Through restorative yoga people experience embodied insight, which to me is the key ingredient in transformation. I've since begun to minimize the processing part, and use it mostly at the beginning as a check-in, and at the end to wrap up.

**What is "embodied insight"?**

There are two types of embodied insight: we experience the first kind when mental insight or understanding "trickles down" into the body and becomes integrated on almost a cellular level. The second is a more visceral, body-based insight or gnosis which can "trickle up" to the conscious mind, but may not necessarily do so—and it's fine if the mind never comprehends what's happened. Embodied insight, to me, signals that the neural and even the "pranic" wiring in our mind-body network has changed. This kind of change is utterly life-transforming. The two states (mental understanding and embodied insight) are markedly different and sometimes mutually exclusive. I find that the process of Integrative Yoga Therapeutics works better when there is a carefully choreographed dance between the two.



Bo Forbes teaches the art of propping supported reclining twist pose in her Integrative Yoga Therapeutics teacher training.

Photo credit: Leili Towfigh © 2013

So, psychotherapy without the body, in my opinion, can be incomplete, and may risk wiring in more deeply the mental patterns that reinforce anxiety and depression. And when we practice yoga therapy without some form of training or specified focus on emotional health, we're assuming that yoga therapy can heal any emotional issue. Both feel, to me, like extreme as well as limiting approaches.

**Can you give me an example of how psychotherapy can be limiting?**

As psychotherapists, we are trained in the art of interpretation, of capturing a story in words. We connect our clients' stories to similar stories in the past to solidify themes in the hopes that mental understanding can bring about change. And

sometimes it does! The storytelling function can be useful, especially the first several times; it helps us bring themes and concepts to conscious awareness. It allows our stories to be heard and embraced by others. The risk in psychotherapy is that we can reinforce our stories and even build on them.

Recently I interviewed Joseph LeDoux, a neuroscientist at NYU; he shared some compelling research with me. Studies show that each time we retell a story or retrieve a memory, a specific kind of protein synthesis occurs in the brain. This means that we've added to our story in some way and reinforced the neural networks connected to that story or memory. There may be times when telling a story may be therapeutic. And there may be other times when it reinforces the

*(Continued on page 32)*



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very patterns we're trying to change. As psychotherapists, it's important to ask ourselves whether a story is constructive and novel, or whether it's repetitive and counter-productive. In trauma survivors, for example, they can find telling the story to be helpful. But they also need to enter the field of the body (and re-wire the nervous system) for change to take place.

**And what would be a limiting approach to yoga therapy?**

Classical yoga can ignore the body in a different way than psychotherapy. Some of my dearest colleagues in yoga therapy, for instance, feel that asana is limited in its therapeutic scope. I don't agree. I think asana can be a vehicle to liberation. The body is sentient and intelligent. It infuses its presence into each limb of yoga. We can't reach enlightenment, or even emotional health, without involving the body—not in an accidental way or as an accessory to meditation, but in a conscious and sophisticated process.

Also, classical yogis and yoga therapists sometimes seem to take the position that yoga will handle everything—that we don't need to do any other emotional work ourselves. I've directly asked some of my colleagues who've been dedicated and long-term practitioners of Raja Yoga and mantra meditation if yoga is taking care of their emotional issues. Most have said something like, "Well, I haven't found the emotional balance I expected, but my practice has been a support." They tell me their challenging patterns are still present, though yoga has helped them manage these patterns more effectively. Other yogis don't feel that they have any emotional issues to work on. But if a yoga therapist hasn't done any emotional "excavation," the resulting blind spots will affect the clinical work.

**Can you describe a situation in which a yoga therapist might be lacking in knowledge when working with a client who has mental health issues?**

One situation comes immediately to mind: treating someone with severe (or vegetative) depression. Through yoga therapy, they may begin to feel better. Yoga therapists often view this increase in energy as an encouraging sign that yoga therapy is on the right track. But as psychotherapists, we know that when the vegetative

symptoms of depression begin to lift, there's actually *more* cause for worry. In fact, a slight lift in energy can increase the risk for suicidal ideation and intent, so we need to do risk assessments at this point in treatment. My concern is that without more extensive training, yoga therapists treating depression will encounter suicide ideation and attempts without the tools with which to handle them. And medical and psychiatric associations may challenge us for scope-of-practice issues. Now that yoga therapy is making forays into managed care, these scope-of-practice issues become an emerging concern.



Bo in scapula hang, a therapeutic heart-opening pose from the Integrative Yoga Therapeutics System. Photo Credit: Simone Jowell Photography

**I often mention to clients that I'm not a psychotherapist, and I've had to be very clear on my scope of practice.**

That's a great position, and one that requires courage and humility. I know that specialty issues exist that someone else might address with more efficacy than I could, and it's my responsibility to get my client to that person.

Our dilemma is that most clients don't disclose the full picture to us in the first session, when the complete intake happens and we can say "let me refer you to someone else." They disclose their history in bits and pieces, when they know it's safe. And by the time they trust us, the therapeutic alliance has already formed, and we have two choices: we can continue to see them and deal with scope-of-practice issues, or we can refer them out to someone else, which ruptures the therapeutic alliance.

**What kind of training do you recommend for yoga therapists who want work specifically in mental health?**

I believe that we need a wholly integrated approach both to our clinical training and to our *sadhana* [spiritual path]. If you look at IAYT's educational standards on mental health, it only says "basic knowledge of mental health concepts." That's it! So as yoga therapists, we'll be not only adjunct therapists but often primary therapists for people with serious mental health issues. Two colleagues, Fiona Akhtar and Laura Douglass, collaborated with me on writing

a position paper for the *International Journal of Yoga Therapy* in 2011 on just this topic.<sup>2</sup> I believe strongly that yoga therapy should declare mental health a subspecialty with its own attendant requirements. If you have enough psychology training embedded in a yoga therapy training program, you may not need a structured training, but I feel that we have to be so careful with what we're doing. I love the idea of a master's program, or a one-year intensive in counseling, something like that.

