



Summer 2017

*a publication of*

The International Association of Yoga Therapists

YogaTherapyToday

Volume 13, Issue 3, \$5

## **SYTAR Reports**

### **Science for the Yoga Therapist**

Learning to Abide with What  
Is: The Science behind  
Holding Poses

### **Professional Development**

Building the Business of  
Yoga Therapy

Educating Yoga Therapists

### **Yoga Therapy in Practice**

What We Talk about When  
We Talk about Money

### **Features**

The Relaxation Response:  
Yoga Therapy Meets  
Physiology

Understanding Yoga's Roots  
in Evidence-Informed  
Practice

### **Perspectives**

Licensed Healthcare and  
Yoga Therapy: Let's Talk

Breath and Consciousness:  
A Journey through Chronic  
Pain

Grassroots Support for the  
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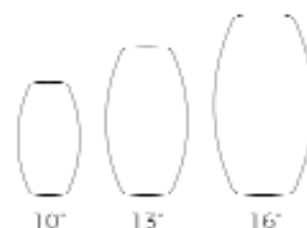


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IAYT supports research and education in yoga, and serves as a professional organization for yoga teachers and yoga therapists worldwide. Our mission is to establish yoga as a recognized and respected therapy.

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IAYT membership is open to yoga practitioners, yoga teachers, yoga therapists, yoga researchers, and healthcare professionals who utilize yoga in their practice.

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Please submit reports and articles on training, views, and insights relating to the field and profession of yoga therapy, as well as on integrative practices and business practices. Review submission guidelines at [www.IAYT.org](http://www.IAYT.org) > Publications > Yoga Therapy Today.

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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



Our modern systems of health-care have space for a new category of practitioner, one whose primary job is to help people reconnect with what is most essential in themselves and their lives. Is there also space for other healthcare practitioners, those with the requisite training and interest, to apply yoga

techniques through their unique lenses? For the sake of the continued evolution of our field and for the good of our clients and patients, I believe the answer is yes. Yes, *and*...

We must take care to avoid confusion about our services, which can already seem esoteric enough to a skeptical public conditioned to be more or less passive care recipients. As Matthew Taylor and his coauthors note in their introduction to the issues facing licensed healthcare providers, yoga therapy would do well to consider the example of acupuncture and other complementary fields, and to do our best to ensure that our educational and professional standards remain undiluted and become widely publicized. Lynne Valdes and Samantha Kinkaid offer some starting points for the latter in their Perspective article. As we move forward along such paths, can we maintain both the art and science in these standards and practices? Yes, *and*...

Our work is not about finding the perfect pose for migraine or the most efficacious protocol for diabetes, but rather about working from a shared perspective that honors multiple traditions—a sentiment beautifully evident at this year's Symposium on Yoga Therapy and Research (SYTAR). We know we need research, absolutely, to navigate our way to a more visible place at the table of healing options, to ensure that our interventions are safe, and to inform our clinical decision making, but we can't lose sight of our foundations. In one interesting take on how we should already be primed for comfort with these ideas, Marlysa Sullivan and colleagues' Feature article parallels yoga therapy and contemporary tenets of evidence-informed practice.

In essence the multilayered knowing they describe constitutes the kind of mutually supportive and enriching relationship that Dorcia Tucker, herself both a PsyD and C-IAYT, saw in many of this year's SYTAR offerings (see her report on page 18). Cover model and IAYT board member Amy Wheeler also exemplifies the happy marriage between traditionally inspired practices and the research methodology she employs to gather data on the effects of her classes. Is there a place to use methods like these for yoga therapy in acute-care settings? Yes, *and*...

We must begin to move beyond basic questions of what constitutes yoga therapy to deliver consistent, effective care for these vulnerable populations. In this issue alone, Julie Carmen Hoffman, Aimee McBride, and others show us possible ways of working directly in allopathic settings. And at SYTAR, Veronica Zador outlined her own extensive hospital-based training program. All of these therapists are part of the evolution of our field, as are the readers of this publication.

Is *Yoga Therapy Today* the membership magazine for IAYT? Yes, *AND*... Building on the foundations established by my predecessors, my vision for YTT is as a living organism that continues to evolve and grow alongside our profession. Just as you are shaping the future of that profession, I invite you to be part of the discussion of what this magazine will be going forward. **YTT**

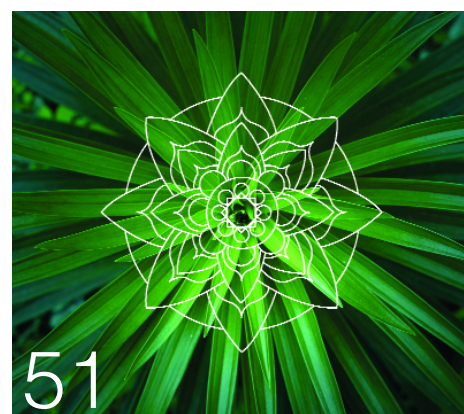
With gratitude,  
Laurie

**Cover photo:** Amy Wheeler, PhD, C-IAYT, one of the six plenary speakers at the 2017 Symposium on Yoga Therapy and Research. This year nearly 400 SYTAR attendees converged in beautiful Newport Beach, California, for practice, study, and fellowship.  
Photo credit: Callie Richmond

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|    |   |
|----|---|
| 2  | <a href="#">Editor's Note</a>   |
| 4  | <a href="#">Members News</a>  |
| 4  | IAYT Membership Has Soared—What's Next?<br><i>By John Kepner, IAYT Executive Director</i>   |
| 6  | IAYT's First Effort to Develop Standards for Yoga Therapists  |
| 6  | The Global Networking Initiative, <i>By Leigh Blashki</i>   |
| 8  | Welcome to Our New Accreditation Manager, <i>By Aggie Stewart</i>   |
| 10 | <a href="#">Conference Corner</a>   |
| 10 | Integrative Healthcare Symposium Annual Conference<br><i>By Lynn Anjali Somerstein</i>  |
| 12 | Yoga as Lifestyle Medicine, <i>By Laurie Hyland Robertson</i>   |
| 14 | Individualised Yoga Intervention: Its Role & Potential in Public Health<br><i>By Vidhi Sadana</i>   |
| 16 | <a href="#">SYTAR Reports</a>   |
| 16 | Prepared for Growth: Diverse Yet Unified, <i>By Heidi Crocker</i>   |
| 18 | Charting a Path Forward, <i>By Dorcia J. Tucker</i>   |
| 22 | <a href="#">Science for the Yoga Therapist</a><br>Learning to Abide with What Is: The Science behind Holding Poses<br><i>By Heather Mason</i>   |
| 26 | <a href="#">Professional Development</a>  |
| 26 | Building the Business of Yoga Therapy   |
| 32 | Educating Yoga Therapists   |
| 36 | <a href="#">Yoga Therapy in Practice</a>  |
| 36 | What We Talk about When We Talk about Money, <i>By Laura Kupperman</i>  |
| 38 | <a href="#">Features</a>  |
| 38 | The Relaxation Response: Yoga Therapy Meets Physiology<br><i>By Maggie Reagh</i>  |
| 40 | Understanding Yoga's Roots in Evidence-Informed Practice<br><i>By Marlysa Sullivan, Diane Finlayson, and Steffany Moonaz</i>  |
| 44 | <a href="#">Perspectives</a>  |
| 44 | Licensed Healthcare and Yoga Therapy: Let's Talk<br><i>By Matthew Taylor, Amy Wheeler, and Laura Schmalzl</i>   |
| 48 | Breath and Consciousness: A Journey through Chronic Pain<br><i>By Kehiante McKinley</i>   |
| 51 | Grassroots Support for the Profession:<br>Steps to Take Today and in the Future<br><i>By Lynne Valdes and Samantha Kinkaid</i>  |
| 52 | <a href="#">Media Reviews</a>   |
| 52 | Relax into Yoga for Seniors: A Six-Week Program for Strength,<br>Balance, Flexibility, and Pain Relief<br><i>By Kimberly Carson and Carol Krucoff</i><br><i>Review by Leslie Kazadi</i> |
| 53 | Yoga Therapy: A Personalized Approach for Your Active Lifestyle<br><i>By Kristen Butera and Staffan Elgelid</i><br><i>Review by Shelly Prosko</i>                                       |



## IAYT Membership Has Soared—What's Next?

By John Kepner,  
IAYT Executive Director

With our three pillars of responsible self-regulation—high standards, rigorous school accreditation, and a unified basis for credentialing individual yoga therapists—IAYT membership has soared, transforming our field.

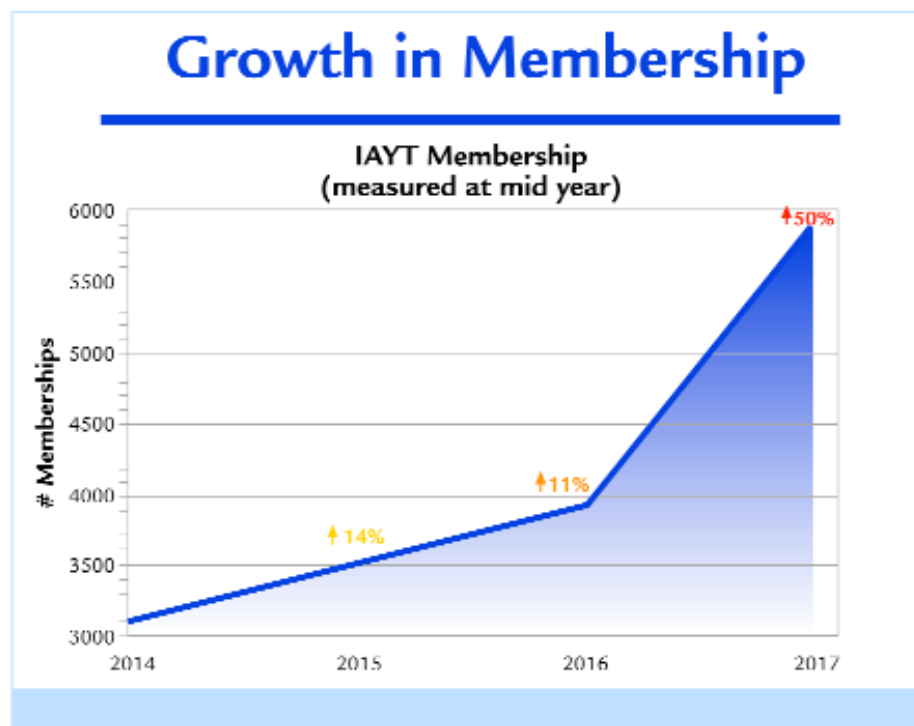
Now our attention is turning to increasing the awareness of the benefits of yoga therapy and the demand for yoga therapists, both among the public and the many healthcare fields with whom we can work in partnership. Our intention is to use the new energy of IAYT to fuel better opportunities for all of us.

### Already Initiated

- The Yoga Therapy Research Summaries by Pam Jeter, PhD, and Timothy McCall, MD, have begun rolling out this year. Find this member benefit on [www.IAYT.org](http://www.IAYT.org) under Resources > IAYT Research Summaries. These research summaries should help yoga therapists better understand the evidence base for yoga therapy and to communicate this to healthcare institutions open to integrating our services.



- This year IAYT is supporting, with \$1,008 honoraria, six presentations at the Academy of Integrative Health and Medicine (AIHM) conference. We want to encourage members to present on clinical yoga therapy at inte-



grative health and medicine conferences sponsored by the Academic Collaborative for Integrative Health, the umbrella organization of which IAYT has been a member since 2006. Presenting in these settings raises awareness of the quality and integrity of the field of yoga therapy. (See right.)

### In Development

- IAYT-approved professional development courses for continuing education and shorter specialty programs were announced at the 2017 Meeting of Schools, with plans to roll out a pilot program in 2018. More information about this program will be forthcoming over the remainder of this year and the next.

### Envisioned

- Adding new web resources for the public and for healthcare professionals.
- Finding new ways to connect to our members and hear suggestions as to how we can improve IAYT service to our community of yoga therapists.
- Adding to and/or reorganizing our staff to focus on our new priorities and opportunities. **YTT**

**Congratulations to the IAYT members accepted to present at the 2017 AIHM Annual Conference entitled *People, Planet, Purpose* that will take place October 22–25, 2017, at the Paradise Point Resort & Spa in San Diego, California.**



- Carrie Demers: Yoga Therapy—A Burgeoning Medical Field
- Chris Walling: The Role of Yogic Meditation in Restoring Brain Function
- Darla Brown: Yoga Therapy for Cancer Patients—Calmness in the Chaos
- Gwendolyn Derk and Lois Steinberg: Iyengar Yoga Therapy for Menstruation and Menstrual Disorders
- Jayashree Pathak: Integrating Yoga Therapy into Inpatient Psychiatry Unit—Approach and Benefits
- Tina Walter and Jnani Chapman: Operationalizing Yoga Therapy Programs DURING Cancer Treatment—Evidence from Multiple Centers



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## IAYT's First Effort to Develop Standards for Yoga Therapists

Gathered around the kitchen table at the Yoga Research and Education Center (YREC) in the woods of northern California in November, 2003: l-r, John Kepner (just appointed director of IAYT, which was a division of YREC at the time), Trisha Lamb (managing editor of the *International Journal of Yoga Therapy* (IJYT), Veronica Zador (vice president of Yoga Alliance, who subsequently became the first president of the IAYT board of directors in 2004), and Georg Feuerstein (founder of YREC and editor-in-chief of IJYT). Hansa Knox (president of Yoga Alliance, who subsequently joined IAYT's Standards Committee and then IAYT's Accreditation Committee) is on the speaker phone.

The results were published as "Illustrative Standards for Yoga Therapists" in the 2003 IJYT. The underlying principle was

*A yoga therapist is a well-trained and well-experienced yoga teacher with substantial additional training in therapeutic applications, clinical practice, and biomedical science. YTT*



## The Global Networking Initiative

By Leigh Blashki



On June 14, just prior to the Meeting of Schools, IAYT and the Japan Yoga Therapy Society (JYTS) hosted the first Global Networking Initiative

(GNI) meeting for yoga therapy. Following a suggestion from JYTS and informal talks in 2016, the GNI was convened to bring together representatives of top yoga therapy organizations from around the world to hear about the state of the profession in their locality and the challenges being faced. We also wanted to find out whether there is an appetite for a continuation and broadening of the GNI.

Under the co-chairing of Madoka Onizuka from JYTS and myself representing IAYT, the meeting heard an overview of the current work, aims, and challenges of the following organizations:

- IAYT, presented by John Kepner
- JYTS, presented by Keishin Kimura
- The British Council on Yoga Therapy, presented by Penny Roberts

- Yoga Australia, presented by Leanne Davis
- Network Yoga Therapy (Netherlands), presented by Anneke Sips (via Zoom)
- Yoga in Healthcare Alliance (UK), presented by Lisa Kaley-Isley
- The Australasian Association of Yoga Therapists, presented by Nikola Ellis
- Yogi Yoga (China), presented by Yin Yan (pictured below)



Some of the common key themes discussed were

- Ensuring that the authentic traditions of yoga are not lost in contemporary yoga therapy settings.
- Engaging primary or licensed health-care providers in the popularization of yoga therapy.
- Marketing and promotions to help create demand and work for yoga therapists.
- Ensuring that there is regular information sharing by various key organizations around the globe.

I noted with interest how aligned these themes were with the current and planned work of IAYT.

The attendees agreed that the GNI is a long-term initiative; that there is interest in continuing GNI meetings; and that these could possibly be held around future conferences, rotating across different regions, such as Japan, 2018, at the time of the Asian Yoga Therapy Conference, 2019 in The Netherlands at the time of the Network Yoga Therapy Conference, and, in 2020, in the United States at the time of SYTAR. YTT

(continued on page 8)

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John Kepner

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Photography: John Greig

## Welcome to Our New Accreditation Manager

By Aggie Stewart

IAYT's accreditation program has grown tremendously since the board convened the Accreditation Committee in 2012. To date, we've received more than 65 applications from Member Schools, accredited 27 programs, and are actively reviewing another 27. We've learned so much from our applicants and refined our processes based on their feedback. School membership continues to grow, as does active interest in accreditation.

Growth invariably leads to change. Earlier this year, I decided it was time to return to private yoga therapy practice and to dive back deeply into my personal writing. And so began our search for someone both experienced as an accreditor *and* knowledgeable about yoga and yoga therapy—someone who could bring IAYT accreditation to the next level. We are thrilled to have found Annette Watson to take over as accreditation manager.



Annette brings more than 11 years of experience in leadership positions within healthcare accreditation, first with the Utilization Review Accreditation Commission and the Commission on Accreditation of Rehabilitation Facilities. A nurse by original training, she developed a passion for performance improvement and case management, returning to school to earn an MBA with a concentration in leadership. In addition to her experience as an accreditor, Annette is a yoga teacher, yoga therapist in training, and Reiki Master teacher of the Usui lineage.

I will remain with the accreditation team, which includes Danielle Atkinson, for the next year, working with applicants as they make their way through the review process and providing technical support to schools due for re-accreditation in 2018.

Please join all of us at IAYT in extending a warm welcome to Annette! **YTT**



IAYT congratulates its Member Schools whose yoga therapy training programs have been awarded IAYT accreditation!

To date, 27 Member Schools have programs that have earned this distinction by demonstrating compliance with the rigorous IAYT Educational Standards for the Training of Yoga Therapists. More accreditation decisions are in process!

Check **IAYT.org** for up-to-date information.

IAYT honors all our Member Schools who are submitting their yoga therapy training programs to this rigorous process.

Together, we are paving the way for making yoga a recognized and respected therapy worldwide!

See page 34 for the complete list of Member Schools with **IAYT Accredited** Yoga Therapy Training Programs.



Representatives from Yoga Yoga in Austin, Texas, receive their accreditation certificate at the SYTAR awards banquet. Yoga Yoga's program is the latest to achieve IAYT accreditation.

L-r: Fanny Priest, Dilip Sarkar (IAYT board president), Lori Johnson, John Kepner (IAYT executive director), Emily Smith, Aggie Stewart (IAYT accreditation manager).



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## Integrative Health-care Symposium Annual Conference

**February 23–25, 2017  
New York, New York**

*By Lynn Anjali Somerstein*

Several hundred people attended the three-day 2017 Integrative Health-care Symposium where, at the New York Hilton Hotel, both traditional and non-traditional medical practitioners met and learned from one another.



John Weeks (pictured above), editor in chief of the *Journal of Alternative and Complementary Medicine*, opened the session with a history of the development of integrative healthcare (IHC) in the United States. The field coalesced in the 1980s, when pain was the top reason people sought help from acupuncture, chiropractic, massage, yoga, and other integrative professions. Nowadays people still need help with pain control; they also increasingly seek help for addiction to opioids, a huge—and growing—problem. Ironically, many of these opioids were originally prescribed for pain control.

Then, as now, governmental approval of integrative treatment is strongly influenced by powerful medical and drug lobbies that feel economically threatened by IHC and act to keep government research funding to themselves. Without adequate financial support, the IHC studies can't survive; the efficacy of IHC treatment is rarely tested on a large scale, and thus it is seldom recommended.

