

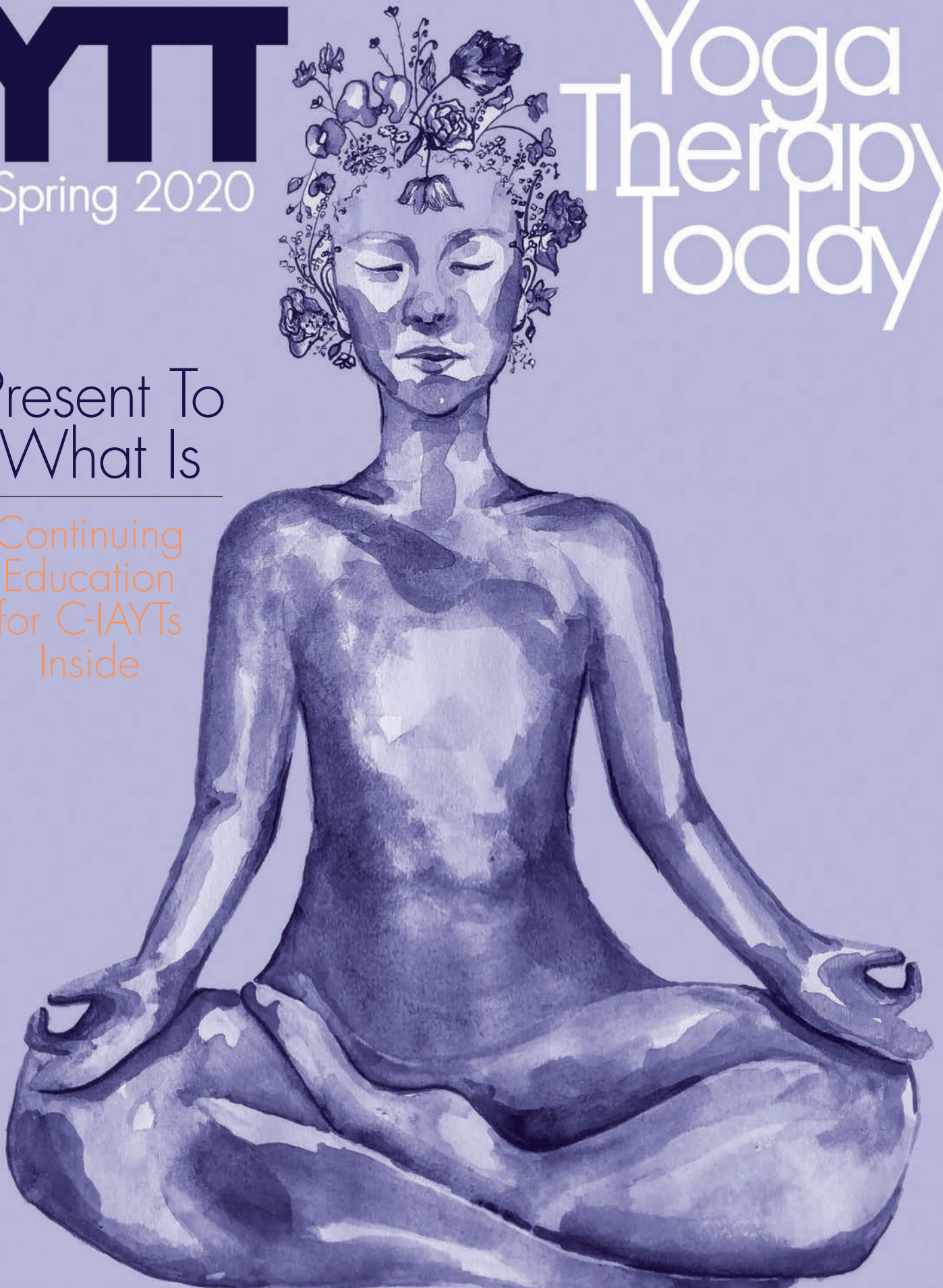
YTT

\$5 Spring 2020

Yoga Therapy Today

Present To What Is

Continuing
Education
for C-IAYTs
Inside



INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

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IAYT

THE INTERNATIONAL ASSOCIATION OF YOGA THERAPISTS

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Mission

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.