I'm well aware that my position can frustrate yoga therapists who don't have specialized training or background in psychology. But in the beginning stages, as we really start to fuse this hybrid work, more structure is better. In our 500-hour teacher training, for example, we built in several mental health modules: addictive disorders, bipolar disorder, chronic pain disorders, eating disorder, anxiety, insom-

nia, and depression. I brought those into our training, and then added clinical practice, so that our yoga therapists could do this integrative work in mental health issues with confidence. Even with this background, we added group supervision, because clinical experience brings to light many issues in the development of yoga therapists, and we wanted an effective way to layer their experiences of supervision and practice.

**You mentioned earlier that the practice of yoga can't always illuminate to us the areas in which we need growth (our blind spots). What about supervision for the supervisors themselves?**

It would behoove us to borrow from the psychotherapy tradition and psychiatry this essential concept of supervision. If we're not receiving supervision, no one is there to tell us of our blind spots, or where we're missing the boat. I can't tell you how humbling and growthful it is to have people who do that for me. In my teacher-training program I have a psychologist

Through restorative yoga people experience embodied insight, which to me is the key ingredient in transformation.

from the Institute of Meditation in Psychotherapy who meets with my students and with me as well. Issues come up in both the yoga and yoga therapy trainings that can elicit defensiveness in me, where I could easily dismiss concerns. But supervision helps me to reflect, to see where I'm not being as present or as graceful as I can be. It highlights my blind spots. And by definition, blind spots are blind! We all have them. And we can all benefit from the "super" vision that helps us identify and work through them.

**Any closing thoughts?**

We have the potential to be forerunners in the field of mind-body medicine. This requires a grandness of vision and humility of spirit. Psychotherapy needs to incorporate the body and honor the body's role in emotional transformation. And yoga therapy should be prepared to address emotional issues in a grounded way—and there is room there for processing. In much the same way, our asana practice should have meditative aspects, and our meditation practice can be more effective when it incorporates the body. Part of the challenge here is discernment, to know when do we move, when do we do yoga nidra or restoratives, and when might we want to put words to the process and hammer a frame around it. And this is where we all want to evolve to as clinicians. **YTT**

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## The Minded Institute's Yoga Therapy for Mental Health Training

By Eve Menezes Cunningham and Louise Kitchener

### Introduction

**Louise Kitchener (LK):** I had been teaching yoga for six years when I sat myself down one spring and asked myself, "What next?" I loved teaching yoga in general—I found it fulfilling and inspiring—but I wanted something more focused. I was practicing yoga for mental clarity, and it was clear that without yoga my mental wellbeing took a downturn, and my students were saying the same about their own practice. Many people were stating anxiety and depression on their intake forms as a reason for taking yoga classes. I began searching online for yoga trainings that focused on mental health; I found The Minded Institute (TMI)—and it all fit together.

**Eve Menezes Cunningham (EMC):** I'd been writing about psychology, health, and wellbeing (including a lot about yoga) since 2004. I had been running a coaching and complementary therapy practice, taking additional trainings in neurolinguistic programming and emotional freedom technique, and became a psychosynthesis counselor.

I'd had a sporadic yoga practice for many years, and psychosynthesis counseling includes some bodywork (tracking sensation, using imagery, and, sometimes, movement). Yet, the idea of using yoga to retrain my brain (and teaching future clients do the same) seemed innovative as well as practical. Moreover, as TMI operates from a person-centered model, wherein the worldview of the client is paramount in devising the treatment, I knew the training would not just be scientific and impersonal but also deeply supportive and compassionate, with attention to my own journey.

### Structure of the Training

**EMC:** The Minded Institute's yoga therapy training is suitable for yoga instructors; mental health practitioners, including psychotherapists, counselors, and psychologists; and other healthcare professionals with an interest in mental health. It is a blend of yoga therapy, psychotherapeutic holding, neuroscientific principles, the physiological relationship between body systems and disease, and mindfulness to support clients who are stressed, anxious, depressed, traumatized, or suffering from chronic diseases.



Practicing lion pose to increase circulation to facial muscles and enhance parasympathetic activation.

Photo credit: Alexander Michl

The course takes place over 18 months. In England, there are thirteen modules, each taking place over four-day blocks. The training in the United States will be in 11 five-day blocks, totaling 550 hours. Our training site was Kensal Rise at The Special Yoga Centre, and all the training took place in a large, fully kitted-out yoga studio.

Each weekend covers at least one physiological system, how it is influenced by stress, and different chronic diseases associated with it. Heather Mason, the founder and owner of the Minded Institute, also covers relevant yoga and mindfulness research regarding these conditions and offers TMI's recommendations for working with clients with these conditions. Because the training is geared toward mental health, each module covers a mental health disorder from both a yogic and Western medical perspective. We speak about diagnosis, common treatments, comorbidities that exist with each mental health issue, its neurological correlates, and how yoga and mindfulness can influence it for the better. This includes anxiety disorders and mood disorders such as uni- and bipolar depression, attention deficit hyperactivity disorder (ADHD), eating disorders, psychosis, and addictions.