Conference presentations featured epigenetics, gut microbiomes, traumatic brain injury, and homeopathy. Demonstrations included yoga asana and meditation. I hope next year a session showing what yoga therapy can do will be added to this list—we certainly belong here! Other themes were stress management, meditation, nurse coaching, nutrition, exercise, and yoga. Most of these topics were mentioned in two lectures in particular: one about non-alcoholic fatty liver disease (NAFLD)—the most common liver disease in the West—and the other about Alzheimer's.

Robert Rountree, MD, spoke about the “Emerging Pandemic of Non-Alcoholic Fatty Liver Disease,” a subject that seemed daunting to me at first, but his presentation was clear, funny, and accessible, even to people without a medical background. It is well known that alcoholics commonly develop fatty liver disease because of the overconsumption of alcohol. Less well known is that others can develop NAFLD because of the overconsumption of sugar and other poor health choices. Typically, sufferers are sedentary and eat too much—especially refined carbohydrates such as fructose—but people who are not overweight can have fatty liver disease, too. Risk factors beyond poor nutrition and inactive lifestyle are genetics and exposure to environmental toxins such as air pollution and herbicides. NAFLD can be prevented by avoiding sugar, maintaining a healthy weight, weekly exercise including both aerobic and resistance training, and fasting daily by avoiding food for 12 to 15 hours. That's not as hard as it seems—just eat dinner early, or have a late breakfast so you have time between these two meals to rest and digest and thoroughly empty your stomach.

Better known than NAFLD is Alzheimer's disease, now the third leading cause of death in the West. Although it is generally seen as a disease without cure, Dale Bredesen, MD, presented “First Reversals of Cognitive Decline in Alzheimer's” and described his treatment, which focuses on Alzheimer's as a symptom of inflammation caused by the brain reacting to toxins. In his understanding, the dreaded amyloid plaques that are symptomatic of Alzheimer's are produced by the body to protect the brain, and Bredesen's solution emphasizes finding which toxins are affecting his clients. He prescribes intensive and early study of the client at the very beginning of symptomatic

appearance, almost before Alzheimer's disease is suspected; if the results are positive for Alzheimer's an individualized regimen will be developed to reduce inflammation and to attain and maintain a healthy lifestyle. Once the client reaches a threshold of health, improvement can be sustained with a vigilant focus on positive daily living practices.

Five years after Bredesen began working with Alzheimer's clients, he observed that they self-select into roughly two groups: those who follow the procedures and those who don't. Those who do improve dramatically, but if they stop they regress in about two weeks. The procedures involve a rigorous devotion to healthful mind-body practices. This is a stunning example of the power of the yogic lifestyle. Keeping to the regimen is difficult, but the results make it worthwhile. A healthcare coach would be of great help to anyone undertaking this intensive program.

You might wonder why I've chosen to principally cover NAFLD and Alzheimer's. To my way of thinking both conditions illuminate the basic principles of integrative healthcare. First, the whole person within a specific environment is analyzed, results are individualized, and treatment emphasizing wise lifestyle choices is prescribed. A healthy, individualized regimen is devised that must be followed with complete dedication. Clients are not passive recipients of the doctors' wisdom; they are partners in health. In fact, I am using the word clients rather than patients to emphasize this less hierarchical relationship.

Some might scoff at the idea of prescribing healthy living routines—it might seem simplistic, but simple does not mean ineffective. Simple doesn't mean easy, either—it's hard to change old habits of thought and lifestyle. Wise lifestyle choices are not usually big moneymakers; they simply promote healing and wellness, which is what yoga therapy is about. **YTT**



*Lynn Anjali Somerstein, PhD, NCPsyA, LP, RYT, is a yoga teacher and yoga therapist. She is also a licensed psychotherapist in private practice in New York City. Somerstein is grateful to her many teachers at the Integral Yoga Institute and the National Psychological Association for Psychoanalysis.*





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## Yoga as Lifestyle Medicine

**March 25–26, 2017  
Smithsonian Associates and  
Therapeutic Yoga of Greater  
Washington  
Washington, D.C.**

By Laurie Hyland Robertson

In 2014, yoga therapist (and current IAYT Advisory Council member) Linda Lang helped to elevate the cultural discussion of yoga as therapy during the Medical and Modern Yoga Symposium held at the Smithsonian Institution in Washington, D.C. Part of the wide-ranging exhibition “Yoga: The Art of Transformation,” that day doubtless introduced the exciting possibilities of a different kind of medicine to some new audiences.

With the two-day Yoga as Lifestyle Medicine conference in March 2017, Lang again created a unique *sangha* that connected yoga practitioners, yoga teachers, yoga therapists, and healthcare providers for exploration and inspiration. Of day one’s approximately 175 attendees, more than 45 were medical professionals, many of whom registered to receive continuing education credit. This diverse community included physicians, physical and occupational therapists, psychiatrists, massage therapists, social workers, and others.

Lang kicked off the weekend with an intention to focus on what we can know empirically of yoga’s vast workings at this time. She’d gathered an impressive group of nationally and internationally known yoga educators, including Jnani Chapman, RN, E-RYT 500, J. J. Gormley, MS, C-IAYT, E-RYT 500, and Steffany Moonaz, PhD, C-IAYT, to present both research-based evidence and the knowledge born of years of in-the-field experience. Lang told me her vision for the conference included “a deep desire to have yogic practices demonstrated in real time, on stage, as research was being shared,” and to illustrate the work being undertaken in clinical settings.

That afternoon, co-founder and CEO of the Casey Health Institute, David Fogel, MD, introduced Mary Pappas-Sandonas, MS, INHC, the institute’s full-time yoga therapist. The two brought with them a client who shared her personal story of deeply rooted suffering and ultimate transformation. Starting with simple restorative

supine work, this vibrant woman demonstrated poses representing her healing path as Pappas-Sandonas narrated the journey and provided rationale for the recommendations she and the Casey care team had made along the way. When the once-frail client stood strong in warrior II toward the end of the presentation, the audience erupted in applause.

Although not new information for practicing yoga therapists, a theme of the weekend was yoga’s ability to create transformation where conventional treatments often fall short or result in incomplete healing: insomnia, PTSD, metabolic syndrome, scoliosis—conditions that so affect, and often result from, the “lifestyle” of the conference title. Loren Fishman, MD, asked the audience whether we’d rather “pay \$75 for yoga” or the billions of dollars spent annually to treat chronic conditions—in 2013 \$277 billion for the three most expensive conditions (diabetes, heart disease, and back and neck pain) in the United States according to a 2016 *Journal of the American Medical Association* study.

Sat Bir Khalsa, PhD, co-editor in chief of IAYT’s *International Journal of Yoga Therapy*, walked us through yoga research highlights from the 1950s on, noting how the trajectory of outcomes studied over time loosely mirrors a common personal yoga journey from a focus on externally oriented measures to self-regulation and awareness (including the recognition that we are not our thoughts) then, finally, to spirituality or transcendence.

Lunchtime discussion tables both days offered more opportunities for *sangha*, with participants sharing their work, hearing about possibilities for integrating yoga and yoga therapy into diverse healthcare settings, and even learning how they might begin healing or teaching journeys themselves.

Day two consisted of master classes that mixed practices with theory and discussion. It was a treat to learn *shabad kriya*, which Khalsa’s team used in a study on insomnia, from Sat Bir, as was getting guidance directly from Loren Fishman in a wall-supported version of his rotator-cuff retraining exercise. As Robin Carnes,

MBA, C-IAYT, E-RYT 500, reminded her students during a session on yoga therapy for PTSD, every practice is essentially an experiment, best approached as pure inquiry rather than as a tool for any particular purpose, like relaxation. “Aspirin,” she said, “may make some of you better, some worse, and for some has no effect.”



Participants practice the art of deep relaxation during Judith Hanson Lasater’s master class. (Photo courtesy of YOGAaccessories.com.)

All of these leaders graciously made themselves accessible to the audience of professionals and lay enthusiasts alike. Some were comforted to learn that even Sat Bir spends a lot of time writing NIH grants that don’t get funding, others eagerly asked about yoga therapy training programs, and many were excited about the possibilities for collaboration they identified in talking with other attendees.

An overarching theme of the weekend was yoga’s potential for facilitating transformation with clients, but another key message for the yoga professionals in attendance was that we must all remember to take time out to learn and share and to continually engage with our own healing. As Judith Hanson Lasater, PhD, E-RYT 500, said, “Transformed people transform people.” She did, however, couple her statement with a gentle reminder that we need not be other than who we are to do this work. **YTT**



Laurie Hyland Robertson, MS, C-IAYT, owns *Whole Yoga & Pilates* ([www.WholeYoga.net](http://www.WholeYoga.net)) in the Baltimore-Washington area and offers accessible mind-body

practices to a diverse clientele. She is editor in chief of *Yoga Therapy Today* and contributes editorial services to other yoga and healthcare-focused publications. Hyland Robertson also serves as faculty and a clinical supervisor at Maryland University of Integrative Health.

(continued on page 14)





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# Individualised Yoga Intervention: Its Role & Potential in Public Health

**March 22, 2017**  
**High Commission of India**  
**The Nehru Centre, London**

By Vidhi Sadana

In March 2017, the High Commission of India supported a yoga therapy conference held at its cultural wing. Attendees included a wide spectrum of healthcare professionals, yoga teachers, and yoga therapists from various traditions. The event was approved by the Royal College of Physicians for continuing medical education credit.

I organized the conference to provide an overview of the current research evidence for yoga's effect on long-term conditions, including anxiety, depression, and lower-back pain. I was also interested in helping providers distinguish the complementary and patient-centered role of individualized yoga interventions from general group classes in the management of such conditions. Finally, the conference sought to offer an overview of the role of stress-related biomarkers in long-term conditions and of yoga therapy in their management and prevention. In short, I wanted to educate a multidisciplinary team of healthcare professionals about yoga therapy in the Krishnamacharya lineage as part of a potential solution to twenty-first-century healthcare needs.

Dr. Karen Pilkington, senior lecturer at the University of Portsmouth, gave a detailed treatise on principles of yoga research and methodological shortcomings in the current literature. Her recent Cochrane review on yoga for lower-back pain indicates low to moderate evidence that yoga resulted in small to moderate improvements in back-related function at three and six months compared to a non-exercise control group. Dr. Kausthub Desikachar, co-founder and CEO of the Krishnamacharya Healing & Yoga Foundation, expressed that patients, students, and care-seekers form the heart of yoga therapy. In making his point about empowering patients, he made a strong case for healthcare-funding bodies to include yoga therapy in their plans as a cost-effective way of addressing chronic conditions and public wellbeing.

Dr. C. Bernard Colaço described the currently understood principles of stress and neurobiological circuits that directly affect immune-mediated inflammatory pathways. This experienced rheumatologist then related the biomedical approach to the original *panchamaya* system and outlined the potential role for yoga therapy tools to assist in the shared care of chronic inflammatory conditions. My own presentation highlighted the why and how of integrating yoga therapy into the United Kingdom's public health system, partly through our program Shared Care (Y-TKM; yoga therapy in the Krishna-macharya tradition).

More than 30% of the U.K. population suffers from chronic, complex conditions; 12%–18% of the National Health Service's (NHS) budget is spent on such conditions, which are linked to poor mental health and wellbeing. Persons suffering from long-term physical or mental conditions often cannot effectively self-manage and require integrated support programs. One-size-fits-all care models are difficult to implement in United Kingdom because of its diversity. The NHS's five-year view and the House of Care Models (the King's Fund) highlight a need for a personalized, coordinated care in the management of chronic conditions, and yoga therapy can play an integral part.

The Shared Care (Y-TKM) program encourages and accepts multidisciplinary referrals and has already made much progress to achieve its collaborative, patient-centered objectives. A research project funded by the London North West Healthcare NHS Trust is examining the effects of Shared Care (Y-TKM) on patients with rheumatoid arthritis, and there are plans for further research with the University of Westminster and Imperial College, London. A team including Dr. Colaço and me is part of the faculty for a modular course on yoga and mindfulness offered to third-year medical students at the same university. Finally, the program is also engaged with the All Party Parliamentary Group for Indian Traditional Sciences (United Kingdom) to further strengthen the work we envision. **YTT**



*Vidhi Sadana (vidhi@londonrheumatology.net), founder of mi-yogah, is a yoga therapist, author, mentor, and course leader in the Krishnamacharya tradition. She is a profession-specific board member (for yoga therapy) of the Complementary and Natural Health Council and a research assistant in the NHS. Read more about the Shared Care (Y-TKM) program at [www.mi-yogah.com](http://www.mi-yogah.com).*

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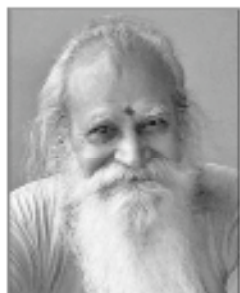
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It is our pleasure to announce that we have identified a select number of organizations to provide our members with some very special offerings. We will add them on [iayt.org](http://iayt.org) as we confirm the benefits offered by each. Visit [iayt.org/page/AddedBenefits](http://iayt.org/page/AddedBenefits) to see the details of each partner's offerings.







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## Prepared for Growth: Diverse Yet Unified

By Heidi Crocker

The eighth annual Meeting of Schools (MOS) brought together leaders and learners alike for an opportunity to connect, collaborate, and cultivate relationships in the spirit of yoga therapy education. Michael Lee, founder of Phoenix Rising Yoga Therapy, orchestrated a thoughtful icebreaker that nurtured an atmosphere of acceptance and community. A show of hands indicated that 50% of attendees represented already-accredited yoga therapy programs and 50% were first-time participants. The palpable energy set the stage for two days of friendship, clarity, fresh ideas, and reflection.

The Accreditation Committee highlighted the standards that establish a foundation for quality assurance while still allowing room for individuals to bring their unique gifts to the scope of practice. Under the leadership of Aggie Stewart, the accreditation process has been streamlined to allow for a more effective and efficient experience for both the applicants and the review committee. We honor Aggie's diligent service as the accreditation manager and to IAYT. As Aggie is transitioning to focus on other aspects of life, the members gave a warm and loving welcome to the new accreditation manager, Annette Watson. (Read more about her in Members News.) Three committee seats are available for anyone interested in serving.

The Certification Committee is wrapping up the grandparenting process for certification, yet they are already working on new and exciting initiatives. The focus will be on approved professional development courses and learning activities for yoga therapists to maintain professional skills and credentials. The committee is preparing to announce a pilot program in the coming months.

On day two, panel presentations centered on the future and growth of yoga therapy. This provided an opportunity to learn from others' wisdom, experiences, and knowledge base. The expert panel shared insight into their practice models, offered a glimpse into their professional journeys, and granted advice and inspiration for the participants to grow as individuals, mature as a yoga therapy program, and strengthen as a viable and essential profession. The panel included Chase Bossart (Private Practice), Olin Levitt

(School Settings), Pam Pence (VA & Military), Marlysa Sullivan (Research), and Lynn Crimando (Healthcare). My personal takeaway: many paths can be taken as a certified yoga therapist, and this allows for the diversity of our membership to shine while still being unified in the mission to bridge yoga and healthcare.

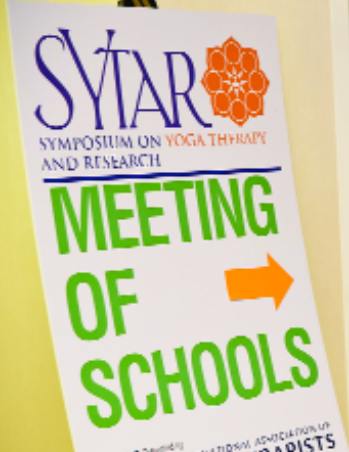
The highlight of this year's MOS was the "sharing of ideas" session. These roundtable discussions were facilitated by members of the Accreditation or Certification Committees to help the group prioritize topics to discuss and record key points to be shared after the conference on the 2017 SYTAR Recap page on IAYT's website. The categories included Practicum (Aimee McBride and Hansa Knox); Assessment (Denyse Peterson and Robin Rothenberg); Online Learning (Brahmi Gold-Bernstein and Danielle Atkinson); and Professional Development/Training (Carol Krucoff and Beth Whitney-Teeple). The attendees were provided a list of the categories with suggested topics for each category prior to the MOS. This allowed for interactive and engaging conversation that unfolded organically and resulted in inspiration and creativeness that left members motivated to return to their practice and encouraged at the endless possibilities available in the field of yoga therapy.

Thanks are due to the members of the MOS Committee for the attention and care they put into making this successful gathering. As Carol Krucoff, C-IAYT, E-RYT 500, so eloquently said, "The robust attendance of the meeting and the vibrancy of the participants makes it clear that our field stands perched on an explosion of growth. It is humbling to be part of this pioneering effort to bring our work into mainstream medicine." **YTT**



Heidi Crocker ([heidi.crocker5@gmail.com](mailto:heidi.crocker5@gmail.com)), DC, EdD, C-IAYT, has been an IAYT member since 2007. She has owned integrated wellness centers with an emphasis on the balance of chiropractic and yoga therapy. Crocker serves as associate dean of academic affairs at Pacific States University.





All SYTAR photos by Callie Richmond



# Charting a Path Forward

By Dorcia J. Tucker

Upon walking into the hotel for this year's symposium, I felt like I had come full circle on a journey that I never anticipated. My first SYTAR took place in Austin, Texas, in 2014. I had just left my clinical practice as a military psychologist and moved back to the United States to start a two-year degree in yoga therapy. Accustomed to the structure and hierarchy of military hospitals, I was welcomed with open arms into the apparently egalitarian—and definitely warmer and more accepting of individual differences—IAYT community. I recall being impressed by the presenters' longevity within and commitment to the field of yoga therapy. I felt I was joining the yoga therapy community just as we were taking our seat as recognized practitioners at the healthcare conference table.

My second SYTAR was in 2015, and I saw my own growth as a yoga therapist reflected in progress IAYT had made over the course of two cycles of certifying yoga therapy schools. One of the most vital, interesting sessions for me that year was Indu Arora's "Yoga as Work-IN" morning practice. The message I took from that hour was that once the needed outer form is established, the real work of internal growth and development can begin.

Fast forward to 2017 and this year's SYTAR: we have established the formal standards for yoga therapy schools and yoga therapists. Now we can turn our attention to the work of growing into our collective role as certified healthcare providers and developing the standard of care for yoga therapy. Having become a C-IAYT and adjunct professor at Maryland University of Integrative Health, I approached this year's conference from a new perspective: that of a professional yoga therapist seeking new paradigms to take back to my clients and students.

In his keynote speech, John Weeks spoke about our next steps as a health profession. He identified yoga therapy as one of the modalities working at the emergent edge of integrative healthcare. He also proposed a "middle way" of engagement that includes creating resources for experience-

sharing and an educational model that emphasizes transformative learning. This address was well positioned early in the symposium schedule, as it led me to repeatedly examine the question of how yoga therapists might grow into our role as credentialed healthcare professionals.

"Research to Practice," Friday's keynote from Nicole Culos-Reed, PhD, set the bar for future presentations of research findings and the open sharing of clinical and experimental protocols. This

level of transparency is typical of most professional conferences and is a necessity if the iterative process of empirical investigation is to continue for yoga therapy. This is science abnegating the ego of the individual and embodying the yogic principle of *aparigraha* (non-grasping) for the benefit of the collective. The willingness to share best practices was also evident in some of the concurrent track sessions, such as "Advanced Chair Yoga Skills for Experienced Yoga Therapists" with Lakshmi Voelker, YT, E-RYT 500, C-IAYT, and "Yoga for Grief Relief—An Essential Tool for Yoga Therapists" with Antonio Sausys, MA, IGT, CMT, RYT.