Membership

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

Member Benefits

- Subscription to the *International Journal of Yoga Therapy*
- Subscription to *Yoga Therapy Today*
- Access to IAYT's research resources, member tools, and partner offerings
- Professional recognition through IAYT's online listings
- Discounted registration at IAYT conferences

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Submissions

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 >

Publications > Yoga Therapy Today.

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Fee: \$1 per copy per article. The policy works on the honor system (e.g., if two articles are copied for 25 students, please send IAYT a check for \$50 and note "for reprints" on the check). Questions? Email Debra Krajewski at membership@iayt.org.

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.



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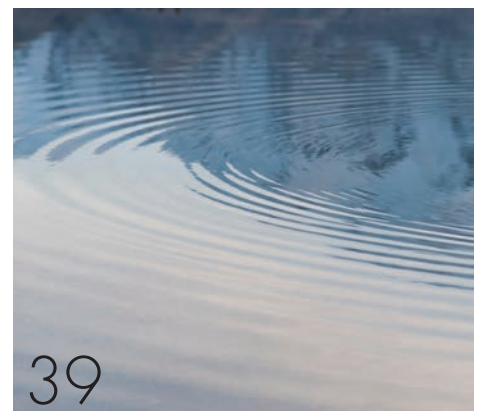
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Slowing down, as most of us have been forced to do of late, may provide welcome opportunities for reflection. For even the most practiced yogi, however, turning inward may spark fear during uncertain times. The world is waking up to a new reality that demands we reexamine how each of us may best

serve. As Leigh Blashki said online recently, our practices help us to remember that regardless of external circumstance, we are all “spacious, timeless, complete, and perfect” beings.

Although this may change by the time the magazine is published, right now we don't yet know whether we'll be able to hold this year's Symposium on Yoga Therapy and Research in person. IAYT is committed to convening our *sangha*, to celebrating our community in some way, though—and maybe even building that community in new and unexpected ways.

A perspective from Nischala Joy Devi on the power of universal love (p. 39) comes at a perfect time, when so many are recognizing our profound, tangible interconnectedness. Also in this issue, Yana Kofman describes “The Art of Tuning In” (p. 42) as an essential therapeutic skill, and Jennie Lee asks us to consider “Addressing Spirituality at the End of Life” (p. 28). Yoga therapists who find themselves practicing remotely for the first time will glean ideas about presence that have nothing to do with physical proximity, hopefully helping us all gear up to increase accessibility for at least some populations.

Part 2 of our look at healthcare coding (p. 32) asks whether third-party insurance coverage would also increase access to yoga therapy services. Or would it require tradeoffs the profession won't want to live with long-term?

This issue also contains an invitation to participate in a discussion about informed consent—see Julie Carmen's engaging dialogue on p. 22—and a report on the U.S. Veterans Health Administration's Whole Health initiative, another hopeful possibility for the integration of yoga therapy into healthcare systems. Finally, our series on pain concludes with the issue's continuing education article (p. 16), which explores yoga therapists' possible role in helping clients navigate the ambiguities of living with persisting pain.

As Leigh, the newest member of IAYT's board of directors, said earlier this spring, “It's really easy to get swept into the wanting to know more, the wanting to be sure.” Sitting with uncertainty—and finding strength within it—is a beautiful practice.

Wishing you health, strength, and peace,

Laurie YTT

Cover artwork by Emma Lee Schaberg.

Correction: We incorrectly listed the credentials of Indu Arora, C-IAYT, on p. 12 of the Winter 2020 issue. We regret the error.

On the Global Health Crisis

Now more than ever, we and everyone else at IAYT value the community you create—and the strength that arises from our sangha. We deeply empathize with the struggles our members are going through as both direct and indirect results of the COVID-19 pandemic. We're also heartened to know that you lift one another up and share so generously of your love, your time, and your expertise.