Yogic philosophy is woven into each topic along with psychotherapeutic and assessment skills. To ensure an embodied experience for the trainees, there is yoga teaching practice and group and partner experiential learning almost every day, and pranayama and mindfulness techniques are incorporated into most days. In addition, we are trained to teach the Yoga Therapy for the Mind eight-week course. We also learn some business skills and

cover emergency scenarios as well as the ethics and the limitations of yoga therapy.

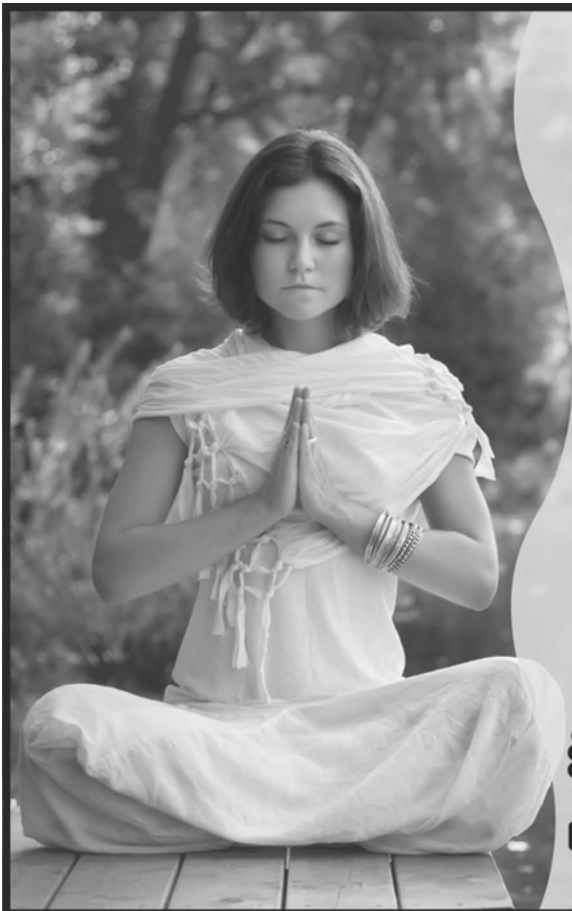
We had a great deal of required reading, a hefty course manual with review questions for each module, client

sessions to write up, and essays to write. Aside from study we were required to do daily practice and journal about our experience. We were constantly called to look deeper into ourselves. Further, at the end of the training students who wished to work toward accreditation with the British Council of Yoga Therapy were required to take a five-day, mostly silent, retreat. Upon passing the course, students are granted the Yoga Therapist for Mental Health certification.

**LK:** Therapeutic skills were explored in detail from the start; techniques included mirroring, how to create effective yet compassionate boundaries, as well as use of appropriate language and consideration of the placebo effect. Mindfulness itself, being such an important facet of the training both for clients and practitioners, was demonstrated in the therapist-client relationship by allowing the client's own healing process to unfold rather than being designed by the therapist, by holding the space clearly through body language, intention, and speech. That said, we became well practiced in recognizing signs of emotional flooding and the need for us to manage this with very clear and direct steps to take, specifically for clients with PTSD.

These techniques were initially explored through experiential pairings with other students, which would be part role-play, part based on our own real experiences. From this we built to working one-

(Continued on page 36)



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Discussion about nature of practice for treatment of anxiety.

Photo credit: Alexander Michl

on-one in client sessions, first with friends and family, and toward the end of the course, with people with mild-to-moderate mental health challenges. Each module required us to work with three clients, with constant supervision throughout the course. We also had a lecture regarding emergency situations, including appropriate questioning of suicidal intentions in order to assess situations.

### The Minded Institute Faculty

Heather Mason is the main lecturer, covering neuroscience, mindfulness, stress and disease, physiology, and anxiety and mood disorders. Heather has MAs in Buddhist Studies and in Psychotherapy and training in neuroscience at the MSc level. She is an RYT-500, a yoga therapist, and a mindfulness-based cognitive therapy (MBCT) facilitator. The rest of the faculty are all Yoga Therapist for Mental Health (TMI) certified. Felicity Spencer lectures on experiential anatomy. She is a yoga teacher and physical therapist who has worked in public and private mental health settings in Australia. Samantha Bottrill lectures on psychology and yoga and eating disorders. She is an RYT-200 and a clinical psychologist. Sam supervises trainees both in her role as a clinical psychologist and Yoga for the Mind Therapist. Veena Ugargol lectures on neuroscience, the endocrine system, and psychobiology of stress. Veena is a yoga teacher and yoga researcher. Shaura Hall lectures on yoga philosophy and yoga for addictions. Shaura is a Kundalini Yoga teacher and has engaged in research on yoga and the brain for addictions.

### Guest Lecturers

In addition to the faculty, several guest lecturers addressed our group. For example, Daniel Siegel, MD, and Patricia Gerbarg, MD, spoke about neuroscience; Chris Streeter, MD, assistant professor at the Boston University School of Medicine, lectured on yoga anxiety and GABA; Sat Bir Khalsa, PhD, one of the world's leading yoga researchers, lectured on yogic mechanisms and yoga therapy and research; Tim Gard, a leading researcher

in the area of how mindfulness influences neural correlates of pain processing, lectured on mindfulness and pain; and Lana Jackson, DClinPsy, a clinical psychologist who works with adolescents using yogic and mindfulness approaches, lectured on mindfulness, yoga, adolescence, and ADHD.