Similar advanced sessions addressed the needs of experienced clinicians (e.g., those who have been grandparented in or who have other therapeutic

experience that complements yoga therapy). The organizers of future symposia might cultivate a second tier of presentations aimed at expanding the skills set of experienced yoga therapists. The needs of this segment of our community differ from those of participants new to the discipline, and this would be one answer to Weeks' question of what's next for yoga therapy. The next step is to cultivate *and share* the deep learning, emerging techniques, and the collaborative application of yoga therapy. The greatest effect will come from sharing not just the what and how, but also the why of delivering specific tools. A well-developed sense of clinical reasoning is one of the qualities that distinguishes a competent clinician from a masterful one. This type of dialogue took place at the end of one of the Common Interest Community (CIC) sessions: "Rehab Professionals: Bridging the Past with the Future." An interdisciplinary panel was presented with a case, and each practitioner

(continued on page 20)









discussed how they would handle such a case in collaboration with others.

The inspiration offered by Aadil Palkhivala, JD, CYT, RYT, speaking to our *dharma* as yoga therapists was both powerful and timely. His speech (and his popular book *Fire of Love: For Students of Life, For Teachers of Yoga*) made it clear that he absorbs and synthesizes information from many different subjects. By his example, it seems clear that our collective *dharma*, i.e., path and aspiration, as clinicians is to be open to myriad streams of information/inspiration. We have much to learn and share with other professional disciplines. Drawing the boundaries of our various traditions with a light hand can expand our horizons and our ability to realize the many potentials of yoga therapy. The possible directions of expansion include sessions explicating the philosophical underpinnings of yoga therapy, demonstrating the advanced use of its tools, presenting comparative case reviews, and/or reporting robust research.

Thinking outside of our traditional boxes can also mean questioning widely accepted dogma. This was the focus of a thought-provoking session led by Robin Rothenberg, C-IAYT: “Pranayama Redefined: Breathe Less to Breathe More.” She presented information and led exercises based on the Buteyko breathing method that are unfamiliar to most yogis and seem to run counter to our traditional teachings. For me, the value of this session lay not in discovering the single correct way to breathe, but in opening a discussion in which we are invited to question what we think we know. Challenging the status quo creates opportunities to deepen our understanding of cherished ideas, as Rothenberg demonstrated in her new comprehension of Patanjali’s statements about stilling the breath. She was explicit in her encouragement that everyone should think critically about the information that we absorb and pass along to others.

Similarly, Jennifer Taylor, MSW, RYT, encouraged participants to reengage with the practice of *savasana* during her morning practice session, “Corpse: You Say Corpse Like It’s a Bad Thing.” Another morning practice, led by IAYT board member Amy Wheeler, PhD, C-IAYT, offered a fresh look at class-planning—tailoring the session on the spot to the group’s needs through a traditional approach to the *gunas*, or qualities.

As a clinical psychologist, I was particularly interested to hear Wheeler discuss these physical and emotional state assessment tools. Her integrative methods have contributed to increased discernment and interoception for the groups with whom she works. She spoke of being flexible with language (using words within a client’s frame of reference) to allow space for deep questioning and

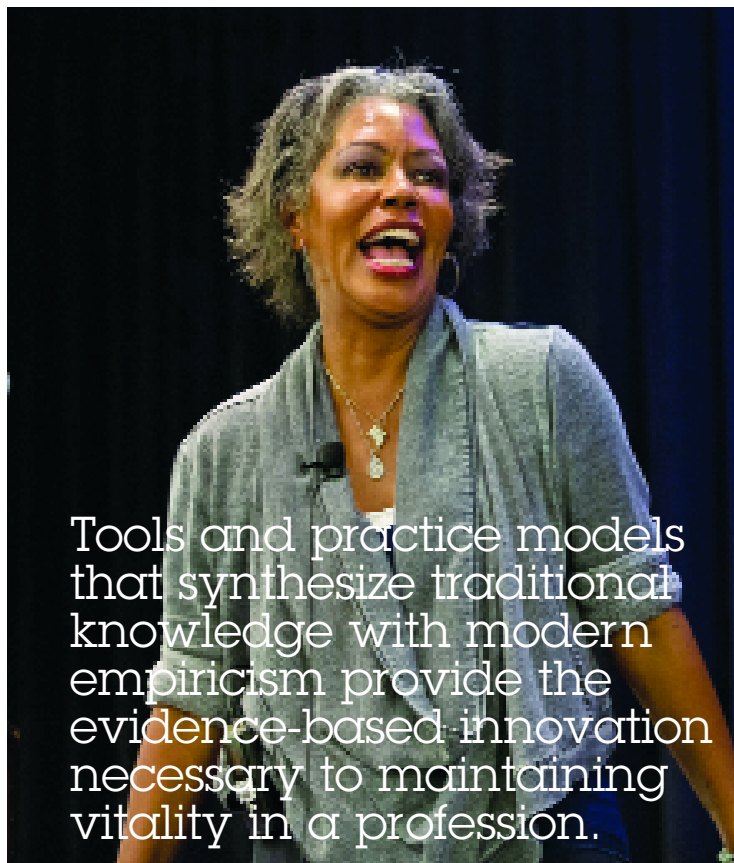
listening. Tools and practice models that synthesize traditional knowledge with modern empiricism provide the evidence-based innovation necessary to maintaining vitality in a profession.

The themes of integration and innovation shone forth in the final keynote speech, “The Issues Live in Our Tissues,” delivered by Nikki Myers, MBA, C-IAYT, E-RYT 500 (pictured below). Her work combines the Twelve-Step Program of Addiction Recovery with yoga to create an intervention that is greater than the sum of its parts. She spoke of her *dharma* to blend the old with the relatively new, reflecting the multifaceted gestalt that is yoga therapy. The CIC “Yoga Therapists Today: Careers with Meaning” offered other examples of this type of integrative work. Each presenter demonstrated the relevance of yoga therapy to the needs of not only clients, but also to our current healthcare system.

From the first night and throughout the rest of this year’s SYTAR, I found myself continuously reflecting upon questions inspired by John Weeks’ address. Most importantly: How do we, as

a profession, fulfill the role in healthcare that we have spent the past several years carving out for ourselves? At least a few of the answers to this question were presented within the sessions that occurred over the course of the symposium. We begin by turning our gaze inward to examine where we stand and how we are embodying the values we espouse. We encourage greater transparency and collaboration in our methods. We develop advanced training sessions that inspire critical thinking for delivery at future conferences. We support the multiplicity of paths and methods appropriate for each individual while charting the course for the collective. We loosen our grasp on dogma so that we can apprehend new insights from tradition and innovation. And finally, when we think we have it all figured out, we go back and again question what we think we know.

As an association of yoga therapists we have left behind the early days of our field and emerged as a self-determined profession. The certification development period is over, and our next steps will determine how we are viewed for years and decades to come within the wider arena of healthcare. **YTT**



Dorcia J. Tucker, PsyD, MS, C-IAYT, is a faculty member at Maryland University of Integrative Health (MUIH), where she teaches in the Yoga Therapy and Integrative Health Sciences departments. She is also a licensed clinical psychologist, Zen meditation teacher, clinical herbalist, and certified yoga therapist. She received MS degrees in yoga therapy and in therapeutic herbalism from MUIH.





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## Learning to Abide with What Is: The Science behind Holding Poses

By Heather Mason

**A**s a yoga therapist who primarily specializes in working with people struggling with their mental health, I believe there is a great value in guiding clients to hold asanas they personally find mildly challenging for two to three minutes.

Most mental health conditions involve a strong desire to escape uncomfortable mental and physical sensations. Yet disliking unpleasant experience only seems to increase its level of unpleasantness. For example, hating a negative thought only serves to make one feel worse. First there is the distasteful thought itself, and then the negative feeling is exacerbated by the rejection of the thought. This process is often accompanied by an attempt to prevent negative cognitions in the future, which backfires and instead leads a person to experience more of them. Research reveals that a strong desire to suppress or avoid unpleasant feelings is a risk factor for mental health issues, as this suppression only serves to intensify them.<sup>1</sup> Alternatively, the capacity to stay present with unpleasant feelings—in a more pleasant way—is correlated with greater distress tolerance and overall wellbeing.<sup>2</sup>

A core benefit of mindfulness practice is this increased capacity and is therefore an important consideration for those struggling with their emotional wellbeing. Unfortunately, individuals with mental health issues may find formal mindfulness meditation difficult: negative thoughts and feelings are the default, and the attentional control necessary to see through these experiences as opposed to getting lost in them is not likely available.

On the other hand, holding an asana provides a training ground where individuals can learn to stay present with mild, but purposefully self-generated, discomfort, knowing that relief is accessible merely by straightening a leg or lowering the body back to the earth. Additionally, given the gross sensation(s) engendered by the pose, the individual is likely to be pinned to the present, momentarily liberated from habitual negative thinking, while cultivating a specific kind of attentional control in an

effortless manner. Basically, a long hold allows a person to touch into distress and learn to tolerate it—an important feature of wellbeing. This emerges over time as yoga practitioners begin to understand that staying with discomfort in asanas is actually the precursor for transformation, and the capacity to do this leads to greater flexibility and strength. In time the shift in perception can spill over into daily life, breeding curiosity around difficult experiences as opportunities for growth and change.



### Physiological Effects

In addition to the cognitive shifts that may arise through longer holds of postures, important physiological changes can occur, fostering improved wellbeing. For example, holding a stretch allows for the lengthening of a muscle, reducing overall tension. If a stretch is held for a long period, this lengthening not only increases, but generates deep relaxation.

We have two major types of muscle fibers: extrafusal muscles, the large muscle

fibers that we generally think of when stretching and contracting muscles, and tiny muscle fibers, which are encased within the extrafusal muscle fibers and are known as intrafusal fibers or muscle spindles. Intrafusal fibers/spindles are unique in that they detect muscle movement and contribute to muscle contraction. Movement stimulates muscle spindles, which send sensory information up to the spinal cord, causing alpha motor neurons to contract extrafusal muscle fibers. This contraction pulls the fibers toward the belly of the muscle, increasing tension within the tendon. Hence, when we first move into a stretch we often experience a taut pulling in the muscle. As we remain in the stretch, this tension mounts and is registered by a sensory body in the tendon—the golgi tendon organ. As a protective measure, when tension reaches a critical mass, the golgi tendon organ fires an inhibitory signal to the alpha motor neuron and contraction of the extrafusal muscle fiber ceases. It is at this moment that many of us experience that “ahhh” feeling of a muscle lengthening and we find we can go deeper into the pose.

Intriguingly, although the extrafusal fiber releases its tension, the spindle does not. Rather, the spindle will continue to fire information expressing the intensity of a stretch via the spinal cord to a part of the reticular formation (RF). The RF is a mesh of nuclei within the brainstem and midbrain that assesses information from the environment and the body and then orchestrates various responses necessary to maintain homeostasis.

When spindles send information to the RF about continual stretch, small gamma motor neurons are activated. These motor neurons synapse with muscle spindles, causing the spindles to increase their contraction, effectively protecting a muscle from overstretching. This contraction in the spindles is what we colloquially refer to as “muscle tone.” Accordingly, the longer and more intense a stretch, the tauter the spindles become, providing a certain level of resistance. If, however, we remain in a stretch for a few minutes, the level of firing from spindles to the RF can decrease

(continued on page 24)





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(another theory is that the RF stops registering the stretch at the same level, as it is primed to pick up new information and inhibit consistent input); in turn, the gamma motor neurons reduce their firing to the spindles, allowing for an increased capacity for stretch. At this point the RF does not perceive the level of elongation that occurs in the muscle, but rather simply discerns that the body is relaxed.

This is where deep rest is accessible: the RF not only includes nuclei that assess stretch and body position, but also those that regulate heart rate and blood pressure. When a muscle lengthens, this is picked up by the RF, indicating a level of ease. When this is accompanied by the reduction of firing from spindles (and/or the RF's inhibition of continual consistent input), the RF assesses that the body is comfortable and relaxed and the heart rate and blood pressure may decrease, evoking an experience of much-needed peace where painful thoughts and feelings can melt away—at least in the moment. (Please note that when stretches are targeting connective tissue, as in yin yoga, this does not occur; rather, the experience of tension will continue to mount throughout the asana.)

To fully access the potential peace that arises from the stretch response, it is best to have a few long holds, such as *paschimottanasana* (westward bend) and *janu shirshasana* (head-to-knees pose), near the end of the practice. (A caveat: as the firing of the spindles followed by gamma motor neuronal response to increase muscle tonus is a protective mechanism, it might be risky to use the increased relaxation in the muscle to deepen a stretch; rather, it is advisable to simply enjoy the experience of ease.)

## Chemical Effects

Long holds may generate calm in other ways throughout yoga practice. In 2014, a review paper elucidated the mechanisms by which yoga is believed to reduce stress.<sup>3</sup> The authors suggested the following intriguing pathway. Whenever we hold a yoga asana there is flexion in a joint. Although this flexion does not fully occlude blood flow, it can slightly obstruct it. In other words, the flexion mildly mimics the action of a tourniquet, wherein blood builds up in the muscle complex at the proximal region of the joint. When we release the pose, just as when we remove a tourniquet, blood rushes out of the proximal muscle through the endothelium (the thin

layer of cells that line blood vessels) to other regions of the body. This mechanical pressure on the cells of the endothelium leads to the increased production of nitric oxide (NO).

NO is an important biochemical in the body. It has many functions; most notably, it signals to smooth muscle to dilate blood vessels.<sup>4</sup> The innermost layer of blood vessels is comprised of endothelial cells; wrapped around this thin mesh are smooth-muscle cells, which either contract or dilate blood vessels. When we exit a pose and blood rushes through vessels, high levels of NO are released, dilating blood vessels. If this happens throughout the body as we hold one posture, then the next, then the next, the result may be a general reduction in blood pressure, something that is associated with relaxation.<sup>5</sup> In fact, this overall effect may contribute to the deep relaxation often experienced post-practice in *savasana*.

In addition to this effect, increased levels of NO may support enhanced relaxation in other ways. For example, research reveals that NO blocks sympathetic pathways, possibly by inhibiting the release of norepinephrine, thereby increasing a propensity for parasympathetic activation.<sup>6</sup> This makes a yoga practice that includes holding postures very attractive for individuals with high levels of anxiety.

Possibly even more exciting, NO may influence genetic expression. The field of epigenetics teaches that gene activity is influenced by both biochemical and environmental factors. Hence, we have a certain level of control over how our genes manifest and, consequently, over our health and wellbeing. Epigenetic pathways can be complex, but to simplify things, certain biochemicals interact with genes encoded on DNA to determine whether the gene will be expressed. One well-known biochemical, NFKappaB, is involved in either the upregulation/increase or downregulation/decrease in genetic activity. NFKappaB is a protein best known for the upregulation of genes involved in inflammation; its levels are therefore correlated with heart disease, diabetes, and various other conditions where the body is in a state of chronic inflammation. On the positive side, research trials have found that increased levels of NO actually inhibit NFKappaB.<sup>7</sup> Accordingly, increasing levels of NO may play an essential role in our overall wellbeing, not only improving our mental states but decreasing our risk for chronic diseases.

As science begins to investigate the discrete mechanisms that underlie yoga's

efficacy it is increasingly clear that this ancient practice emerged from deep wisdom. In fact, one doesn't need to know about NFKappaB and NO to appreciate that regularly holding postures paves the way for transformation. As the Yoga Sutras and other canonical yogic texts teach, a still body over time gives rise to a still mind. Many yogis who stay present in a pose time and again can attest to this. However, as staying with the feeling of stretch or contraction is not always pleasant, it is useful for more skeptical students to have an understanding of the physiological effects of staying in a posture. This more concrete explanation may inspire a willingness to try, until the embodied knowing emerges. **YTT**

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**Heather Mason, MA, MS, founded The Minded Institute, which trains professionals in working with chronic health complaints through a**

**combination of yoga therapy, mindfulness, neuroscience, and psychotherapy. She develops mind-body curricula for medical schools and has been lobbying for yoga's inclusion in the United Kingdom's National Health Service.**





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## Building the Business of Yoga Therapy

*One of the most rewarding aspects of my job as editor of this magazine is the opportunity to meet wonderful yoga therapists from all over the world. Many of these professionals bring deep experience, finely honed skills, and years of complementary education to their work in our field. From my vantage point those who flourish most dramatically have allowed their passion and interests to guide them.*

*The work lives of these yoga therapists often don't fit the mold of solitary clinician seeing private clients all day, or working with therapeutic small groups in a studio setting. They may do these things, sure—even as their primary professional activities—but many of the innovators I meet are applying their skills in highly specific, often integrative ways. Some work at the hospital bedside, helping patients rediscover perhaps long-forgotten wholeness, or in tropical paradises where suffering and challenges nevertheless exist. Others have melded their yoga therapy training with writing, design, or coaching talents.*

*As I meet the bright souls on this path—often virtually, but in person when I'm lucky, as at the SYTAR and SYR conferences—I'm struck by both their fearlessness and their dedication to living their dharma; nearly all almost immediately say this is the best work they've ever done. I am constantly humbled and reminded of the ever-evolving nature of yogic practice, and of yoga's innate capacity for this flexibility even as we remain true to the core teachings. Here, we are pleased to present the stories of four yoga therapists who are helping to move the profession forward along their own unique paths.*

—Laurie Hyland Robertson

### AIMEE FIROR McBRIDE Charting a Path in Acute Care



*Aimee Firor McBride, MS, C-IAYT, E-RYT 500, serves as adjunct faculty and the clinic coordinator for the master of science in yoga therapy program*

*at Maryland University of Integrative Health (MUIH), where she is also piloting a student yoga therapy clinical program in acute care at Howard County General Hospital (HCGH). Previously the owner and operator of The Shala Wellness Center in Frederick, Maryland, McBride's primary focus has been on providing therapeutic services for individuals with chronic pain, inflammation, and other stress-related conditions. In addition to being a practicing yoga therapist, McBride is a certified fitness and Pilates instructor with twenty-five years of experience.*

As the owner of a wellness center for nine years, I often worked with students with specific conditions, both acute and chronic, which led me to the desire to deepen my knowledge of yoga therapy. Upon graduating with my master's degree from MUIH, I decided that my best path forward would be working with MUIH to contribute to the education of future yoga therapists and to further the field of yoga therapy.

I sold my wellness center and became the yoga therapy clinic coordinator at the university, overseeing the student clinic practicum. In addition, I began offering individual yoga therapy sessions to patients in the HCGH medical-surgical and oncology units as part of a partnership between the hospital and the school.

In the hospital, I committed to offering the best possible patient care; to staying within a relatively narrowly defined scope of practice for a yoga therapist; and to keeping out of the way of staff. I attended doctors' rounds daily, and was pleasantly surprised to be so well received by all the clinicians—doctors, nurses, pain specialists, social workers, physical therapists, respiratory therapists, and other hospital staff. Soon, I began to receive specific patient recommendations from nurses and pain specialists and was asked to speak

to various clinical groups throughout the hospital regarding the benefits of yoga therapy. After almost a year of offering individual yoga therapy on my own at the hospital, I am now overseeing the student clinic practicum there. Under direct supervision, students provide yoga therapy to patients and must learn how to adjust practices to fit into a medical environment and integrate with hospital procedures and staff.

The most difficult obstacle to overcome in the hospital is gaining patient consent. In this setting, patients are often at peak pain or stress levels, and a yoga therapist is the last person they expect to walk into their room. There's an art to the interview process to ascertain a patient's primary discomfort; assess physical, energetic, and mental/emotional states; and provide an effective but "doable" plan of care that addresses their primary imbalances. I've learned to adjust my language quite a bit to quickly inform the patients that we offer natural techniques to assist with pain, breathing, or energy level that are complementary to the care they are receiving in the hospital.

The most important things I have learned from my process of establishing this hospital-based program include the following:

- 1. Progress slowly and allow the practice to speak for itself.** Because yoga therapy is a developing field, especially as integrated with allopathic medicine, we as pioneers often become so passionate that we may overeducate. I like to offer the patient a practice within the first ten minutes of our time together. I try to avoid overwhelming both patients and clinicians with information. As the medical providers witness the benefits of yoga therapy in their patients firsthand, they will become more receptive to integrative yoga therapy. Visible progress made is the best advocate for yoga therapy.
- 2. Keep it simple.** We should have a conservative approach and narrow scope of practice in the hospital. Again, because we are in an emerging field, the onus is on the practitioner to eliminate possible contraindications. Each patient is different, but I have seen dramatic effects on pain, for example, with simple breath awareness or a subtle balanced breath.



3. **Start where your patient is.** We've all heard this before, but this is especially true in an acute-care environment. We must learn to read the patient quickly and effectively gauge their stage of change or realm of understanding of the mind/body connection. It is important to offer practices that align with the patient's ability and willingness. If we don't start where our patients are, they will not be compliant with any practice.
4. **Track quantitative outcomes.** Asking the patient to rate pain, stress level, and/or general sense of wellbeing before and after the practice can be very informative for you, the patient, and the medical staff and will influence your practice over time.

Our goal as yoga therapists working in a medical, integrative, or acute-care setting is to add to the patient experience in a positive way, help improve outcomes, and assist with a greater sense of wellbeing. We can achieve this by encouraging self-awareness and self-care. In the end, we hope to offer techniques that patients will be inspired to practice in the hospital and continue at home to improve their connection to self, personal empowerment, and sense of wellbeing—all essential aspects of being that can feel stripped away in an acute-care situation.

A healing presence is the most crucial aspect of the process and creates that safe container for the patient to dive into greater introspection. When a yoga therapist walks into a patient's room in an allopathic setting and witnesses a meaningful shift or connection, it becomes a co-meditation that deeply affects both patient and practitioner. These experiences, one by one, are very powerful and reaffirm that "complementary and alternative medicine" is really just complementary—no longer alternative; when woven together with standard medical care, we can hope to help patients heal more effectively through all layers of being.

I look forward to more work with MUIH in the development of partnerships with other medical institutions in continuing to provide the highest level of education for our students, integrating yoga therapy with standard medical care, and contributing to yoga therapy research on outcomes in acute care. **YTT**

## LAURA SCHMALZL Foster Interprofessional Education



*Laura Schmalzl, PhD, RYT, is an associate professor at Southern California University of Health Sciences, as well as co-editor in chief of the International Journal of Yoga Therapy. She is originally from Italy and lived in Australia and Sweden before moving to California in 2012. Schmalzl is particularly interested in facilitating the inclusion of yoga in both educational and integrative health-care settings.*

I initially trained as a clinical neuropsychologist before obtaining a PhD in cognitive science and pursuing postdoctoral work in cognitive neuroscience and behavioral medicine. Before getting involved in yoga-related work, my research primarily focused on elucidating the cognitive and neural bases of various aspects of body representation. Specifically, I was involved in behavioral and neuroimaging (fMRI) studies investigating limb proprioception in healthy individuals and amputees and in the development of tools to alleviate phantom pain.

I took my first yoga class while pursuing my postgraduate studies and was hooked pretty much immediately. One of the aspects that intrigued me from the beginning was that yoga provided me with an experiential way of investigating much of what I was studying in my clinical and academic training—body awareness, modulation of attention, and emotional regulation. I soon developed a daily yoga practice and went on to complete a series of yoga teacher trainings over the years, including a 500-hour program through YogaWorks in Los Angeles. And after about a decade of pursuing yoga and science in parallel, my passion for yoga became academic.

In fact, it led me to conduct research at the University of California, San Diego (UCSD) that evolved around evaluating the effectiveness of yoga-based interventions for various populations. Specifically, I was involved in projects with war veterans with chronic pain, older adults with reduced mobility, and college students with no prior yoga experience. The latter project investigated the effect of yoga-based practices on physiological stress parameters, interoceptive awareness, and vigilant attention.

Late last year I took on a faculty position at Southern California University of Health Sciences (SCU). I am the lead fac-

ulty for two basic science courses: Foundations of Neuroscience and Research and Evidence-Based Healthcare. One of SCU's main missions is to foster interprofessional education, so the basic science classes are taught to cohorts from different disciplines. My classes include students who are training to become chiropractors, acupuncturists, and physician assistants. This provides a wonderful platform for the students to not only learn their basic curriculum, but to also become familiarized with the scopes of practice of other integrative health modalities. In addition to my basic teaching duties, I am involved in the development of a foundational yoga training for healthcare practitioners that we aim implement at SCU in 2018.\*

Alongside my work at SCU, I am one of the two editors in chief of the *International Journal of Yoga Therapy* (IJYT). This is my third year of working with the IJYT team, and it is an honor to be in a role of facilitating the dissemination of yoga research. I also serve as a review editor for *Frontiers in Human Neuroscience*, for which I co-edited a special issue entitled "Neural Mechanisms Underlying Movement-Based Embodied Contemplative Practices."

I feel particularly lucky that my journey has led me to be able to integrate academic, clinical, and yoga work. I am thankful that my background allows me to take on a somewhat translational role, one that often leads me to act as a bridge between researchers, educators, and clinicians. This position allows me to introduce yoga-based practices in educational and clinical contexts. For example, I actively include yoga in my basic science courses in both practical and theoretical terms. The former means that, yes, my neuroscience students get to spend an hour of each week on a yoga mat to experientially learn about how the practice affects the nervous system; the latter means I use a lot of current yoga research literature in my lectures to illustrate neurophysiological mechanisms underlying movement, breath, and attention. This two-way bridge role also allows me to promote the importance of evidence-informed practice and research literacy to the yoga community. As a take-home message, I encourage anyone with multiple passions not to be shy about dreaming big in the pursuit of a job that allows for the integration of one's whole self. If you set the right intentions, there's a good chance that the universe will support you and make your dream come true. **YTT**

\*Editor's note: See page 45 for more about this program.

(continued on page 30)



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## JENNIFER BACON

### A Rewarding Leap into the Unknown



*Jennifer Nicole Bacon holds a PhD in Curriculum and Instruction. She is also a certified special education teacher, ordained interfaith minister, and*

*spiritual director. Bacon became a certified hatha yoga teacher through Integral Yoga and received additional training in Yoga for the Special Child. She is also trained in poetry therapy and authored the book *Sisters in the Dissertation House: A Dissertation Narrative, which addresses doctoral completion by women of color in underrepresented fields. Bacon's work also includes many publications, including articles such as "Using Culturally Responsive and Inclusive Poetry Groups with Diverse Teens," "Motherhood in Costa Rica," and "Exploring Toddler Yoga as Play." She aims to create individualized sessions to meet client needs and goals using yoga, discussion, spiritual guidance, meditation, and writing.**

I worked extensively in special education as a classroom teacher and department chair in public secondary schools before becoming a college professor. Finding ways to incorporate yoga, meditation, and writing into my work has always been very important to me and seemed really beneficial to the youth and adults I've worked with. My work in special education led me to create a holistic, educational, and spiritual yoga therapy practice. I work with a diverse group of clients with a focus on women, teens, individuals with special needs, and children/toddlers.

Today I live primarily in Costa Rica but frequently travel back to the United States. In Costa Rica, my clients typically find me through word of mouth (referrals from other clients, tourists, families, and schools) and the work I do locally (I prefer to teach and practice close to where I live). Clients here and abroad also find me through my writing—journal and magazine articles, blogs, websites, or books. I am also beginning to offer yoga and writing retreats in Costa Rica.

As you might guess, time is the biggest obstacle I face in my yoga therapy practice! Especially finding enough time to devote to my own practice as well as accept new projects while being a full-time mother, writer, teacher, traveler, wife, and recently ordained interfaith minister. Yoga therapy is not just a career but a way of life that requires dedication on a spiritual,

mental, physical, and philosophical level—from what you eat and drink to the people with whom you surround yourself, to your breathing, meditation, and being.

Although I first became certified to teach yoga years ago, it was not until receiving many more traditional degrees that I started to think I might be ready to start a yoga therapy practice. Even then I still felt something holding me back, some type of fear. It wasn't until finding the courage to move abroad and to follow a dream of a more holistic, creative, centered life that I felt more in harmony with my body, the Earth, and the Divine. That is when I really began to feel led by the universe to create an educational and therapeutic yoga practice.

My practice in Costa Rica was born from volunteering—doing yoga teaching exchanges with neighbors, creating a playful yogic practice with my daughter and then other toddlers in the area, gentle yoga classes with adults, and working one on one. This opened up new ways of seeing, and I'm now operating a yoga therapy practice that is growing and deepening in ways I previously only dreamed of.

In setting up my business, I've learned the importance of surrender, gratitude, and flow. Once you step out of your own way, start to relax, trust that you intuitively know what you need and know you will be guided, all of the details of who, when, what, how, and even why begin to unfold. It is so important to be grateful for all of the miracles you will begin to witness in your life and in the lives of others.

When I started, I wish I had known where and how to find practical services and networks to get a practice up and running abroad: things like creating a home-based business, having yoga platforms (to keep clients dry and out of the way of insects during the rainy season!), learning to teach classes in other languages, determining fees, and maintaining a client base after tourist season. My recommendations to others: ask lots of questions and explore many different venues to find the best fit (type of yoga, best match for clients, locations, etc.). View the process of serving through yoga as a means of connecting with your community (be it backpackers passing through or long-term neighbors) and with the Divine (or whatever name you choose to call it). Even in creating a "serious" yoga practice remember not to take yourself—or anything else—too seriously! Laugh a lot. And be ready: once you're in the flow, it's amazing how quickly things develop and opportunities open up.

As the community abroad tends to be very close knit, we build networks through both professional and personal experi-

ence, feedback from clients, discussions, and exposure to one another's work and practice. I foresee our professional community around the world growing like this—and our services becoming commonplace in even traditional settings—as people begin to not only better understand the concept of yoga therapy but actually experience it. **YTT**

## TRA KIRKPATRICK

### Explore in an Open Field

*Tra Kirkpatrick, C-IAYT, E-RYT 500, is a founding partner of The Center for Integrative Yoga Studies ([www.integrativeyogastudies.com](http://www.integrativeyogastudies.com)), which*



*offers 200- and 300-hour certifications specializing in the therapeutic applications of yoga. Along with teaching in the 200-*

*hour program, Kirkpatrick teaches anatomy, hands-on assisting, and behavior-change modules in the advanced certification program, and has mentored more than fifty budding yoga therapists in the past four years. In addition to her work with individual yoga therapy clients and weekly classes, she offers yoga therapy workshops and international retreats. Combining her passion for self-exploration and change with her experience as a certified life coach, Kirkpatrick's specialty is the intersections of yoga and the biopsychology of behavior change.*

I began teaching yoga in 2005 and became a personal trainer in 2007.

While well-rounded certification programs for both fields provided me with many tools and skills, I learned in the first few years that I had primarily been taught to work only with healthy, fully functioning bodies; I was ill equipped to deal with the various injuries, physical limitations, and complexities of the human experience. My students and clients were largely over the age of 50 and came with a variety of conditions including spinal stenosis, spondylolisthesis, osteoporosis, degenerative joint disease, cancer, MS, Parkinson's, fibromyalgia, and injuries—none of which I had been taught about during my previous certification programs. In my desire to understand how to more effectively work with my clients, I took a functional anatomy and movement course, which was my initial introduction to yoga therapy. That five-day program not only improved my ability to work safely with various dysfunctions and conditions and provide a



foundation for greater health and wellbeing, it changed the trajectory of my career.

Learning how to safely work with dysfunction, injury, and illness and adapt to those conditions provided me an entryway into my career as a yoga therapist. More precisely, it was learning about the application of yoga teachings to the biomedical model, pain science, and Western ideas on the mind and emotional health that allowed me to support my clients in becoming powerful agents for health in all of its dimensions. Several years ago I began working with a client who was referred to me due to severe spinal stenosis that did not respond well to physical therapy or multiple epidurals. She had been painfully navigating her way through her career as the head of a nursing school at a prestigious college and spent many hours on her feet during the course of her twelve-hour-plus workdays. While the musculoskeletal assessment during our first session revealed many patterns in her movement that were exacerbating the pain and causing other musculoskeletal issues (such as piriformis syndrome), it was the integration of yoga techniques such as pranayama and meditation that allowed her to move more freely and fluidly

over time. The diagnosis never changed, but her relationship to her pain and awareness of holding patterns shifted in such a way that she was able to finally find freedom in her body and in the world.

One of the biggest challenges of this work, while simultaneously the most invigorating and exciting, is that each client session is a dynamic exchange from moment to moment: a posture or technique effective during the last session or just five minutes ago may have less value in the present moment. The human body and mind are fluid, and as a yoga therapist, the more open I am to those fluctuating experiences and changes, the more powerful and productive I can be in my work. As a mentor to yoga therapists, the most common advice I offer the interns comes from the Bhagavad Gita: your duty is simply to do the work and not attach to the outcome. The moment I make the session (or class) about the techniques or teachings I want to offer, or the goal I set for my client or class, I've gone from an open field to a narrow tunnel. My desire closes down my connection to the greater dharma of the students in the room. To maintain the open field, I must be curious, patient, and—probably most difficult—I must be willing to be wrong.

In the role of teachers and yoga therapists we can easily slip into expert mode and forget that the bodies in front of us are the true gurus. My expertise is simply to help navigate the process through the teachings and applications of yoga. One simple self-reminder I use is to “go for the no,” meaning that I employ a willingness to try a technique and for it to *not* work; to ask a question and get a response I was perhaps not anticipating (such as, “no, that posture does not make my back feel better” or “doing alternate nostril breathing makes me really tense and anxious”) because the “no” offers as much in the discovery process as the “yes.”

Over the course of my career I have found that whether I am working with a physically injured or sick body; one mired in stress, anxiety, or depression; a body burdened with feelings of isolation or disconnection; or one that is on a journey for empowerment and change, my ability to create a container of safety and trust and to model receptivity to the current moment directly influences a client's openness to her- or himself, the therapeutic process, and the path of yoga as a modality for self-care. This container provides an environment in which together we can explore, experiment, and grow in our openness.

YTT



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## Educating Yoga Therapists

*I don't know about you, but I tend to put my head down and get to work—sometimes before I really should (thanks, pitta!). I suspect many of us have become so busy getting done what needs to happen to move our own work forward that we barely look up to see what's going on around us. A sort of mindful tunnel vision, if you will. This feature, an expansion of the state-of-the-profession snapshots offered in Building the Business of Yoga Therapy, provides a chance to see what others are doing. I hope it will foster new relationships and trigger collaborations we might not otherwise have considered.*

*My plan is to include this feature—and the individual yoga therapist profiles—in Yoga Therapy Today at least once each year. Over time I'd love to profile every accredited school, plus specialty programs and other unique trainings like the Loyola Marymount University mental health practicum described here. (I essentially chose a random sample for this first batch.) The field of yoga therapy has before it an opportunity to move forward in a new way, one that has not necessarily been seen in developing healthcare professions over the past hundred years. If we choose to use it, our foundational philosophies provide a built-in roadmap to cooperative growth centered around the greater good.*

—Laurie Hyland Robertson



### KULA KAMALA FOUNDATION YOGA THERAPIST CERTIFICATION

Healthcare has taken an unfortunate series of twists and turns in recent years, most of which have led to unaffordable solutions and inaccessible services for a large part of society. Kula Kamala Foundation is dedicated to providing a powerful adjunct, and, when and where appropriate, a reasonable alternative to the status quo. Yoga therapy clients are empowered to be active centers in their healthcare universe. Our approach to yoga therapy is based in awareness and in having the client actively experience, participate in, and investigate methods that avoid excessive reliance on noncritical treatments and medications and that emphasize a more natural, compassionate, spiritual, connection-based approach to wellness. Marrying appropriate and empowering medicine with mind-body-spirit awareness is the focus of the Kula Kamala Foundation's professional yoga therapy training.

This training is designed to prepare the student therapist for a meaningful career that encompasses both work and service in the field of human suffering and healing. Our program provides tools that affect both the professional landscape and

personal life. Through an evolutionary approach combining *kosha* psychology, ayurveda, somatic movement, breathing, mantra, *mudra*, and meditation, we strive to provide each student in our program with a robust extension of their existing training and experience. We include several “very real client” experiences with at-risk and special-needs populations so that our student therapists may hone the skills and gather the wisdom necessary to more effectively offer the process and teachings of yoga with compassion, safety, and integrity.

Each curriculum module is focused on experiencing individual modalities and their potential results before applying the modality to others; thus, the course is nested in self-care—since self-care is a void often unfilled in the lives of caregivers, including therapists. Students move through foundational work in the therapeutic application of the four paths of yoga: *bhakti* (devotion), *jnana* (knowledge), *karma* (action), and *raja* (mental control). Students learn to apply the teachings of yoga to particular life challenges and experiences. Our students progress through the program with an integrative perspective that includes how to work with individuals from diverse backgrounds, cultures, and spiritual/religious



beliefs, and how to mesh with professionals from other fields, including medical, social work, public service, and education. The later course modules integrate yoga therapy into any environment where it can do good, from schools with special-needs children, to mental health organizations, to homes in crisis, to hospitals, and beyond.

In addition to providing professional education, we are endeavoring to grow a community, a *sangha*, at large and at home, composed of active students, teachers, those choosing a career path in yoga therapy, and organizations and institutions whose work is complementary to our own. Through strategic partnerships we enable broader integration and empower our students and graduates to continue to expand the circle of healing. It is widely recognized that participation in a supportive community cultivates and sustains healthy living. While our program is designed to nurture teachers into becoming leaders in holistic health and wellness outside our walls, we also encourage their return. We maintain a reciprocal process of learning and educating, a space where graduates and current students can share their experiences and learn from the experiences of others. Such an approach will enrich the entire sangha and secure the lasting legacy of professional yoga therapy.