### Personal and Professional Benefits of the Training

**LK:** Professionally, the training fulfilled exactly what I wanted it to—it gave me the knowledge, skills, and confidence to work as a yoga therapist for mental health populations. In one-on-one sessions I see the most transformation—I now have a spiritual and scientific understanding of yogic principles that I can tailor according to my client's worldview. I recently graduated from the training, and people are already searching me out as someone who works specifically with mental health. I've just started teaching my first Yoga Therapy for the Mind eight-week course, created by Heather Mason for the treatment of depression and anxiety. Teaching the course is one of the many things students can do on completion of the training. We are also trained to develop our own courses and build our own models as well as to deliver private therapy. I chose to use Heather's model first, and the course is fully booked!

On a personal level, the training has been the biggest challenge of my learning life. In terms of time, studying, and homework the course was demanding, but anything less than that and I would have felt disappointed. The level of knowledge given and expected was so high, that for the first time in my yoga career I felt a sense of validity and accomplishment; that I had something to offer way above and beyond my basic yoga teacher training. I have a niche now; I can offer something unique and most of all I feel great pride in knowing that I can help. And more than ever, I have great faith in yoga as a form of healing.

**EMC:** When I started coaching, I learned ways to manage my difficult feelings. Vari-

ous therapies helped me override my painful default settings, but TMI training revolutionized things: I loved learning that sometimes, no matter how motivated we are, we can't necessarily think or talk our way better. This is in part due to the way our brain is wired. However, we can move or breathe differently and that will begin to change the signals sent between body and brain, giving rise to relaxation and ease. I love being able to share physiological explanations with clients that help them be kinder to themselves rather than blaming themselves for feeling bad.

The mindfulness and spiritual elements of the training also helped me consolidate things I'd trained in many years ago. Professionally, I qualified as a counselor, and since passing this training last year I am really excited about moving things forward. Heather's hired me to work with TMI for their PR, marketing, social media, and web work, and that fits really well with my journalism and client work. It also means that I'll stay up to date with cutting-edge research in the field. Heather is dedicated to providing students with the most current knowledge. **YTT**



*Louise Kitchener is a yoga teacher and Yoga Therapist for Mental Health in Norwich. She co-runs the Yoga Home in Central Norwich ([www.yogahappy.co.uk](http://www.yogahappy.co.uk), [www.norwichyogahome.co.uk](http://www.norwichyogahome.co.uk)).*



*Eve Menezes Cunningham is a Yoga Therapist for Mental Health, psychosynthesis counselor, coach and complementary therapist, and freelance psychology, health, and wellbeing journalist ([www.evemenzescunningham.co.uk](http://www.evemenzescunningham.co.uk)). She runs The Wellbeing at Work Consultancy ([www.wellbeing-at-work.co.uk](http://www.wellbeing-at-work.co.uk)) in Essex, UK.*

*To find out more about The Minded Institute's Professional Therapy and Yoga Therapy for Mental Health, please visit [www.yogaforthemind.info](http://www.yogaforthemind.info). Heather Mason will be offering her first US-based Minded Therapy Professional Training in Boston April 2014 and will continue to offer her London-based training.*



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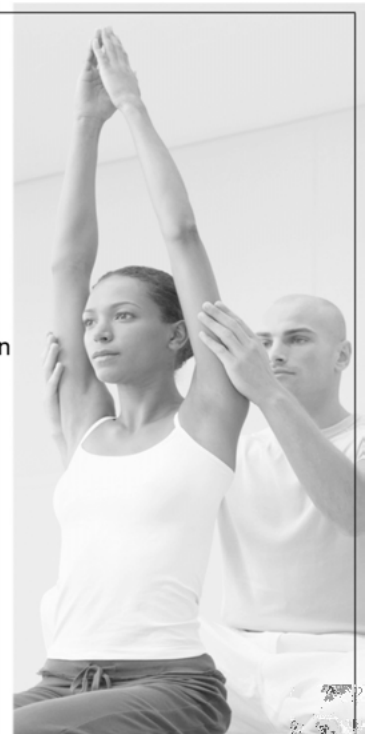
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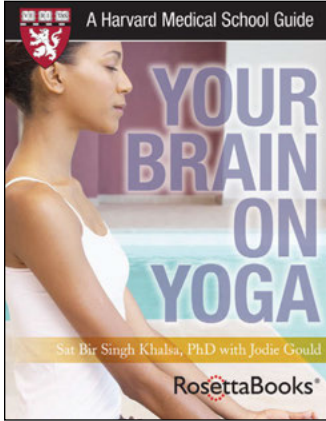
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## Your Brain on Yoga A Harvard Medical School Guide

By Sat Bir Singh Khalsa, PhD, with Jodie Gould  
Rosetta Books (2012)

Review by Stephanie M. Shorter, PhD



Harvard-based yoga researcher and neuroscientist Dr. Sat Bir Khalsa has teamed up with award-winning journalist Jodie Gould to produce an overview of the research on the benefits of a regular yoga practice. *Your Brain on Yoga* is a concise e-book (about 50 pages) that makes for a fast and rewarding read on how practicing yoga can change our mental, emotional, and physical fitness. The authors set out to “explain how yoga and meditation can change your brain and, thereby, your life.” Indeed!

*Your Brain on Yoga* is organized into five chapters: Your Brain on Stress; Your Body on Yoga; Your Smarter Brain on Yoga; Your Mood on Yoga; Finding the Right Style of Yoga for You. The Introduction starts with the question of whether yoga can effectively reduce the stress that makes us look and feel beyond our years—a timely question as multiple studies have shown that stress reduction is the top reason why many new practitioners first step onto their mats. *Your Brain on Yoga* returns again and again to the idea of physiologically bolstering against the allostatic load of stress while also changing the perception of what is a stressor and the psychological weight with which that stressor comes at you in the moment. It is elegant phrasing to talk about being in relationship to our stressors.