Our certification program approaches healing from both an ancient and contemporary perspective. Yoga therapy is an optimal healing modality through which people can integrate body, mind, and spirit; uplift life; explore the depths of love and compassion; serve others; and nurture oneself while reducing, balancing, or ending oppression and suffering—for themselves and for others. The Kula Kamala Foundation Yoga Therapy Certification is a powerful experiential program with seasoned teachers and a strong curriculum that brings the vital practices of yoga and the fundamentally human goals of wellness, happiness, and peace into each person's life and into the world. **YTT**



*Sudha Allitt, PhD, C-IAYT, E-RYT 500, is a co-founder of Kula Kamala Foundation & Yoga Ashram ([www.kulakamala.foundation.org](http://www.kulakamala.foundation.org)) and a yoga acharya. She has implemented long-term hospital-based yoga therapy programs and developed a school curriculum to support at-risk youth. Allitt is also an artist and published poet.*

## LMU MENTAL HEALTH PRACTICUM

**Y**oga Therapy for Mental Health: Supervised Clinical Practicum at Venice Family Clinic is an advanced professional development course designed primarily for C-IAYTs interested in gaining training and experience working individually with clinic patients who have mental health challenges. This 100-hour course at the Loyola Marymount University (LMU) Extension will meet weekly. Six students will be accepted each year. The students will provide 40–50 hours of individualized, supervised yoga therapy during the twelve-week course. The ratio of six students to so many world-renowned teachers is highly unusual for a university setting. We are looking for highly trained students who wish to refine their scope of practice while serving the community.

I designed the curriculum to help yoga therapists stay tuned into their own breath and wellbeing while building stamina in a busy community clinic setting. Venice Family Clinic has been serving the community since 1970 and currently cares for 24,000 patients a year, 73% of whom live below the poverty line. The yoga therapy services are offered free to patients referred by their social workers for challenges with anxiety, depression, panic, and trauma-stressor disorders.

Besides a rigorous schedule with patients, features of the course include *seva* (selfless service) trainings for clinic staff; a brown-bag lunch speakers' series; a six-hour course on law and ethics (six continuing education units for those with licenses in psychotherapy or social work), and yoga therapy with Spanish-speaking patients. Guest speakers include Shirley Telles, MBBS, MPhil, PhD, on the fundamentals of yoga clinical trials; William Resnick, MD, on psychopharmacology; Gerry Grossman, LMFT, on law and ethics; Mimi Lind, MSW, on domestic violence; and Jewel Simpson, DDS, C-IAYT, on dental phobia.

Many highly skilled certified yoga therapists wonder when the day will come that the mainstream medical community considers yoga therapists as valued members on their teams. Most in the mainstream medical community still don't know that yoga therapy exists or are confused about the differences in training and orientation, which is why our Yoga Therapy for Mental Health course includes soul-searching with the students about their dreams, aspirations, and job goals. We encourage each student to refine their curriculum vitae and we oversee their out-

reach to medical specialists, social service agencies, and dual-diagnosis residential treatment facilities in their neighborhoods. We assist students in drafting letters to educate medical professionals about this specialized yoga therapy training.

Venice Family Clinic is an established teaching facility with a long and respected history of partnerships with local medical schools and universities. Treatment rooms in the Department of Behavioral Health have two-way mirrors and intercoms for the clinical supervisor to observe sessions in vivo while the yoga therapist is alone in the room with the patient. Teamwork, including two yoga therapists with one patient, will also be encouraged for acute cases.

Students will learn how to obtain Informed Consent to Participate in Yoga Therapy, Consent to Be Observed, and Health Insurance Portability and Accountability Act forms from each patient. Students will also have each patient fill out anxiety and depression questionnaires weekly, will review the answers with the patients, and will input the results and the individualized home yoga plan into the clinic's electronic medical records system.

The genesis of the Yoga Therapy for Mental Health clinical practicum dates to 2002 when Christopher Chapple, PhD, first established yoga certificate programs at LMU. Then in 2005, he and Larry Payne, PhD, E-RYT 500, founded the Yoga Therapy Rx program, which currently includes Level I, Yoga Therapy and the Musculoskeletal System; Level II, Yoga Therapy and the Other Systems of the Body; Level III, Clinical Yoga Therapy; and Dr. Lori Rubenstein Fazzio's groundbreaking Level IV, Yoga Therapy for Chronic Pain Clinical Practicum at Venice Family Clinic's Integrative Medicine Clinic run by Myles Spar, MD, MPH.

Because the program aspires to the highest standards of mental health professional training, our certified yoga therapy students must have a minimum of twelve sessions of personal psychotherapy with a licensed psychologist or psychotherapist while in our course. This requisite is designed to help the student process countertransference issues that may not be applicable to clinical supervision. **YTT**



*Julie Carmen Hoffman, C-IAYT, E-RYT 500, LMFT, YTRX ([www.yogatalks.com](http://www.yogatalks.com)), is a clinical professor of yoga therapy for mental health at LMU's clinical practicum at Venice Family Clinic. She also maintains a private practice in Los Angeles.*

## INNER PEACE YOGA THERAPY

The Inner Peace Yoga Therapy program was built on the intention of bringing together leading teachers in the spheres of yoga and ayurveda. This cohesive training honors the teachings from a variety of yoga and spiritual traditions and ties those teachings together into a solid framework, empowering our trained yoga therapists to serve the unique individuals who seek their help. The framework is based on two models: the principles of yoga therapy we have defined to offer guidelines on how to work with clients and the *panchamaya kosha* model, which offers guidance on how to address the individual holistically as a multifaceted being who is more than just their physical structure. Our “Principles of Yoga Therapy” provides guideposts for how to interact meaningfully and compassionately with clients: how to be authentic, place the client first, hold “safe space,” and be empowering. We believe the blending of both, which we refer back to in all the applications of yoga therapy taught, sets us apart.

Many of the program’s faculty members specialize in a particular area of yoga therapy or ayurveda, such as depression, grief, trauma, chronic pain, Functional Yoga Therapy, recovery, and cancer. The certification program consists of a Level 1 foundations course, specialty courses, a Level 2 applied yoga therapy course, and a home-based practicum/mentorship and distance learning component. The Inner Peace Yoga Therapy program was one of the first to receive IAYT accreditation in 2014. As a modular program, students can work toward full 800-hour certification over three to five years, giving them time to incorporate skills and gain practical experience. Many students have entered our program while still working in other careers, so the flexibility of navigating the learning path over the course of several years has been appealing.

Over the past few years, the delivery of the Level 1 foundations has changed from a four-week residential course to a long-weekend format delivered over ten months at various locations. This revision has made the program more practical for students who cannot get away for weeks at a time, and also more affordable, since room, board, and airfare are not necessary for students who can now access the course closer to home. Inner Peace expects to expand its locations in

2018/2019 to include Chicago, Denver, West Palm Beach, and additional locations on the East Coast.

Students love the variety of specialty courses that gives them the chance to become specialists in the fields that resonate with them. Some of the specialty courses offered are Healing Relationships, LifeForce Yoga Practitioner, Yoga of the Heart—Cardiac and Cancer Certification Training, Ayurvedic Yoga Therapy, Yoga of Recovery for Counselors, Pain Care Yoga, and Yoga for Grief Relief. Although students need to satisfy their specialty courses, they can sign on to take them with the instructor directly. For example, students can go to Kripalu and study with Amy Weintraub, MFA, C-IAYT, E-RYT 500, YACEP, or Yogaville and study with Durga Leela, BA, CAS, PKS, RYT 500.

The program prides itself on faculty members like these but also on its alumni. Students come from a variety of backgrounds—some have other healthcare degrees or certifications, others have opened private yoga therapy practices and clinics, and some work in military and hospital settings. Most students have remarked on the incredible transformative process that they went through as a result of participating in the training. They often experience profound healing in their own lives that enables them to better serve their clients, their families, and their larger communities. **YTT**

*Michele Lawrence, C-IAYT, believes in yoga’s potential to heal and transform, and that yoga, regardless of one’s ability, is available to all.*

*Lawrence is a yoga teacher, yoga therapist, co-owner of YogaDurango, and the founder/director of*

*Inner Peace Yoga Therapy.*



## IAYT-ACCREDITED YOGA THERAPY TRAINING PROGRAMS & THEIR LOCATIONS

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American Viniyoga Institute (USA)  
Oakland, CA

Ananda School of Yoga and Meditation  
Nevada City, CA (USA)

AUM hOMe Shala  
Miami, FL (USA)

Essential Yoga Therapy  
Fall City, WA (USA)

Functional Synergy Yoga Therapy  
Calgary, AB (CAN)

Guru Ram Das Center for Medicine and Humanology  
Española, NM (USA)

Hot Yoga Wellness/Yoga Qigong Academy  
Concord, ON (CAN)

Inner Peace Yoga Therapy  
Durango, CO (USA)

Integrative Yoga Therapy  
Sebastopol, CA (USA and BRA)

Kula Kamala Foundation  
Reading, PA (USA)

Maryland University of Integrative Health  
Laurel, MD (USA)

Niroga Institute  
Oakland, CA (USA)

Phoenix Rising Yoga Therapy  
Bristol, VT (USA)

PranaYoga School of Yoga and Holistic Health  
Fort Wayne, IN (USA)

Soul of Yoga Institute  
Encinitas, CA (USA)

Spanda Yoga Movement Therapy  
Princeton, NJ (USA)

Stress Management Center of Marin  
Larkspur, CA (USA)

Wellpark College of Natural Therapies  
Auckland, New Zealand (NZL)

Yoga & Polarity Center  
Malverne, NY (USA)

YATNA (Yoga as Therapy North America)  
Nashville, TN (USA)

YogaLife Institute  
Devon, PA (USA)

Yoga North International Soma Yoga Institute  
Duluth, MN (USA)

Yoga Therapy International  
Vancouver, BC (CAN)

Yoga Therapy RX LMU  
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## What We Talk about When We Talk about Money

By Laura Kupperman

“I hate promoting myself, it feels slimy.”

“I haven’t raised my rates in five years, but I’m too scared to do anything about it.”

“I secretly want to make a lot of money but am embarrassed to say that in the yoga community.”

In my eighteen years as a career and business coach I’ve heard these comments, and a thousand variations of them, over and over. And as a yoga therapist myself, I’ve gone through the trials and tribulations of figuring out how to have a steady and ample income doing what I love.

Admittedly, I am fortunate in that I truly *enjoy* business, and I realize that’s not the case for most of us. I had a prior career working in Silicon Valley, and things like strategy, marketing, and revenue goals are concepts I’ve had plenty of experience with. But after decades of coaching health and wellness professionals—especially yogis—I feel like we need to start talking about money.

And it starts with our internal dialogue. It is my sincere belief that by examining our thinking and blocks around money, value, and worth, we open the door for not only greater material success but also for huge personal transformation.

A wonderful couples’ therapist I know says that the only reason to get married is to make progress on your spiritual path. Makes sense to me. Why put in all that work if there is no resultant growth? The same could be said for your business. Why put in *all that work* just to make a few bucks, when you can also gain self-awareness and self-mastery in the process?

So in the contemplative and self-observing spirit of *svadhyaya*, I encourage you to sit back, pour yourself some tea, and explore what it means to you to try to make a living as a yoga therapist.

### Roots

In many ways it’s an odd fit, having yoga therapy as one’s profession. Because our professional roots aren’t in the world of

commerce, we are at a disadvantage compared to other professions where there are expectations of financial success commensurate with one’s skills. For example, if you are an outstanding accountant, you could hold a reasonable belief that you will attain financial stability in your career.



By contrast, being a skillful yoga therapist in no way guarantees financial stability. Many people find themselves overwhelmed and hustling hard without the financial results to show for it. The interesting question for me thus becomes, “What then?”

### Response

Here’s what I’ve noticed about the “what then” question—that most people *resist* taking the action steps that will help them make more money, and instead usually keep repeating the same ineffective (yet familiar) steps that don’t work. Trust me! I’ve done it myself and have seen the same in some of my clients.

Many of us muddle through because our internal beliefs are holding us back. There is a perceived conflict between wanting to serve others and raising our rates; between doing something that we love and getting paid well for it; between practicing *santosha*, contentedly accepting our circumstances, and wanting to earn more.

In examining my own beliefs, I have noticed the parallels between how I treat my business and how I treat myself. I’ve

invested considerable resources to help me work through my own money blocks and enhance my business skills—and what I found were old stories I thought I’d conquered three therapists ago. Ugh.

### Satya

The truth ain’t always pretty, but it’s the only thing that will set you free. If you are struggling in any way with your business, or aren’t pleased with your financial situation, it’s time to look at what you hold to be true and decide whether it actually *is* true. Are your perceived truths simply stories you have outgrown but haven’t yet released from your consciousness? Or are your truths actually true?

Below I share some observations and words of wisdom gleaned from decades of my own hustle, and more recently, settling into ease. I’ve also had the honor of coaching hundreds of incredible yogis and other wellness practitioners, and have been up close and personal with some of the most common money blocks we all face. I’m hoping these beliefs will serve as starting points for your own internal dialogue.

**BELIEF: It would be “greedy” or “bad” to have more money than I need.**

This mental construct is like a steamer trunk filled with old baggage, stories, and beliefs. When I ask someone how much money she or he wants to earn, the



person will frequently do some quick calculations and reply with a number that is the bare minimum needed to cover expenses. Rarely does that figure include money for savings, investment, charitable donations, taxes, vacations, self-care, and so on.

When I meet someone whose goal is to just scrape by, there is usually a deeper issue around not deserving more than the crumbs. This can show up as feelings of scarcity and first chakra deficiency. Many

material gain), then you are following the intention of this yama.

## **BELIEF: I can't have graceful, effective discussions about money and pricing.**

The word money makes a lot of people uncomfortable, and talking about it openly is still considered taboo in many circles. A 2015 Fidelity study shows that women are especially uncomfortable talking about money, with 80% stating that they have

long hard hours and suffer a bit, we don't deserve to do well. (This is not how we practice *ahimsa*—nonharming—by the way.) We also tend to think that if someone makes money easily, it should be regarded with suspicion or disregarded as luck and laziness.

The pattern associated with this belief is busy-ness that doesn't necessarily translate into growth. It's checklists and nonstop doing, because that makes us *feel* productive and righteous—like the A+ students we were raised to be—but we never seem to get the results we want. A fair dose of over-planning and perfectionism is often thrown into the mix, which can squeeze the life—and joy!—out of what we do. Or sometimes there is NO planning at all, just lots of activity that's akin to a dog chasing its tail.

Either way, the result is a lack of spaciousness in our work. We have lost faith that if we are following our dharma, the path will rise to meet us. If it feels like you have to machete your way through the jungle to succeed, try surrendering instead, and see what happens.

**Explore:** In *The Firestarter Sessions: A Soulful + Practical Guide to Creating Success on Your Own Terms*, Danielle LaPorte suggests, "Make ease a metric of your success." What would it mean if ease and efficiency were two of the driving factors in how you planned your days, and the most important factor in how you ran your entire business? What would it mean to have faith that you don't need to worry or work yourself to the bone to succeed? What would change? How would *you* change?

## **BELIEF: The marketplace is totally saturated; no one will be interested in what I'm offering.**

It's true that some yoga marketplaces are more crowded than others, and you do need to adjust your business model and strategy to fit your circumstances. But what I really see behind this belief is either a lack of clarity around your offering or feelings of not being good enough.

Clarity is one of the starting points in any business. *What are you trying to sell? Who are you trying to sell it to? Are you sure they need it?* These are some of the questions that need to get asked in a thoughtful way when trying to start or grow any business. Too often the reflexive answers are, "yoga therapy," "anyone who will buy it," and "no." There is no value

## Why put in all that work just to make a few bucks, when you can also gain self-awareness and self-mastery in the process?

of us are used to being pulled in so many directions and having our energy so scattered that we believe *just getting by* is all we are entitled to.

The downside of just getting by is that it can seriously interfere with your ability to serve others (let alone yourself). You aren't able to take vacations because you can't afford to forego your teaching income. You don't have funds for additional professional education or retreats, and you can't afford to outsource business tasks, which means you have to do it all yourself. In short, you run yourself ragged and have little left for giving. Clearly, this is not a recipe for long-term success.

As Margaret Lynch counsels in *Tap-ping into Wealth*, "Without money, you can't live at the fullest expression of your compassion, generosity, or life's purpose. You deserve to be able to have enough for it all!"

**Explore:** If you feel like having a lot of money will turn you into a bad person I invite you to explore where that idea came from. Where in your upbringing did you receive that message? How has it gotten reinforced? Remember that YOU are in charge of your money, and having more than you need simply means you will have more choices. What would it be like to feel prosperous?

What does the concept of *aparigraha* mean to you? Some people translate this as not having more than you need, and it can play into our discomfort with making "too much" money. But it's the energy behind this concept that counts. If you receive money with ease (rather than grasping) and are generous in spirit and action (rather than possessive of your

refrained from discussing finances with those they are close to because it feels too personal or uncomfortable.

Before looking at how you talk to clients about money, it's a good reality check to examine your internal money dialogue. For example, do you find yourself using euphemisms like "abundance" and "prosperity" to talk about money, but shy away from number crunching or setting realistic revenue goals? Do you secretly wish that someone else would swoop in and deal with all of your finances because it seems overwhelming? Have you ever talked to your friends about money?

The more you can demystify your thoughts about money, fill in any knowledge gaps, and gracefully talk about it, the less emotional charge it will have in your life. When that happens, there is truly no resistance when talking about your prices or raising your rates; it simply becomes an exchange of goods for services. Do you think a store clerk breaks into a sweat when asked how much that lamp costs? It should be no different when discussing your rates with your clients.

**Explore:** What would it look like to tend to your financial garden in a mature and responsible way? How can you be more at ease with all of the ways money shows up in your life? How can your relationship with money embrace both *sthira* (steadiness) and *sukha* (ease)?

## **BELIEF: I need to work really hard to be successful.**

That good old Puritan work ethic still seems to be alive and well, doesn't it? This is one of my personal favorites, as it's the way I was raised. Unless we work

(continued on page 56)

## The Relaxation Response: Yoga Therapy Meets Physiology

By Maggie Reagh

It's Sunday, finally time to relax from a busy week as a university instructor and yoga therapist. My day starts with a trip to Buntzen Lake near Vancouver for a picnic with colleagues. After lunch, I come home for an afternoon nap in my zero-gravity chair. I finally feel ready to put pen to paper, having satiated my body and rested my mind. This is the typical way people relax: we rest, digest, and engage socially. But how do yogis relax, and how does it work physiologically?

### Relaxing through Positioning the Body

From a yogic perspective, when we do standing poses like *tadasana* (mountain pose), we ground our energy from head to feet by stimulating the *apana vayu* (the downward flow of energy). The same can be said of inversions and semi-inversions, such as shoulder stand, downward-facing dog, and standing forward bends where the head is lower than the heart. We experience the same grounding effect by bringing our bodies closer to the earth in supine and restorative poses. What was up (*udana*) comes down (*apana*). With this dramatic shift from standing with our heads in the clouds to bowing to the earth, we quickly experience the relaxation response.

When I started studying the physiology behind the practices we use as yoga therapists to help clients dealing with stress, anxiety, and chronic pain, it was heartening to learn that just changing the position of the body could offer my clients some quick relief. The most important principle I learned was that by putting the head lower than the heart in inversions and semi-inversions, we become more relaxed.<sup>1,2</sup>

As Carol-Ann Courneya, PhD, a University of British Columbia cardiovascular physiologist, explained to Yoga Therapy International yoga therapist trainees, "In the event that a positional change results in an increase in blood pressure or a perceived increase in blood pressure in the carotid sinus or aortic baroreceptors, the physiological response is to stimulate the parasympathetic nerves to lower the heart rate. It may well be with inversions that increased blood flow causes the (now)



Photo by Michael Bertz

dependent parts of the body, i.e., head and neck, to experience a temporary increase in blood pressure, resulting in a slower heart rate."<sup>1</sup> Inverted and even supine poses, therefore, may create a parasympathetic vagal response via the baroreceptor reflex.<sup>2</sup> As my Iyengar yoga teacher used to say, "Have a headache? Legs-up-the-wall. Have a fight with your boyfriend? Legs-up-the-wall. Exhausted? Legs-up-the-wall." Any time we bring the head lower than the heart through inversions or semi-inversions, we can instantly reduce our stress, anxiety, and pain levels by promoting relaxation.

Another positional way we can do this might be by compressing the digestive tract through forward bends or rotational twists.<sup>1</sup> These poses are postulated to bring us into the relaxation response by compressing the vagus nerve in the gut and by changing the blood flow in the body, which activates the baroreceptors to create blood pressure homeostasis. Stephanie Shorter, PhD, also suggests, "you can mechanically stimulate the vagus nerves by pressure and movement."<sup>3</sup> My own review of the literature indicates a need for more evidence to verify how this works when compressing the gut. The current research mainly focuses on stimula-

tion of the cervical end of the vagus nerve, not at the other end found in the digestive system.<sup>4,5</sup> Hopefully, more research will verify what yogis experience: when we compress the gut, we feel more relaxed, even when the head is not lower than the heart.

### Relaxing through Lengthening the Breath

From Patanjali's Yoga Sutras (I:34), we know that when we lengthen the breath and hold it after exhale, the mind becomes clear of its *antarayas* (obstacles). Patanjali also asks us to cultivate a breath that is long and subtle (II:51), as this leads to the uncovering of our natural luminosity (II:52). We also experience this when working with *ujjayi* (victorious) or *brahmari* (bee) pranayamas or even by chanting and singing. *Brahmari*, in fact, is said to activate not only the throat but also the digestive tract, so perhaps the whole vagus (parasympathetic) nerve is being stimulated with bee breathing. We are able to lengthen our breath further and stimulate our throat chakra when making these yogic sounds.

Evidence is growing in support of breath-based approaches to yoga asana and pranayama practices that work with five and a half to six breaths per minute.<sup>6,7</sup> This means that each breath is around 10 seconds long (5 seconds of inhalation and 5 seconds exhalation). The research also suggests that this ratio improves both heart rate variability (HRV) and vagal tone.<sup>8</sup> HRV essentially measures the gaps between heartbeats as we inhale and exhale. A healthy heart rate increases as we inhale and decreases as we exhale, leading to the desirable high HRV.<sup>3</sup> Increased vagal tone is also a predictor of better health, as it measures how well our nervous systems can downregulate the sympathetic response (fight-or-flight reaction) by activating the vagal parasympathetic nervous system (rest-and-digest response).<sup>8</sup> By lengthening the breath to around 5 seconds on inhale and 5 seconds on exhale, our nervous systems become more balanced; we become more resilient to the inevitable stressors of life and more able to respond with the equanimity (*upeksha*) of a yogi.

Stimulating the throat through bee or victorious breathing is said to activate the



cervical branch of the ventral vagus nerve, running from the throat, face, and ears to the lungs, heart, and diaphragm in the front (ventral) body. Arielle Schwartz, PhD, claims, “The vagus nerve passes through by the vocal cords and the inner ear and the vibrations of humming is a free and easy way to influence your nervous system states.”<sup>9</sup> This stimulation leads to downregulation of the sympathetic nervous system by activating the ventral vagus nerve’s parasympathetic response. There is also a link between vagus nerve stimulation and massaging the carotid arteries of the neck, a practice that causes the carotid sinus baroreceptors to slow the heart rate and lower the blood pressure by activating the relaxation response.<sup>4,5</sup> All of this research also points to encouraging a parasympathetic response by stimulating the ventral vagus nerve with neck movement. Yogis like Nathamuni<sup>10</sup> say that neck movement and *jalandhara bandha* (chin lock) block *udana vayu* (upward-moving energy, perhaps in some ways analogous to the sympathetic response) and encourage *apana vayu* (downward-moving energy, perhaps aligned with the parasympathetic response). More research is needed to verify this yoga-based supposition.

## Relaxing through Stilling the Mind

Mindful movement during a breath-based approach to asana allows a focus on the length and sound of the breath as well as on the pauses between the inhales and exhales. Observing the natural breath while holding poses longer serves the same function and prepares us to meditate. By practicing being present and detaching from distractions (see Yoga Sutra I:12), we make conscious what is normally unconscious. The automatic breath becomes intentional, and the wandering unconscious mind becomes still. We may visualize and feel with our interoception (sense of the inner body) grounding images related to earth and water: sitting in the center of a mountain, standing on the earth, or lying in water. These *bhavanas* (inwardly felt visualizations) help us to embody the grounding qualities of these earthy objects of meditation.

Through meditation and mindfulness practices, the gray matter in the insula and sensory regions of the brain increases, as does that in the prefrontal cortex.<sup>11</sup> In a 2015 talk, Harvard neuroscientist Sara Lazar, PhD, spoke of four regions of the brain that thicken and strengthen with the regular mental exercise of meditation: the posterior cingulate cortex (lessens mind wandering), the left hippocampus

(involved in cognitive processes and emotional regulation), the temporoparietal junction (increases compassion), and the pons (a part of the brainstem that produces regulatory neurotransmitters). Finally, the part of the brain responsible for anxiety, fear, and stress—the amygdala—gets smaller in those with mindfulness practices.<sup>11</sup>

## A Balanced Nervous System

Ultimately, from a psychophysiological perspective, we seek balance between our sympathetic and parasympathetic nervous systems. From a yogic perspective, we seek to balance the length and quality of our inhales and exhales, our left and right *nadis* (energy channels), and our three *gunas* (states of being): *tamas* (confusion), *rajas* (frenzy), and *sattva* (harmony).

### *Sthira Sukham Asanam (Yoga Sutra II:46)*

May we find the balance between stability and flexibility in our asana (postural) practice.

May we practice being present and grounded (*asa-*) in the body, breath, and mind so that we can become stable without becoming stuck (*sthira*), and flexible without becoming flakey (*sukham*).

May we become attentive without tension (*sthira*) and relaxed without laziness (*sukham*).

According to Yoga Sutra II:18–20, the mind’s three qualities become balanced as the heaviness of *tamas* becomes *sthita* (stability) and the hyperactivity of *rajas* becomes *kriya* (skillful action), leading to *sattva* and *prakashā* (luminosity and clarity) so that the light of the soul can shine through this relaxed yet stable mind.

## Final Reflection: Yoga Therapy Meets Physiology

By bringing the head lower than the heart in partial and full inversions and lying on the ground in supine poses, we are able to downregulate our sympathetic mobilization response and encourage an adaptive parasympathetic relaxation response. The same may be true of any asana that compresses the digestive tract below the diaphragm—such as in seated forward bends or rotated twists—stimulating the dorsal vagus nerve and baroreceptor response to blood-flow changes. In addition, by lengthening the breath to around six respirations per minute, we can improve our HRV and parasympathetic vagal tone. Finally, during mindfulness meditation practices, portions of our brains

thicken and strengthen, presumably leading to increased mental concentration, emotional regulation, and heartfelt compassion, in addition to less stress, fear, and anxiety.

Learning how to harness this powerful relaxation response through yogic practices focused on body, breath, or mind may be our first step toward experiencing this deeper awakening called yoga. **YTT**

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## Understanding Yoga's Roots in Evidence-Informed Practice

By Marlysa Sullivan, Diane Finlayson, and Steffany Moonaz

The benefits of evidence-informed practice (EIP) have been reported extensively in the literature and include greater quality of care, improved client outcomes, increased professional credibility and accountability, facilitation of interdisciplinary collaboration, and patient empowerment.<sup>1-3</sup> Yoga therapists have reported similar positive attitudes toward EIP and, as in other allied and integrative health fields, it is recommended that EIP be included in yoga therapy training.<sup>4,5</sup>

Although EIP represents a contemporary movement within healthcare, it is encouraging to know that the concepts inherent to EIP are also found within the tradition of yoga. This article explores the shared ideas between EIP and *Samkhya* philosophy, which has influenced the practice of yoga, yoga therapy, and ayurveda. (See sidebar.) Understanding the commonalities between EIP and *Samkhya* can lead the field of yoga therapy toward a clinical reasoning framework based on traditional knowledge and its application in modern healthcare contexts.

Current developments in EIP are based on David Sackett's definition of evidence-based medicine (EBM): "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients... [EBM] means integrating clinical expertise with the best available external clinical evidence from systematic research."<sup>6</sup> Although EBM ideally does include consideration of clinician expertise and individual patient needs, a common critique is that it overemphasizes certain forms of systematic research—especially the randomized controlled trial—for clinical decision-making.<sup>7</sup>

In response to this concern, the term EIP has gathered momentum to highlight the increased inclusion of both client-centered approaches and clinician expertise.<sup>7</sup> The term EIP is often preferred in contemporary healthcare contexts, particularly integrative fields, as it suggests a more flexible, inclusive approach to clinical decision-making. EIP continues to include three main components: clinician expertise; best available evidence; and client or patient preferences, rights, and values.<sup>1-7</sup> The analogy of a three legged stool repre-

sents the importance of equal weight being given to all three components of EIP. When the stool is stable it is because all three legs are equal in proportion; when one leg is missing, or shorter, the stool becomes unstable. Best practices in EIP include balanced use of these three components such that equal preference and weight are given to each of the three "legs." We explore these three components of EIP in the context of the teachings from the *Samkhya Karika* to elucidate the parallels and correlations between the two frameworks for clinical decision-making.

### The Samkhya Framework and Its Relationship to EIP

The *Samkhya Karika* teaches a methodology for the development of discriminative knowledge that provides a framework for clinical decision-making while incorporating the essentials of EIP. The three components that make up discriminative knowledge are perception, inference, and reliable or valid testimony and will be discussed in their relationship to the three components of EIP (Figure 1).<sup>8-10</sup>

While the exact date for the introduction of **Samkhya philosophy** is difficult to discern, it has influenced and formed the foundation for thought within the practices of yoga, yoga therapy, and ayurveda. *Samkhya* teaches a methodology of discernment and knowledge for recognizing suffering and liberating ourselves from it. Concepts from this philosophy are found in many yoga texts including the *Yoga Sutras* and *Bhagavad Gita*.

This philosophy speaks to the enmeshment of the spirit (*purusha*) with material nature (*prakriti*). Material nature is said to be comprised of the three *gunas*—*tamas*, *rajas*, and *sattva*—which shape our intellect, personality, mind, and body. Development of discriminative knowledge of the gross elements, the subtle nature of the mind, and the intellect cultivates discernment between *purusha* and *prakriti*, resulting in potential change in or liberation from suffering.

### Direct Perception

Direct perception, as defined by the *Samkhya Karika*, is the application of the senses to the sense objects and indicates a nonbiased observation of phenomena.<sup>8-10</sup> Our sense organs, such as eyes and ears, pick up sense objects, such as shapes and sounds, for our evaluation, discernment, and action. Direct perception indicates the process whereby we aim to objectively notice what is around us versus subjectively putting judgment, story, or bias on objects. The practice of direct perception includes an intention to objectively notice, comprehend, and categorize the various expressions of manifest nature such as the gross elements of earth, water, fire, air, and space.<sup>10</sup>

In yoga therapy, direct perception includes the intention for objective and nonjudgmental observation and assessment of the client's needs. The yoga therapist can use models such as the *panchamaya*, *gunas*, or the elements to determine which practices would be best applied to cultivate balance and wellbeing. As a clinician builds expertise in discernment, he or she builds skills of perception to see the subtle ways in which the client presents and to discern the optimal application of practices.

The skill of direct perception is a vital component of the EIP concept of clinician expertise. The expert clinician learns how to clearly observe and assess the client while aiming to set aside judgment and personal bias. This enables the yoga therapist to meet the unique needs of the client and to determine an appropriate plan of care.

### Inference

Inference is a complex process that incorporates the EIP concepts of best available evidence and client preferences for the cultivation of clinician expertise. The *Samkhya Karika* describes inference as a process that integrates information garnered from direct perception with knowledge from valid testimony and with past experience, analogous situations, or likely future outcomes.<sup>8-10</sup> Richard Miller, in his translation of the *Samkhya Karika*, states: "Inference, which is based on observation and analogy, enables us to know what we are unable to directly perceive (i.e., fire) through its effects, which we are able to directly perceive (i.e., smoke)."<sup>10</sup>



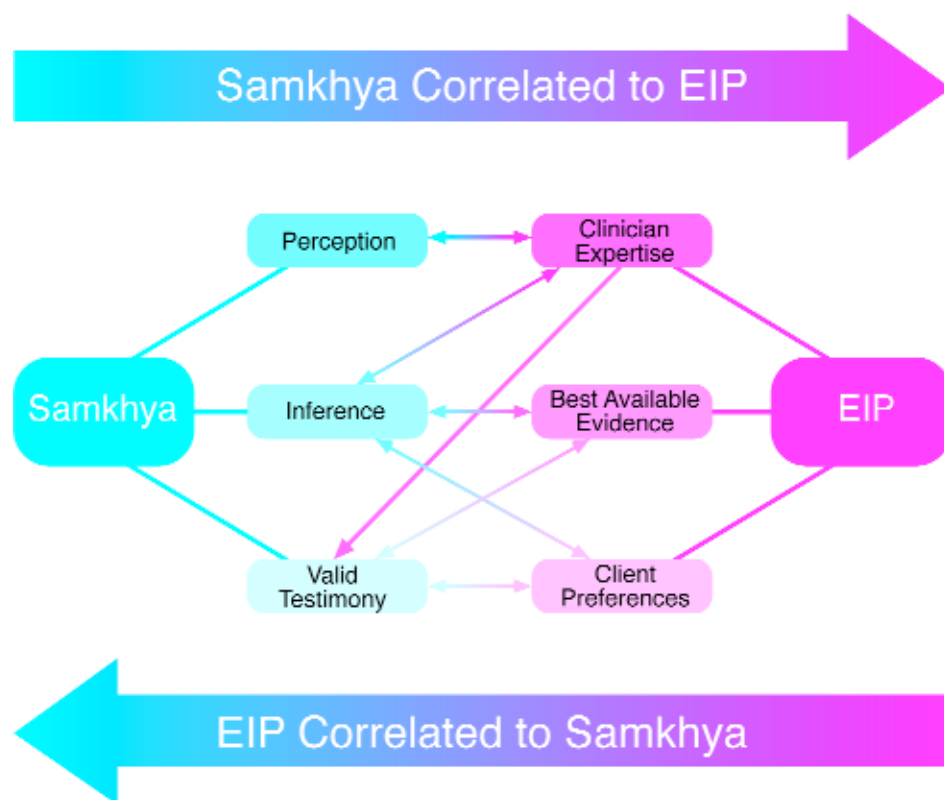


Figure 1

The yoga therapist cannot know everything there is to know about a client from direct perception, as not everything is immediately or concretely apparent. As yoga therapy works to understand the underlying causes of suffering or imbalance, the more subtle contributors—such as beliefs, thoughts, emotions, social context, and the individual's relationship to phenomena in the body, mind, and world—may not be directly evident nor perceptible. Therefore, the process of inference includes combining information garnered from direct perception with similar past experiences, likely future outcomes, analogous situations, foundational teachings, and best available evidence. In other words, the clinician evaluates the client's individual needs through direct perception (observation and assessment) and combines this information with both the clinician's own experience of what has worked in similar situations and the clinician's knowledge from biomedical science, research, and yoga teachings to create a plan for a likely positive outcome.

Inference is an intricate process that integrates all aspects of EIP, as it combines client preferences and the use of best available evidence for the development of clinician expertise. As clinicians gain expertise, they are able to more accurately observe, assess, and integrate this information with their education and

knowledge to infer from past situations, likely future outcomes, and analogous situations to meet their clients' present needs.

#### Valid Testimony

Richard Miller writes that, "Valid testimony enables us to know things that we cannot otherwise perceive, through the words and testimony of those whom we consider as trustworthy and reliable authorities."<sup>10</sup> Reliable sources include what we have learned from teachers as well as any sources that are deemed to be reliable authorities.<sup>8-10</sup>

Complementary and integrative health practices such as Chinese medicine, naturopathy, chiropractic, acupuncture, and herbalism often work to integrate traditional knowledge and perspectives into their use of EIP.<sup>11-15</sup> The addition of traditional knowledge into EIP as part of best evidence adds a layer of complexity for practices such as yoga therapy as they work to integrate alternative perspectives—and even very different explanatory models of health and disease—into their clinical decision-making processes. Traditional knowledge and perspectives include the ongoing conversation over time about the practices' applications and effects. The combined experiential practice passed down from teachers and practitioners through time becomes part of the canon of

knowledge for yoga therapists to reference as a source of best available evidence and valid testimony. Rather than being solely based on physiological research or randomized controlled trials, traditional modalities often have records of years of experiential practice from clinicians or practitioners on which to base their methodologies of application.<sup>12,13</sup>

Finally, yoga therapy is a client-centered practice and, as such, holds the client as a source of wisdom for what is called for in the intervention. Thus, the client's preferences become part of valid testimony in the yoga therapeutic process.

In sum, valid testimony would include the EIP concepts of best available evidence and client preferences, where best available evidence encompasses textual and philosophical foundations, traditional knowledge, seminal teachers who have been crucial to the development of the field, biomedical and scientific knowledge, and recent developments in research. As our field grows we must work together to create a body of high-quality knowledge that will lift the profession while serving our clients—an evolving canon based on traditional knowledge as well as contemporary research.

#### EIP to Move Yoga Therapy Forward

These three components (direct perception, inference, and valid testimony) help to develop discriminative wisdom and form the foundation of yoga therapists' clinical reasoning framework. Direct perception allows us to observe phenomena alone, devoid of bias, judgment, or story. Inference directs us in the integration of past experience, analogous situations, likely future outcomes, and relevant teachings to flesh out the story and needs of our clients. Valid testimony can provide knowledge and examples to help us create plans based on both contemporary research and traditional knowledge and wisdom.

EIP and Samkhya offer comparable methodologies for clinical reasoning that allows for this merging of traditional knowledge into contemporary healthcare contexts. It is hoped that this type of translation work will assist yoga therapists in staying rooted to their tradition while integrating modern ideas and philosophies for the benefit of the fields of yoga therapy and, more generally, integrative health. The capacity to be established in yoga's philosophical foundation while integrating current ideas such as EIP provides an opportunity to develop best practices, enhance clinical decision-making, and provide the best care to clients. **YTT**

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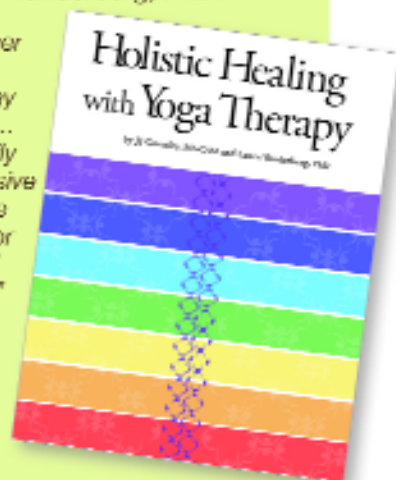
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## Licensed Healthcare and Yoga Therapy: Let's Talk

By Matthew Taylor, Amy Wheeler,  
and Laura Schmalzl

The International Association of Yoga Therapists has been through an extended growth spurt. One next step in our development is exploring and enhancing our relationship with licensed healthcare providers (LHCPs). Our association's membership has varied over the past decade in having between 25% and 40% LHCPs, who have been and still are creating a powerful and important career amalgamation. While the relationship between IAYT and LHCPs has been exciting, and continues to be for members who recently discovered it, like any good relationship it also presents challenges and concerns. So let's examine the history of the LHCP and IAYT, special issues within the relationship between LHCPs and yoga therapy, and consider the next steps to take on our figurative growth chart.