The book covers how yoga helps manage mood and stress, improves cognitive performance, and alleviates many medical conditions. Most chapters kick off with an anecdotal story, then several research studies are presented in each chapter. The final chapter contains cursory but appreciated coverage of several different styles of yoga, and puts an exclamation point behind the notion built up in earlier pages that yoga is not one size fits all. Armed with this guiding chapter, the reader can start finding his or her perfect practice, with permission and encouragement to be discerning of internal sensations in the body, thinking of them as clues for finding that nourishing practice, and knowing that the first yoga class he or she walks into is not representative of all the available styles of yoga classes out there. Interestingly, there are short practice techniques peppered throughout the book, but just be aware that they draw exclusively from the author’s Kundalini Yoga tradition, so they do not provide a sampler of these different styles for the newbie practitioner.

I would have liked to see more information on the dose-response curve or, in other words, how much yoga practice is typically needed in order to achieve a therapeutic result. The issue is only raised very briefly in a quote by a young vinyasa practitioner when she astutely says, “... now I realize it isn’t the amount of time, it’s the frequency.”

Determining the effective “dose” is becoming a topic of increasing importance in yoga research. It is pragmatic knowledge that yoga-referring medical professionals will want to relay to patients, that beginning practitioners will want to track, and it makes sense in the ever-competitive world of obtaining grant funding for research, especially for CAM topics like yoga therapy. Longer research protocols translate into bigger funding requests.

In summary, *Your Brain on Yoga* is a fine step in the direction of making yoga research results more accessible to the general public. The book seems less geared for deepening one’s understanding of therapeutic yoga if you are already working in the field, but rather an introductory primer or a summarizing review for new yoga practitioners, or perhaps yoga practitioners beginning to get interested in research, and would-be referring physicians who could use a go-to source for all the highpoints of the therapeutic yoga research literature.

In summarizing the evidence base for the healing benefits of yoga, the authors have made it easier for medical professionals to refer their patients to the practice—and this is exactly the crossover we need between the research and clinical worlds.

YTT

*Stephanie M. Shorter, PhD, is the Program Director for the YogaFit Therapy Program. A former neuroscience researcher and professor, she is the creator of the popular Yoga for the Brain 20-hour training.*



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(Mentor's Corner continued from page 14)

soles (all toes curled under) and hold the contraction for increasing number of breaths (1-8). If you experience a lot of cramping initially, don't force. Do several quick contract and releases, stretching the toes up. Gradually increase your ability to hold the contraction as the fascia softens up.

3. Practice moving each of your toes individually, initially using your hand to prevent clusters of toes moving together, until your toes move independently.
4. Begin to work the feet like this progressively in *tadasana* (mountain pose): stretch and undulate; toe curl and contract.
5. Work the deep contraction of the feet progressively into postures like *utkatasana* (powerful pose), warriors 1 and 2, and bridge (I still use the one-legged bridge variation described above).
6. Always stretch the feet after strength work.
7. Work with one-legged balance with the eyes closed and move your body in space rather than holding it static as in tree pose; this helps recalibrate proprioception from the inside.
8. Stop wearing hard-last shoes that hold your foot in a fixed position for long periods of time. While they may feel supportive at the time, they limit movement and therefore are ultimately damaging to the health of the fascia.

This is just a taster to get you started. I wish you all happier, healthier feet in the near future. Many Blessings. [YTT](#)

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*Robin Rothenberg is an internationally recognized yoga therapist, teaching in hospitals and clinics in the Seattle area. She offers an RYT-500 teacher training and comprehensive yoga therapist training*

*for experienced teachers. Robin is the author of The Essential Low Back Program: Relieve Pain & Restore Health, and Soothing the Spirit: Yoga Nidra to Reduce Anxiety (CD).*

(Perspectives continued from page 18)

In 1979, Strupp and Hadley threw the field of psychology on its ear.

anxiety. The severity of individuals' symptoms ranged from mild to moderately severe. Comparison of the two therapist groups revealed that, on average, those treated by professors evidenced as much improvement as those treated by professional therapists. Strupp and Hadley concluded that "non-specific factors" in the helping relationship were largely responsible for symptom change.

This idea of non-specific factors in psychotherapy is not considerably different from the phenomena that we witness and experience as yoga practitioners and yoga therapists. Some elements of therapeutic success are, by their very nature, endemic to the process. These might include the interpersonal dynamics between the therapist and patient, the patient's relationship to his or her practice, or the ways in which the practice fulfills a spiritual or psychological need on the part of the client. Some ideas seem rather ethereal, ubiquitous, or immeasurable. That does not, however, mean that they cannot be measured.

Several decades ago, a number of researchers began devising methodological and statistical techniques to quantify and understand the micro- and macro-social dynamics that occur during psychotherapy sessions.<sup>3</sup> In one such study, Patterson and Forgatch<sup>4</sup> sought to disentangle which aspects of client-therapist interactions led to client behavior change. Mothers' behaviors during videotaped family therapy sessions were coded using six mutually exclusive categories: "interrupt," "negative attitude," "confront," "own agenda," "not tracking," and an aggregate of cooperative behavior. Therapist's behavior was coded using seven mutually exclusive categories that included "support," "teach," "question," "confront," "reframe," "talk," and "facilitate." In their analyses, Patterson and Forgatch<sup>4</sup> discovered that therapists' attempts to "educate" (i.e., "teach" and "confront") were associated with mothers' increased noncompliance, whereas "facilitation" and "support" were related to increased compliance. Building upon these findings, they then manipulated when therapists used teaching ("teach" and "confront") strategies. They discovered that therapist "teach" and "confront" behaviors were typically followed by increases in client noncompliance (e.g., "interrupt," "negative attitude," "confront"), and the absence of teaching behaviors were

followed by less client resistance.

While this example may seem simplistic relative to yoga, it offers a parsimonious account of scientific methodology used to assess therapeutic process. The fields of nursing, behavioral interaction research, and intervention science have continued to develop methods, measures, and analytic techniques to assess therapeutic dynamics and outcomes that were inaccessible in the era of Freud and his contemporaries.

In spite of the advances in science, there will continue to be non-specific factors in psychotherapy that account for behavior change. Therapy is, after all, a dynamic and individual process that is subject to a multitude of variables that cannot be measured simultaneously. Yoga, with its attention to the physical, psychological, and spiritual domains, is no exception. In fact, the multidimensional aspects of the yoga process may render it even more difficult to measure and understand. This does not, however, make it impossible.

Perhaps it is time for yoga therapists and researchers to make peace with the fact that there are many aspects of yoga therapy processes, methods, and outcomes that can and will be empirically assessed and scientifically evaluated and that there are many non-specific factors that will remain a mystery. We can be receptive to the research that needs to be conducted in order to establish yoga therapy as a respected discipline in Western healthcare, and simultaneously respectful of the legacy of tradition that guides our efforts. The future of yoga therapy and its integration into modern medicine may depend upon it. [YTT](#)

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*B. Grace Bullock, PhD, E-RYT is the editor-in-chief of the International Journal of Yoga-Therapy. Her clinical work and research link evidence-based models of psychotherapy with yoga therapy.*

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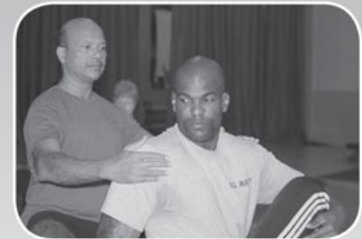
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Niroga Institute is a non-profit 501(c)(3) organization that strives to foster health and well being for individuals, families, and communities through the practice of Yoga.



NIROGA®

(Annual Report continued from page 5)

**Website**

We have outgrown our website, first developed in 2004. We have signed up with a professional association management software service called YourMembership.com. This should greatly expand and solidify our integrated database and website. But this is only technology. We also need what I call a “website editor” to bring the content and membership services together. We just don’t have the means to support this at this time.

**Financial Statements**

IAYT initiated our first outside audit last year, paid for by a generous donation from one of our board members. I’m pleased to report that we passed with an unqualified opinion. This was greatly aided by the support and guidance provided by our long-term outside CPA, Kathy Qualls, and the accounting and financial recordkeeping acumen of Debra Krajewski, our multi-talented financial and conference manager.

**Our Fundamental Challenge**

IAYT is overwhelmingly supported by voluntary member dues. Our challenge is to provide real value to each and every member well over the cost of membership, each and every year. This year we are poised to make a major step forward with professional accreditation services. Your suggestions on how we can improve our service to you and our field are welcome! And your suggestions on how we can fund improved services are especially welcome. Feel free to write directly to me at [jkepner@iayt.org](mailto:jkepner@iayt.org). **YTT**

In Service,  
John



*John Kepner, MA, MBA.  
Executive Director  
International Association of Yoga Therapists*



Eleanor Criswell



Susan Gould-Fogerite



Bob Butera

## IAYT Board News

*By John Kepner, Executive Director*

**Eleanor Criswell, EdD**, left the board in February following eight years of service. She was president of the board her last three years. Dr. Criswell was a member of the original board of the “renewed” IAYT, after IAYT spun off from the Yoga Research and Education Center in 2004 and Trisha Lamb and I re-established IAYT as an independent nonprofit organization. Eleanor has seen and contributed to all the major developments in IAYT since that time. In recent years, however, perhaps her most notable accomplishment was championing the Policy Governance Model adopted by IAYT. This is a milestone in the maturing of the governance of our association. Another notable accomplishment of Eleanor’s was leading IAYT’s new presence in India. She has traveled to India each of the past three years, speaking at conferences, representing IAYT, and establishing personal and professional relationships with many of the leading yoga institutes. Eleanor has a gentle demeanor coupled with a keen, insightful, strategic mind, and a remarkable memory. She has been an innovative leader in yoga in academia and mind-body medicine for over four decades and she is still going strong. IAYT, and I personally, have greatly benefited from her sage counsel for many years.

**Susan Gould-Fogerite, PhD**, also left the board after her two-year term ended this past February. Dr. Gould-Fogerite served on the SYR 2011 Scientific Program Committee and Pre-Conference faculty, and also served as the IAYT Secretary. We thank her for her service. Her thoughtful, conscientious approach to everything she did was a model for all of us.

**Bob Butera, PhD**, was reelected to the board for a full three-year term. Among his many tangible contributions so far is Bob’s counsel, which has helped us improve our publications and advertising policies. Bob is the board liaison to the Accreditation Committee and has helped us gain a broader, more classical perspective on yoga therapy. My recent trip to several Indian yoga institutes strengthened my appreciation of that perspective. Bob is also chair of the Nominations Committee.

**YTT**

### IAYT-Sponsored Conferences, Spring and Summer 2013



**National Ayurvedic Medical Association.**  
April 18-21,  
Albuquerque,

New Mexico. IAYT is a long-time partner to the NAMA conference and will have a table there. Come and see us! IAYT members can attend at NAMA member fees.