### Don't Know Much about History...

Isn't it amazing how quickly having a new profession with a self-created definition, scope of practice, academic and individual standards, and an accreditation process can become so seemingly matter of fact? Less than a decade ago there was no standard definition of yoga therapy—IAYT first published one in December 2007, despite the organization having formed in 1989. That definition was arrived at after a two-year gestational process of inquiry with experts, extensive study, and the devotion of the entire first SYTAR (in March 2007) to answering the question, "What is yoga therapy?" The following year we asked, "What does a yoga therapist do?"—and a scope of practice began to take shape. From that foundation followed answers to the question, "What should yoga therapy schools teach students so that they can adequately understand and perform as yoga therapists?" (School standards.) And more recently, "What skills does a practitioner need to be considered a yoga therapist, and how can we include the many members who had been practicing as such for years? Is this different from a yoga teacher who uses yoga therapeutically or a medical professional who uses yoga technologies?" (Individual certification.) This phase of



development recently closed with the termination of the always-imperfect-but-essential grandparenting process (a sometimes awkward phase every new profession must navigate).

Sounds a bit like the developmental process of being human, doesn't it? Which puts us right about in the middle of puberty! We're gangly, sometimes awkward, and often brilliant. We yearn for professional identity, obsess over our appearance, wince with the growing pains of structure and institutionalization, pull all-nighters developing evidence, make worldwide connections, and mingle with other professions and organizations. We know now what a "pure" yoga therapist and a strictly yoga therapy school are, but how do we understand and get along with the spectrum of people and practices that don't exactly fit into these newly created templates? Shouldn't there be room for those individuals who don't want to be C-IAYTs yet use therapeutic yoga tools in their scope of practice? It is only right here, right now, that we collectively find our-

selves able to more fully consider these issues and have arrived at yet another developmental stage; these questions couldn't be addressed until the former steps took place. Not unlike teenagers gazing into the mirror at their too-big ears or funny noses, we now are asking how we can best relate with these LHCPs who are sorta like us, sorta not, sorta demanding, and sorta exciting to have around. Right on schedule in the professional developmental sequence, it's time we had "the talk."

### Challenges within Opportunities: Our Birds-and-Bees Moment

A new identity, a new professional stature, and an extended growth spurt! What could go wrong? Well, turf concerns between professions, not being understood as a subgroup of the membership, and not feeling accepted by others—to name a few. Ah, relationships. Extending our teen metaphor, there are sure to be a few slammed doors and heated disagreements in this phase, but with awareness



and steadiness we can negotiate this stage as we have the others, moving forward with our common vision of bridging yoga and healthcare.

Let's examine some of those challenges and their associated opportunities to explore a way forward.

- What is an LHCP? Is it someone who has been trained in a healthcare profession (including assistant positions) and who is also registered or licensed in their field and by a state, province, or country? This term will need defining limits yet should include physical, mental, and spiritual healthcare practices. An important historical note: it has never been, nor will it ever be IAYT's intention or policy to restrict the use of yoga techniques by LHCPs.
- How can we preserve the hard work that IAYT's standards and accreditation committees continue to do in defining our profession as a distinct entity and not having aspects of it co-opted? This is a critical ongoing concern. We now must further explore what yoga therapy is, what it means to use yoga technologies in a medical paradigm, and how to distinguish each as professions for healthcare seekers to appreciate. Certainly we want to avoid the "weekend wonders" the acupuncture profession deals with and having the profession's credibility diluted by people with scant training putting themselves forward as practitioners, but we also want to manage the very real blurring of lines as integral consciousness evolves to break down the old reductionist walls between professions (e.g., physical activity directed by mental health professions, cognitive inquiry conducted by physical therapists, etc.).
- Is it detrimental that many yoga teacher trainings and yoga therapy schools don't give credit for or accommodate the knowledge level and experience LHCPs bring to yoga therapy? This creates a frustration for LHCPs who then have to pay for a level of instruction that may be below their knowledge base. From the other perspective, some schools may teach almost exclusively from the medical paradigm and fail to ground their curriculum in a yoga therapy lens of assessment and prescription. How do we and our schools reconcile these distinctions?

- Could some LHCP members be acknowledged as having demonstrated an understanding of yoga therapy and our profession while wanting to promote research and work opportunities and assisting in integrating yoga therapy into existing healthcare programs or new venues, the way many C-IAYTs do? Yoga therapists struggle with developing appropriate referral networks and receiving quality referrals, as well as with getting themselves included in many conventional healthcare delivery systems. LHCPs who use yoga could be the prime "ambassadors" for negotiating these new relationships. While these members wouldn't be delivering yoga therapy per se, could they be acknowledged as LHCPs who use yoga in their practices and are therefore aligned with our profession? This will take time to evolve, but it certainly seems to be a nuanced approach that would serve both individual yoga therapists and the profession.
- Might it be possible to develop an LHCP yoga therapy curriculum under the special schools policies that would bring in LHCPs as affiliated with IAYT, recognize their professional experience, AND ensure their understanding of IAYT's scope of practice, standards, and so on? Because of the complexity and demand on resources IAYT doesn't yet have, this would be a long-term strategic consideration. But as described below, such programming tweaks are beginning to emerge.
- Can IAYT create a system for maximizing inclusivity for LHCP members? We can never fully satisfy every need or expectation, but if we don't create such a system, we risk fracturing into splinter groups due to breakdowns in communication and collaboration. Right now we have insufficient information from members and potential members who are LHCPs. How do we come to understand, explore, and envision the steps to take to address needs that we haven't fully discovered in our earlier stages?
- How can we help answer the question, "Which hat am I wearing when?" LHCPs have unique legal and professional challenges in navigating multiple scopes of practice, professional boundaries, liability issues, regulatory guidelines, and rule challenges around diagnosing and advertising. This is all new ground and deserves

further study and discernment with a flexibility to change guidance as new possibilities arise to address these challenges. The yoga therapy field isn't alone in these dilemmas, but we are positioned to lead in innovation because we aren't bound by decades or centuries of hardened attitudes and conventions.

In the past our profession didn't have the foundation to explore these issues, but now is the time to begin. How might we proceed in fostering this important relationship? Here are some initial possibilities.

### Next Developmental Steps with LHCPs

There is a steady groundswell in education to address some of these possibilities. Let's consider one to promote communication between programs, then review the more formal activities already underway within IAYT.

#### Early Modeling of LHCP Programs

One site of the general movement to support LHCPs is Southern California University of Health Sciences (SCU), an integrative health institution with graduate, undergraduate, and certificate programs across a broad spectrum of integrative health modalities. One of its main missions is to foster interprofessional education and provide students with a vision of patient-centered integrative healthcare that extends beyond their individual professions. The school therefore provides an ideal platform for an LHCP yoga program. (Disclaimer: The authors are developing this program but wish to share their work with other programs to minimize re-inventing this wheel.) Our working title is "Yoga for Health Care Practitioners: A Foundational Training."

This new SCU program aims to address gaps in the integration of yoga into the broader integrative healthcare field. Because yoga therapy is not just a stand-alone approach to the management of clinical conditions, it lends itself to integration with other physical and mental healthcare approaches in a fully interprofessional manner. The program will provide participants with the 200-hour foundational training for pursuing a full yoga therapy training, should that become a goal.

One way of fostering the inclusion of yoga therapy in a broader healthcare

discussion is to offer LHCPs training opportunities that will familiarize them with the foundations of yoga therapy so they can make informed referrals to yoga therapists and incorporate some of the basic principles of yoga therapy into their own

Certainly we want to avoid having the profession's credibility diluted by people with scant training putting themselves forward as practitioners, but we also want to manage the very real blurring of lines as integral consciousness evolves to break down reductionist walls between professions.

practices. The SCU curriculum provides a rigorous introduction as to how yoga can be used by LHCPs. While most foundational yoga trainings are tailored toward the general public regardless of the students' professional backgrounds, this program is specifically designed to meet healthcare practitioners at their level of education. It will therefore provide a context that honors their professional knowledge while allowing them to expand their personal understanding of yoga as it pertains to their own self-care as well as their professional practice.

The program is focused on developing a foundational understanding of yoga and yoga therapy where the LHCP doesn't just learn the ancient yogic traditions. As change-makers in healthcare, they learn how to interpret and apply the ancient to the current in a culturally coherent, scientifically sophisticated, and competent manner commensurate with the lexicon of their respective professions. We think this will be a new growth area for yoga therapy programs and are happy to share what we are learning.

Now, what is IAYT doing to support LHCPs?

#### The IAYT LHCP Special Interest Group

The special interest group (SIG) formed in March 2016 and has been working closely with the board of directors doing preliminary issue exploration while waiting for grandparenting to be completed to eliminate confusion. To date the group has

- Created a private Facebook group by the name of "SIG LHCP IAYT"; anyone can join.
- Hosted online discussions about some of the issues mentioned above.

- Sponsored a regular interprofessional journal club to better understand professional perspectives and practice interprofessional communication skills.
- Offered outreach to other LHCPs to include those who might be seen as competitors or independent groups of LHCPs.
- Begun developing survey questions for members and nonmembers to acquire additional information later in 2017.
- Scheduled a free webinar with John Weeks, who was instrumental in guiding IAYT's early development and strategic planning as past executive director of the Academy of Complementary and Alternative Health Care. Weeks will explain how professions develop and how other professions have dealt with multiple certifications; the broadcast is September 26 (7:30 pm EST) and will be recorded for those unable to attend. Registration information is available in the Facebook group at [www.LHCPiayt.org](http://www.LHCPiayt.org).

There are so many exciting possibilities on the horizon regarding LHCPs and IAYT. What are your concerns or needs around this issue? How about stepping forward with us in this next exciting developmental phase by joining the SIG and participating in the activities listed above? Or consider contributing to other related committees of IAYT to give us a robust process of ongoing development. By working together to bridge yoga and healthcare, we can model collaborative healing in our world. [YTT](#)



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## Breath and Consciousness: A Journey through Chronic Pain

By Kehiante McKinley

If you want to know what it is to persist, live with chronic pain. My own journey, like that of so many women, was unexpected. I was living a high-pressure lifestyle and pushing myself beyond my stress limit. I was working in a position I enjoyed, but in a toxic environment. I kept telling myself, “Just one more day, one more year.” I kept telling myself, “They will see my efforts, my promotion is coming.” I was eating on the fly, in the third year of my doctorate, teaching college on a physical campus in addition to teaching online with another school I loved. Time did fly by, before I knew it I was there over two years, offered a consulting position, and praised for my efforts. I was burned out, yet thinking I could handle it all. My body felt otherwise. It felt as if I was holding my breath.

Finally, my body—consumed with tension, stress, and anxiety—gave in. I started having strange digestive symptoms: gas, bloating, side pains, diarrhea, blood in stool. I went to my general practitioner first. She asked, “You went somewhere recently, foreign?” I told her I had not been anywhere out of the country in over two months, but she persisted, “It must have been more recent; you have dysentery. I will set you up on antibiotics.” In my mind, I knew this wasn’t correct and felt my thoughts were being dismissed. I know now this is something women commonly encounter when it comes to their health, especially when they are experiencing chronic pain.

I took the antibiotics anyway, desperate for some normalcy, as I was running to the restroom up to eight times a day. After doing my own research, I had narrowed my diagnosis to Crohn’s disease or ulcerative colitis (UC). My symptoms returned after the antibiotic course was completed, and I decided to find a gastroenterologist. I made an appointment, brought a food diary I had been keeping, and discussed my symptoms. This doctor was calm and listened well. He suggested a colonoscopy

for a better view of my intestines.

The procedure was quick, and the diagnosis was confirmed. Ulcerative proctitis—a “milder” form of UC, at the end of the large intestine, near the rectum. This was an autoimmune disease. Lifelong. No cure. My immune system was attacking my gut and creating sores (ulcerations). From my psychological background, I knew stress was the culprit.



No one tells you about the chronic pain that goes along with UC: when your food is done digesting, near the end of the large intestine you feel it scraping along like a knife across an open wound. I took the six-month round of medication provided to me (mesalamine), despite my worries about side effects. I kept thinking, this is lifelong; I don’t want to be on symptom

maintenance with pharmaceuticals forever. I kept thinking of my grandmother; she’s an adventurer, a vegetarian, avidly anti-pharmaceuticals and pro whole care and herbal medicine. I could hear her voice: “Once they get you on medication, they want to keep you on. Your body will further deteriorate. They just want money.” During those first six months on the stabilizing medication, I did some soul-searching. I quit the high-pressure job. I started meditating more, changed my diet several times, researched and discussed herbal and natural remedies with my grandmother and professionals. I started drinking green tea and taking turmeric powder and fresh ginger; soon I began to feel better. I would still have pain, but my mindset was changing.

I started getting back into my yoga and meditation, which I had “not had time for” before. I wondered if had I continued this practice, perhaps I would not have had UC, knowing now yoga’s protective health factors. Yoga and meditation allowed me to be more objective and accepting of my pain. This was *dhyana* (true contemplation) at work. I learned to exhale rather than hold my breath when experiencing pain and to use proper breath control. I used to have pain every day. Over the course of nearly a year and a half, this changed to a few times a week, then once a week, and now maybe once biweekly. More importantly, the severity of the pain has greatly diminished over time. I used to be at 7 or 8 (on a scale of 1 to 10) and sweating in pain when these random episodes would occur. The severity is down to a 5 or 4 for most of these infrequent episodes.

The practice has a way of transforming you. Around the time of the colonoscopy, I was coming up on my dissertation and needed a topic. For years, I had worried about what this topic would be. The blessing of my journey provided the answer: I would research chronic pain in



women, using yoga and meditation. I wondered how many other women were suffering, and how the practices could transform their pain. I wanted to strengthen the arguments for using these ancient techniques to change one's life. In my research journey I was shocked, amazed, and grateful for what I learned.

## Women in Pain

### Opening the Research

Worldwide, chronic pain is estimated to affect 1.5 billion people.<sup>1</sup> It knows no limitations of culture, age, or gender. However, women are at higher risk of chronic pain, which may have to do with the presence of chronic pain sites such as the vagina and female pelvis.<sup>2</sup> Chronic pelvic pain in particular remains elusive. Some diagnoses related to pain, such as vulvodynia (chronic vulvar pain) and vaginismus (muscular spasms of the vagina), will only be found in women. This complicates understanding the etiology of pain-related diagnoses.

I found it fascinating that women had more chronic pain sites, yet research for women receives less research funding—a hint to discrimination in research and care.<sup>3</sup> Another part of the problem sits with several variables in the complexities of chronic pain, one of which is a lack of conceptualization of chronic pain itself. Research shows clinicians lack training when it comes to chronic pain treatment, and this extends more so to women.<sup>3</sup> These are important factors to consider, as research provides a framework for conceptualization of chronic pain, etiology, and thus treatment for women.

Traditional treatment for chronic pain is an ongoing process that usually involves prescription medication and possibly clinician frustration at not being able to alleviate the pain. Some researchers claim that lack of therapeutic efficacy is an outlook clinicians must cope with. Others assert non-pharmacological methods have been overshadowed due to commercialization and norms associated with prescription medication use.<sup>4</sup>

Research has shown women may have lower pain thresholds compared to men.<sup>5</sup> Shockingly, women are provided less efficacious treatment compared to men postsurgery, even when the research suggests that due to lower pain thresholds they should be given a higher dosage.

More medication may be helpful for acute pain, but it has consequences for individuals in addition to side effects, including addiction and overdose. This concern is not easily ignored, especially in women, who have a higher rate of escalation in the use of prescriptions, like opioids, for chronic pain.<sup>6</sup>

Worldwide, chronic pain is estimated to affect 1.5 billion people. It knows no limitations of culture, age, or gender.

People often seek many different types of treatment in an effort to end chronic pain. The journey is individual, yet looks similar to many of those in Western societies. Medical doctor visits, prescriptions, chiropractic visits, physical therapy, and then perhaps a move toward Eastern methods. All in an attempt to control pain.<sup>7</sup>

The future of chronic pain treatment relies on more multidisciplinary approaches that bring about a more truly individualized experience. By its very nature, the subjective experience of chronic pain demands such an approach. Yoga is one method women can use to aid in chronic pain management. Its whole-person perspective strengthens the argument for the all-encompassing nature of chronic pain. An underlying philosophy of yoga is to unite the mind and body for health. Research on yoga and meditation for chronic pain is lending support for these contemplative therapies as healing options for women.

### Yogic Study

The elements of yoga are tailored to help a variety of chronic pain diagnoses. In my own study, I was fortunate to work with five women who suffered from various chronic pain-related diagnoses (vulvodynia, multiple sclerosis, fibromyalgia, lupus and fibromyalgia, and chronic wrist pain). Each woman shared her journey of using yoga and meditation in an attempt to control her pain. Similar to my journey in many ways, they sought the help of multiple medical professionals and were often dismissed, leading to their own research and self-discovery. They took charge of their health and found a practice that worked for them. These women all echoed the same concerns: they wished someone

had “advertised” and discussed using yoga and meditation before they tried so many other methods for chronic pain control. Not surprisingly, many shared that they learned to let go as a result of their practice. This, along with breathwork, helped reduce their symptoms when experiencing pain.

The women claimed yoga never pushed them beyond what they could handle. Several of the participants tried various forms of yoga until they found the one that fit. My research showed that yoga instructor experience, client feedback, and research provide the best insight into aiding women to heal from chronic pain.

Researchers have specifically linked pranayama—yogic breath techniques—to decreasing stress responses through the central nervous system. They argue this is one way yoga regulates pain.<sup>8</sup> Others agree, claiming pranayama (breath), and asanas (postures) provide protection to vital areas of the brain associated with mood, aging, and stress.<sup>8</sup> The meditative component (*dhyana*) has allowed individuals to cope better with their pain and necessary life adjustments, and research suggests meditation can aid in emotion regulation.<sup>5</sup> Yoga aids in the physical, spiritual, and mental elements associated with health. Through these mechanisms, changes occur in chronic pain.

### Yoga's Promise for Pain

The beauty of yoga is that it can reach so many people for so many reasons. Underserved populations like women have one advantage: they are more likely than their male counterparts to use yoga for their chronic pain.

Part of the battle in chronic pain management is finding the style of yoga that suits the client; people with similar diagnoses could still have different preferences.<sup>9</sup> The yoga therapist's experience with clients coping with chronic pain and illness may provide additional insight. Other practitioners may need to reach out

to colleagues for advice and approaches. The clients themselves can yield much information about what they are capable of and the areas in which they most seek improvement.

Simply put, yoga practice may provide a sense of control for chronic pain patients in a world where they feel so little control exists. It did for me. It allows for a therapeutic relationship with the yoga therapist or instructor and with oneself and opens the window to healing. In yoga, there is no rush toward healing on a set continuum; individuals are allowed to just be present with their practice. Be present in the moment, in their suffering, their silence, and their loss. This stillness is something few therapeutic methods encourage and is an important intervention in chronic pain care. Yoga teaches acceptance where one cannot change, and greater healing where it is possible. Although clients may be seeking to control pain, they learn to let go (surrender) and breathe. Through these yogic principles they may find the best treatment for their health. **YTT**

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## Grassroots Support for the Profession: Steps to Take Today and in the Future

By Lynne Valdes and  
Samantha Kinkaid

There has been much discussion as to the next steps for our professional evolution as yoga therapists. With accreditation and certification standards established, how do we actually begin “to bridge yoga and healthcare?” Even though this is a self-proclaimed directive of IAYT, currently a strategy to meet this goal is undefined. Does bridging yoga and healthcare mean to adapt to a dysfunctional system, to exist in complementary parallel to it, or to serve as an agent of change within?

The general public needs knowledge of and access to dependable, professional, and affordable care, but as it stands today, millions are in a state of uncertainty given the current administration’s stand on the Affordable Care Act. Perhaps, while the future of national healthcare remains undetermined, the best strategy for IAYT is to focus its efforts locally. Given the limited resources of a relatively small organization, capitalizing on the strength of our growing member base could prove to have a substantial impact at the local level where the reality of bridging yoga and healthcare plays out on a daily basis.

Setting up local opportunities for **bridging dialogue** around integrative and complementary healthcare approaches offered by skilled yoga therapists could be a core strategy for IAYT. Building on a platform of dependable, professional, and affordable care, IAYT and yoga therapists can create a community approach to health that could fill the gaps which may well increase substantially over the coming years.

Education is an important facet of any strategy to create professional opportunity and recognition. **Profile-raising efforts** should target all potential stakeholders—the general public, conventional and complementary healthcare providers, and healthcare system administrators and policymakers. It is imperative that we clearly define our scope of practice, differentiate our levels of education and training, and offer evidence as to the value of our service. These efforts are best supported by certified yoga therapists working in their local communities, as they are perfectly positioned to deliver relevant and timely initiatives.



Developing a robust network of yoga therapists based on geography, work environment, and special interests would serve to mobilize resources at the local level. One means of organization could be the creation of **regional chapters** for IAYT members. An example of this type of organization is the American Dance Therapy Association (ADTA). ADTA offers its members a platform to connect through three regional chapters in the United States and a global committee to foster international growth. Some areas of focus addressed by ADTA at the regional level include grassroots advocacy in local licensing efforts, increased visibility through local events and conferences, and community support of a growing professional network; the general public will come to know yoga therapy and support access to its services and their integration into healthcare. As IAYT membership grows and more yoga therapists seek the C-IAYT credential, organizing at the local level could afford us the opportunity to address issues regarding the viability of yoga therapy as a career choice and professional pursuit. Concerns such as fair compensation and favorable terms of employment could be best addressed by yoga therapists working in each particular region.

Establishing **informal working groups** would offer another means to educate and advocate by building professional networks organized around specific interests, population served, or work set-

ting. Working groups could be an extension of the Common Interest Community sessions that are offered annually at SYTAR or could focus on relevant professional issues such as research and advocacy. One example is the informal working group for C-IAYTs practicing in Department of Defense/Veterans Administration healthcare settings; this group was established to create a collaborative network of certified yoga therapists serving military communities. Whatever the focus, informal working groups would provide a platform to exchange ideas and best practices while providing a forum to address common professional concerns. Practical questions regarding how to bridge yoga and healthcare, such as access and integration, could be best answered by those already working in conventional healthcare settings. Organizing at this level may prove to be the best use of our collective resources to gain professional recognition. If each certified yoga therapist gets involved, the strength of our growing numbers could go a long way to raising awareness and increasing visibility.

Only by **engaging with individuals in our local communities** do we truly come to know their needs and how to support them with the tools we have to offer as yoga therapists. Evening and weekend samplers demystifying yoga therapy, community workshops showcasing salient features of yoga therapy in support of holistic health and wellbeing, and presentations to local organizations

(continued on page 56)



## Relax into Yoga for Seniors: A Six-Week Program for Strength, Balance, Flexibility, and Pain Relief

By Kimberly Carson, MPH, C-IAYT, E-RYT, and  
Carol Krucoff, C-IAYT, E-RYT 500  
New Harbinger Publications (2016)

Review by Leslie Kazadi

Older adults comprise a growing segment of our population. It is estimated that by the year 2050, 20% of the U.S. population will be 65 or older. As life expectancy rises, many older adults are seeking ways to enhance their wellbeing. Doctors are increasingly recommending yoga as complementary care for chronic conditions and fall prevention. Yet many older adults are reluctant to begin a yoga practice. They may be intimidated by the media portrayal of yoga as a circus act and fear they won't be able to do yoga at all. And even those who are open to trying yoga frequently don't know where to begin.

This book is designed for older adults and addresses these and other concerns early and often; it could be a useful adjunct for yoga therapists' older clients or those with certain chronic conditions. The material is organized in two parts: the first addressing conditions and the second providing the practices. The introduction

includes a heart-felt guide on how to teach seniors that applies equally well for practicing yoga as a senior student.

The first part of the book includes specific recommendations for the most common chronic conditions that affect older adults. Each condition has a list of cautions and encouragements—what I like to call “risks and rewards”—to keep students safe. The information in this section cites research on both the chronic conditions and the evidence base for yoga's benefits. This is empowering for aging students, who may not understand their conditions, their medications, or how yoga can effect change, and it is invaluable to their teachers, as it gives them the tools to bridge that gap in lay terms.

If you're a science geek like me, you will love the 110 references, which will deepen your knowledge of the common conditions that occur at midlife and beyond. Even better, the research will bolster your conviction of how yoga alleviates symptoms and promotes healing.

I love the straightforward insights in the chronic pain section. It explains how to practice mindfulness and breathwork along with the science behind how these practices can alleviate persistent pain. As teachers, it is a gift to know how to translate a complex idea like the neurobiology of pain into plain language. *Relax into Yoga for Seniors* is filled with such clear language, simple practices, and gentle encouragement—the essential foundations for teaching older adults.

Part two of the book is a methodical progression of practices in a six-week yoga program with additional follow-up practices. Each chapter introduction details the functional and lifestyle benefits of the practices. Connecting the benefits of practice with quality of life gives older students the inspiration they need to stay on track. Each pose includes a brief setup with drawings that are renderings of real older adults. This is helpful for seniors, who rely heavily on seeing and mimicking; likewise, it is helpful for those new to working with seniors to understand what their students' typical poses may look like. The movement cues are simple and breath centered. Each pose has points to remember that evoke sensory awareness and a balance between acceptance and encouragement. Easy-to-understand cautions are included for a few of the poses to ensure safety.

The book clearly recommends avoiding anything that causes sharp or

increased pain. Even with the suggested modifications, however, some older adults simply will not be able to do a few of the poses—for example, child's pose, hands-and-knees poses, and puppy dog at the wall. More specific cues and prop options for backbending poses would help students with osteoporosis or tender/stiff spines experience greater rewards with lower risks. Alternative poses and additional modifications with illustrations could be added to cultivate similar functional benefits with more success.

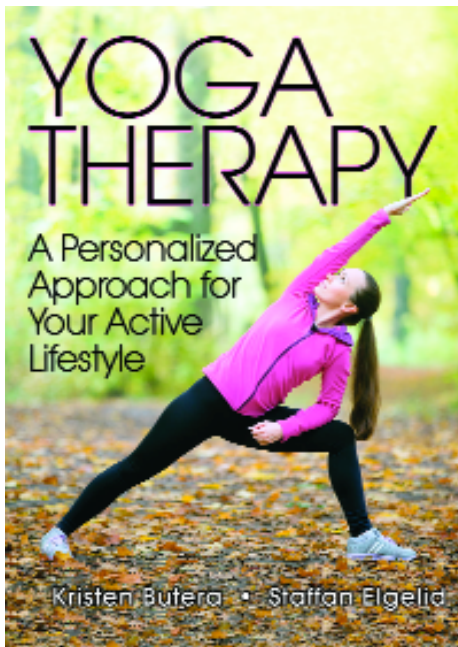
Accessory materials available online add further value to the book. These include downloadable audio files and printable sheets to guide students through each practice. The audio files are narrated in a soothing voice at a nice, steady pace and repeat the same language as the text to reinforce instructions. There are also instructions on how to access the downloads for the technically challenged and an 800 number for live support on the web page that seniors will surely appreciate.

A PDF is downloadable for teachers and contains additional insights on aging. It includes basic tips on how to modify instructions and poses to safely and effectively work with this growing population. This resource provides guidelines for teaching therapeutic yoga with loving kindness on a continuum of movement that can be applied to any population. And it appropriately cautions that it is supplemental and not intended to replace training.

As trained yoga therapists, we can adapt yoga for anyone. We know that Leonardo da Vinci was right: simplicity is the ultimate sophistication. These practices are simple and gentle enough for students of any age with many chronic conditions. *Relax into Yoga for Seniors* invites awareness of what is while cultivating the possibilities of what can be: enhanced vitality and wellbeing. This book covers the basics to help you relax into teaching seniors. [YTT](#)

*Leslie Kazadi, C-IAYT, E-RYT 500, has designed yoga protocols for NIH-funded research on older adults. She co-authored Sukha: A Guide to Restorative Yoga. As the founder of Alchemy Yoga Therapy, Kazadi leads trainings on therapeutics, longevity, and restorative yoga.*





## Yoga Therapy: A Personalized Approach for Your Active Lifestyle

By Kristen Butera and Staffan Elgelid  
Human Kinetics Publishers (2017)

Review by Shelly Prosko

Collaboration is when two or more people come together with their ideas, knowledge, experience, and wisdom to create something unique that never existed before they came together. *Yoga Therapy: A Personalized Approach for Your Active Lifestyle* is a testament to true collaboration between co-authors Kristen Butera and Staffan Elgelid. Butera, an experienced and dedicated yoga practitioner and teacher of teachers, found inspiration during her own healing journey through a physical therapist that led her to re-evaluate her yoga practice and explore movement practices outside of yoga. Elgelid, an experienced physical therapist and a respected professor of physical therapy, has always been intrigued with the nuances of human movement. He found inspiration working in athletics and the arts and studying a variety of somatic movement practices. Both Butera and Elgelid are seasoned yoga therapists, avid movement explorers, and dedicated educators. Their collaboration results in this refreshing perspective on how one can use yoga to create and sustain an active

lifestyle through a personalized process, just as the title says.

Part one sets the tone and clearly states that the focus of the book is to guide you in a way that is meaningful to your own goals of living an active lifestyle by offering a “clear path that allows for growth and exploration ... rather than boxing you into any one perspective.” It includes concepts surrounding yoga therapy and intricacies of human movement systems and compares yoga therapy to somatic education in an intriguing and practical way. The concepts of identification, differentiation, and integration are introduced as foundational practices to influence the way one moves, thinks, perceives, and lives. Strategies to develop focus such as movement, breathing, awareness, visualization, and mindfulness are outlined to enhance the practitioner’s experience of being fully immersed and present in the activities of daily living beyond asana practice. The remainder of the book builds on these chapters.

Part two emphasizes the importance of understanding how each person’s experience of a yoga pose will be different and why these differences might exist. The authors clearly state their intentions are to guide the reader to develop a practice based on inquiry and curiosity with “basic poses, movement experiences, and variations” as they relate to “basic adaptations, mobility, strength, balance, and recovery.” Use of props and variations with breathing, meditation, and relaxation practices are included. This section ends with a chapter on injury prevention in yoga and using yoga for preventing injuries throughout an active lifestyle.

Part three puts all of the concepts into practice in a clear, concise, and organized manner. A wide variety of poses along with an abundance of illustrations are outlined and categorized in a purposeful and logical way, with the option to choose your own adventure based on your unique intention and goal.

I really loved how engaging this book is and appreciate the authors’ concept of yoga therapy as an educational process. I appreciated how they tackle some of the biomechanical debates in yoga asana: “It’s about discerning your habits and becoming more responsive to them. It’s about introducing options for different experiences in the same pose while continuing to identify and work intelligently with limitations that might come up.”

This book is perfect for students who want to be involved in experiential learning and value the opportunity to inquire, problem solve, reflect, and offer new input into their systems to achieve desired changes in movement and lifestyle. And as needs change, the text can still serve as a framework to meet new goals.

This book is not meant to replace individual therapeutic intervention for people with specific dysfunctions or injuries. It does not dive into wisdom from traditional yoga texts; however, references to these resources are provided.

The clear illustrations and detailed instructions are valuable for the experiential segments, but it might be easier to sustain the embodied presence being created if the reader did not have to interrupt the experience by referring back to the book for the next written instruction. An audio version could offer further enriched learning so readers could more efficiently follow the detailed instructions during their explorations.

This book is written for individuals of different activity levels and is a must-have companion for yoga therapists of all levels of experience. It also serves as a valuable resource for yoga teachers, healthcare practitioners, and movement specialists with an interest in integrating yoga into their personal or professional lives. *Yoga Therapy: A Personalized Approach for Your Active Lifestyle* is an overachiever when it comes to fulfilling its purpose of guiding you “to more deeply understand yourself through applied yoga therapy practice ... and to contribute to the enjoyment of all your life’s activities.” Although this takes time, effort, curiosity, and patience, it can be fun, effective, and rewarding! **YTT**

*Shelly Prosko, PT, PYT, CPI, is a physical therapist and professional yoga therapist who has been integrating yoga into physical therapy since 1998. She offers courses internationally and teaches in numerous therapeutic yoga programs including Life Is Now Pain Care and the Professional Yoga Therapy Institute. She is founder of Prosko PhysioYoga (www.physioyoga.ca).*



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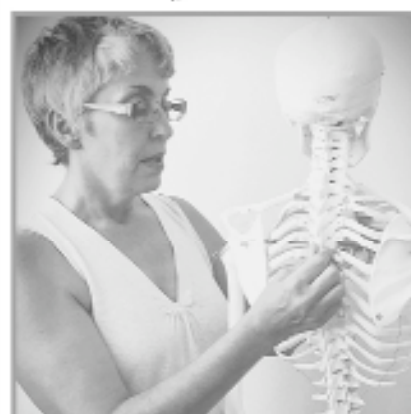
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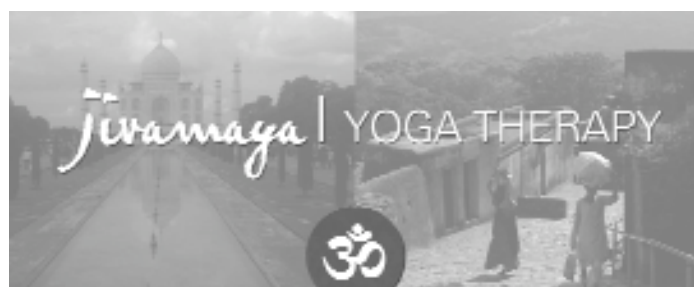
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being conveyed in your offer, and understandably, you yourself don't feel valuable because of it.

But if your primary focus is people with back pain, for example, and you know that's a common ailment, then you need to remind yourself that there is always room for someone who can help others feel better. It does indeed require *tapas* to become great at what you do and feel confident in your worth, but if you aren't clear on the pain point you are addressing, your potential clients won't be either. Start with clarity.

The other factor at work here is plain old courage. If you're just starting out, or are super introverted, it can be a challenge to put yourself out there publicly to get new clients. The only way to work through this confidence barrier is by taking action and compassionately giving yourself permission for it to feel awkward for a little while. Besides, most of the people you encounter will be kind and receptive.

Just remember: *We don't build confidence by getting more certifications.* (I've witnessed that stalling tactic many times.) All that does is delay the moment of hav-

ing to put yourself out there. We build confidence by taking a risk and realizing that no matter what happens, we will be essentially okay. The concept of *dvesha* (deep aversion) is useful when we are avoiding situations where we might fail. The extra energy we expend in trying to avoid discomfort is actually more painful than being vulnerable.

**Explore:** Where in your business could you benefit from more clarity and courage? How can you become more certain of the value you offer others, and then work hard until you totally own it? Can you "fake it" for a little while until you make it?

## Is it Time for Savasana Yet?

So where do you take it from here? First, I invite you to check in with how you feel right now, after reading about beliefs related to money. Are you ready to dive in for some self-exploration, or are you ready for a nap? What are you noticing about your internal dialogue?

Whether you recognized a slice of yourself in all of the beliefs, or none of them, I invite you to consider what your

beliefs are around money. What messages did you get from your family of origin? Your adult family? Friends and colleagues? I guarantee that by identifying any stale beliefs you will begin to neutralize their potency, which in turn will clear the way for increased growth and ease in your business. **YTT**



*Laura Kupperman, C-IAYT, has been a career and business coach since 1999, helping health and wellness professionals launch and grow their business. She is also on the faculty of Inner Peace Yoga Therapy and is the creator of Full Lotus, an online business course for yoga therapists. Connect with her at [laurakupperman.com](http://laurakupperman.com).*

*Editor's note: Kupperman will explore marketing and strategy in the business of yoga therapy in a future article.*

## Perspective continued

(Human Resources departments in particular) about how yoga therapy can benefit employees overall are just a few specific examples of what can be effective.

Recognition and respect are derived from these first points of contact. Rather than waiting for the public to find us, we need to be proactive in reaching out and cultivating relationships. From here, we can develop small-scale research opportunities, community-based advocacy, and—if supported by the proposed local IAYT chapters—a robust forum for collaborative professional sharing and development. Organically this model has the potential to grow into an active and rewarding network as initial local chapters share their efforts and lessons learned at the national level in gatherings such as SYTAR.

However, if we are to establish ourselves as intended in IAYT's mission, we need to **present and be published in settings outside the yoga industry**, such as occupational therapy, physical therapy, mental health, public health, and other complementary fields. Simply searching PubMed and other outlets for terms like

- "integrative healthcare yoga"
- "CAM (Complementary and Alternative Medicine) yoga"

- "therapeutic yoga (and your specialization)"
- "yoga-based psychotherapy"
- "yoga-based physical therapy"

plus the word "article" will produce informative results. Keeping up with the research literature in this way does two things:

1. supports our learning about who and what else is happening in our core areas of practice, and
2. gives us information on which publications may be open to receiving a print submission or a proposal for a presentation at a conference the publication holds annually. (Many publications or their featured advertisers are associated with annual conferences.)

It is important and necessary to build multidisciplinary relationships, submit relevant and quality findings, and show up to events of interest outside our immediate field. Shared learning, as well as broadening our knowledge and application possibilities, will ultimately benefit our profession, and, most importantly, the public we aim to serve with these teachings and practices. **YTT**



*Lynne Valdes, MS, C-IAYT, E-RYT 500, YACEP, is a yoga therapist at a major military treatment facility. A graduate and former director of the master's of science in yoga therapy program at Maryland University of Integrative Health, she also holds certifications as a Warriors at Ease yoga and meditation teacher and a Viniyoga teacher. Valdes ([valdes.lynne@gmail.com](mailto:valdes.lynne@gmail.com)) resides in Washington, D.C.*



*Samantha Kinkaid ([samantha.kinkaid@gmail.com](mailto:samantha.kinkaid@gmail.com)) has worked in somatic and yoga-based therapies with traumatized and high-risk populations for more than fifteen years. She is director of therapeutic programs and research for Courageous Girls. Currently pursuing her PhD, Kinkaid focuses on survivors of trafficking and abuse, as well as counter-trafficking initiatives centered on education and environmental sustainability factors.*





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