**Yoga Service Council.** June 7-9,  
at the Omega Institute in Rhinebeck,  
New York. Kelly

McGonigal (former editor of the *International Journal of Yoga Therapy*) and long-time IAYT member Beryl Bender Birch will be presenting. Kelly Birch, editor of *YTT*, will also be there as the editor of the Yoga Service Council’s new publication, the *Journal of Yoga Service*.

# IAYT Member Schools (as of February 1, 2013)

IAYT School Membership is for schools with, or considering, yoga therapist certification programs. The objectives of this program are to recognize schools that provide professional yoga therapist training, to help students find the right yoga therapist training program for them, and to further our field by developing standards for the training of yoga therapists. The IAYT Accreditation Committee is currently developing an application form for the accreditation of programs that meet the new IAYT Educational Standards for the Training of Yoga Therapists.

## Supporting School Members

### American Viniyoga Institute

AVI Viniyoga Therapist Training  
Gary Kraftsow

### Ananda Seva Guru Kula Institute

Yoga Therapy Certificate Training  
Maetreyii Nolan, PhD and Ananda Deviika Ma' M.Sc.

### Asheville Yoga Center

500 Hr. YA Therapeutics Teacher Training  
Stephanie Keach e-RYT-500

### Body Balance Yoga

Body Balance Yoga Therapy Training  
Jenny Otto and Lisa Long

### Gurukul Yoga Holistic Center

GYHC Yoga Therapist Training  
Prashant Joshi and Manju Joshi

### Heartland Yoga Therapy

Heartland Yoga Therapist Training  
Nancy Schalk

### Heaven Wellness & Yoga Institute

Yoga Therapist Training  
Karen Claffey

### Hot Yoga Wellness

350/500 Hr. Yoga-Qigong Therapy/Teacher Training  
Sujun Chen

### Institute for Medical Yoga

Yoga Therapist Training  
Goran Boll

### Integrative Restoration Institute

Integrative Restoration (iRest) Yoga Nidra  
Richard C. Miller, PhD

### Integrative Yoga Therapy

Professional Yoga Therapy  
Joseph Le Page

### International School of Kundalini Yoga

International Kundalini Yoga Therapy Training  
GuruDharam Singh Khalsa and Darryl O'Keeffe

### Kripalu School of Yoga & Ayurveda

Kripalu School of Yoga & Ayurveda  
Nicole Flisher

### LifeForce Yoga Healing Institute

LifeForce Yoga Practitioner Training  
Amy Weintraub

### MindBody Centering Yoga

MindBody Centering Yoga Therapy Training  
Nina Be MA, MEd, E-RYT-500 and J. Shoemaker PhD

### NSEW Mindfulness Education Center

1300 hr. Yoga College with Yoga Therapy Emphasis  
Mariel Louise Bosin MA, LMFT

### Phoenix Rising Yoga Therapy

PRYT Practitioner & Teacher Trainings  
Beth Triano and Jen Munyer

### Pranakriya School of Yoga Healing Arts

Pranakriya Yoga Therapy  
Yoganand/ Michael Carroll and Marlysa Sullivan

### Stress Management Center of Marin

200/300/500 hr. Teacher Training in Yoga Therapy  
Robin Gueth

### Tai Sophia

Tai Sophia Institute  
Kimberly Duncan PhD

### WholeBeing Institute

YogaSpire  
Megan McDonough CEO and Elissa Cobb

### Yoga Bloom

Yoga Bloom Yoga Therapy Training  
Cora Wen

### Yoga Therapy Rx at Loyola Marymount University

Yoga Therapy Rx Certification  
Larry Payne, PhD and Rick Morris, DC, L1, Richard Usatine, MD L2 David Allen, MD, L3

### YogaFit Training Systems Inc.

YogaFit Therapy Program  
Stephanie Shorter and Beth Shaw

## School Members

### 7 Centers Yoga Arts

300 Hour Yoga Therapy Training Course  
Ruth Hartung

### Abhyasa Yoga Center

AYC Therapeutic Yoga Training  
J. Brown

### Ajna Yoga

500 Hr. Yoga Therapy Training  
Jules Payne

### American Viniyoga Institute

AVI Viniyoga Therapist Training  
Gary Kraftsow

### Ananda Seva Guru Kula Institute

Yoga Therapy Certificate Training  
Maetreyii Nolan, PhD and Ananda Deviika Ma' M.Sc.

### Ananda Yoga

Ananda Yoga Therapist Training  
Mangala Loper-Powers RN, MN, eRYT-500

### Ashtanga Yoga Tel Aviv

Integrative Yoga Therapy Training  
Maya Gross and Anat Sheinman

### Associacao Europeia de Terapias Orientais

Teacher Training with Yoga Therapy Emphasis  
Paulo Alexandre Hayes

### AUM hOme Shala

Clinical Yoga Therapy Certification Program Level 1, II and III  
Melinda Atkins

### Australian Institute of Yoga Therapy

Graduate Certificate in Yoga Therapy  
Leigh Blashki and Janet Lowndes

### Black Mountain Yoga

Yoga Therapy Training  
Martia Rachman and Brad Rachman

### Body Balance Yoga

Body Balance Yoga Therapy Training  
Jenny Otto and Lisa Long

### Body Therapies Yoga Training

300/500 Hr. Yoga Therapist Training  
Heather Greaves and Pradeep Kumar MD, DAC

### Center for Contemplative Yoga Therapy

Contemplative Yoga Therapy Training  
K. Orr

### Center for Meditation Science

300 Hr. Meditation Specialist Competency Training  
Susan Taylor PhD, APMSIII-BC

### Centerpoint Yoga Therapy School

Centerpoint Anatomy of Yoga Therapy  
Leila Stuart

### Dynamic Therapeutic Resources Inc.

AxiOm Yoga Therapy Certification  
Julie Whitbeck-Lewinski

### Equilibrium Thai Massage & Yoga Therapy

Yoga for MySelf: Yoga Therapy for MS Training  
Nathalie de Meyenburg

### Essential Yoga Therapy

Essential Yoga Therapy: Therapist Training  
Robin Rothenberg and Lynn Hughes, M.D., Psychiatrist

### Etowah Valley Yoga

600 hour Yoga Therapy Training  
Susan Hopkins ERYT-500, PYT

### Functional Synergy Yoga Therapy

Functional Synergy Therapeutic Yoga Training  
Susi Hatley

### Glenmore Yoga Wellness Center

Glenmore Therapeutic Yoga Teacher Training 500-hr  
Nancy Glenmore Tatum

### Guru Ram Das Center for Medicine and Humanology

Kundalini Yoga Therapeutics International Teacher Training  
Shanti Shanti Kaur Khalsa and Navneet Kaur Khalsa

### Hari Om Yoga School

Hari Om Yoga Therapy Program  
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Yoga Therapy Training Program  
Kate Halcombe and Chase Bossart

### Heaven Wellness & Yoga Institute

Yoga Therapist Training  
Karen Claffey

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Sarah Goddard and Sandra Anderson

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Inner Peace Yoga Therapy Certification Program  
Michelle Lawrence

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Classical Yoga Therapy  
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Integrative Restoration (iRest) Yoga Nidra  
Richard C. Miller, PhD

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### KC Fitness Link

Yoga Therapist Training Program  
Darryl Olive

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300 Hours PYT (Professional Yoga Therapist) and Healing Hearts Through Yoga Certification  
Sudha Allitt

### Marianne Wells Yoga School

300 Hr. Yoga Therapy Training  
Marianne Wells ERYT-500 and Marguerite Heie MPT, OCS, RYT-200

### Master Yoga Foundation

Svaroop Yoga Therapist Certification  
Nirmalananda Saraswati

### Michelle Mazur YogaTherapist Center

Michelle Mazur Yoga Therapy 200 hour teacher training and 300 hour therapy training  
Michelle Mazur E-RYT-500, CYT and Russ Pihffer

### MindBody Centering Yoga

MindBody Centering Yoga Therapy Training  
Nina Be MA, MEd, E-RYT-500 and J. Shoemaker PhD

### Minded Institute - Yoga

Therapy for the Mind  
Mindfulness for Mental Health Yoga Therapy Training  
Heather Mason

### Mount Madonna

Ratna Jenna Sturz and Brajesh Friedberg

### Mount Royal University

Yoga Therapy Certificate  
Madeline Kapiczowski and Katelyn Powers

### New England School of Integrative Yoga

Therapeutic Integrative Yoga Therapeutics  
Bo Forbes

### Niroga Institute

Niroga Institute Yoga Therapy Specialist Training  
Bidyut K. Bose, PhD

### Nosara Yoga Institute

Self-Awakening Yoga Therapeutics Training  
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One Spirit Yoga Therapist Training  
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### Pacific Rim College

Foundations of Yogatherapy Certificate program-310 hrs & Diploma of Yogatherapy-1270 hrs  
Nikki Manzie

### Paramanand Institute of Yoga Sciences and Research

300 Hr. Yoga Therapy Certification Training  
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### Phoenix Rising Yoga Therapy

PRYT Practitioner & Teacher Trainings  
Beth Triano and Jen Munyer

### Pranakriya School of Yoga Healing Arts

Pranakriya Yoga Therapy  
Yoganand/ Michael Carroll and Marlysa Sullivan

### PranaYoga & Ayurveda

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Yoga Cikitsa  
Hansa Knox

### Pranayoga School of Yoga and Health

500 Hr. Yoga Teacher Training with Yoga Therapy emphasis  
Dani Vani McGuire

### Professional Yoga Therapy

Professional Yoga Therapist Program for Licensed Medical Professionals  
Ginger Garner MPT, ATC, ERYT500

### Purusha Yoga School

Purusha Yoga Therapy Certification  
Joy Ravelli

### Rama Lotus Yoga Centre

300 Hr. Yoga Therapy Teacher Training  
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Yoga Therapy for Eating Disorder Recovery  
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500 Hr. Teacher Training with Yoga Therapy Emphasis  
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NAMA approved Ayurveda Yoga Therapy Health Educator  
Midori Hatakayama-Simovich and Monica Groover

### SAVY International

SAVY Yoga Therapy 800 Hr, 1600 Hr  
Jitender Krishan Sahdev

### Scottsdale Community College

SCC Yoga Therapy Certificate Program  
Carlyn Sikes

### Shine On Yoga

500 Hr. Advanced Yoga Therapy Certification  
Amber Melendy

### Stress Management Center of Marin

200/300/500 hr. Teacher Training in Yoga Therapy  
Robin Gueth

### Subtle Yoga

Subtle Yoga Teacher Training for Behavioral Health Professionals  
Elizabeth Flemming LPC and Kristine Kaoveri Weber MA, eRYT-500

### Surya Chandra Healing Yoga School

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JJ Gormley-Etchells

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### Tai Sophia

Tai Sophia Institute  
Kimberly Duncan PhD

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### Yoga Institute

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### Yogaspirit Studios

Yogaspirit Therapist Certification Program  
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### Yogatsu Institute

Yogatsu Institute Yoga Therapy  
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Teachers Association  
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