As we've communicated recently, IAYT has been closely monitoring the developing public health and economic situation, and we promise to keep you updated about our activities in the coming weeks and months. We also continue our long-standing pledge to be transparent with you, our valued community members.

For example, we're not able to make a decision about holding this year's SYTAR in person by ourselves. Instead, we need to work with our hotel partner to ensure that we meet our contractual obligations. We will have more information about the conference in the coming weeks and will let everyone know as soon as final decisions have been made. For now, we have extended all SYTAR-associated deadlines, and we're gearing up to offer an incredible online experience should that become the appropriate step to take.

We've also been in touch with all Accredited Program directors and Approved Professional Development providers to let them know we support their individual decisions about moving in-person programming online during this unprecedented time.

We're committed to remaining a source of credible information specific to the practice of yoga therapy. As additional concrete information becomes available, we'll be adding to the list we've posted under Resources on iayt.org. The list currently includes resources—both technical and not—for taking your yoga therapy practice online, quick links to the WHO and U.S. CDC, and HIPAA information.

Our team also continues to post on IAYT's social media channels material you can share, and we post information aimed at the public on the yogatherapy.health blog and associated social media channels. If you're not yet a member of IAYT's Facebook groups for C-IAYTs and/or Member Schools, now is a great time to look those up and get virtually connected. Please email social@iayt.org with any questions about our social media resources. (Note that although we love to engage with you online, IAYT is not able to give “official” responses on social media; please use Contact Us on our website to ensure that your inquiry reaches the correct team member.)

IAYT will continue to do its best to support your learning and professional development during these challenging times. To paraphrase the recent words of a wise friend, “These are the times for which we've been practicing.”

Wishing you peace, light, and health,

John Kepner, MA, MBA, C-IAYT, Executive Director
and

Laurie Hyland Robertson, MS, C-IAYT,
Communications Manager



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Message from the Outgoing Board President

I want to take this opportunity to say thank you to the IAYT community. It has been my honor and pleasure to serve in the capacity of president of the board of directors for the past 2 years and as a board member for 6 years. When I joined the board, my two main goals were to create a code of ethics and to improve the organization's diversity. Although we have more work to do, I am content with our progress—all good things take time and energy to fully blossom.

Thinking back on all the vision that the board set, and all that the staff and volunteers have accomplished, makes me a little teary-eyed. I rejoice that IAYT was one of the first major yoga organizations to develop a comprehensive code of ethics, a protocol for ethics complaints, and an ethics review board.

Also during this time, I have seen the number of IAYT-accredited yoga therapy programs grow from 12 to more than 50. More than 3,500 individuals have earned the C-IAYT credential, and the Portfolio Review & Evaluation program being pilot-tested will allow additional highly qualified individuals to achieve this designation. The number of peer-reviewed articles published in the *International Journal of Yoga Therapy* and presented at the Symposium on Yoga Research has lent yoga therapy a new level of credibility within the healthcare community. The Accreditation and Certification Committees continue to define and refine what it means to be a yoga therapist. And in 2018, IAYT became a member of the

Global Consortium on Yoga Therapy, whose representatives from 13 countries share information and dialogue.

IAYT is also creating an international certification exam as a way to ensure quality control and the integrity of the teaching of the educational competencies. This step will allow yoga therapy to be at the table with the leaders of other complementary healthcare organizations and affect important discussions and decisions going forward.

The communications team has given the face of IAYT a huge lift and continues to help us keep up with the changing times, which is not easy! It's no secret that our small staff has (over)worked to accomplish all of the monumental tasks listed above, and it has been inspiring to watch them and the volunteers dig in and get things done without complaint. Trust me when I say that these are some of the most loyal and committed people I have ever met!

Last but not least, our entire organization has recognized the importance of including more voices, stimulating new ideas and diversity of leadership. Recently, we have set up a Diversity Committee and are dedicated to making sure that IAYT is an organization where people can feel comfortable and that they are valued members of the family. I would go so far as to say that we cannot achieve our

vision to lessen suffering in the world without the voices and ideas of indigenous people and people of color, young energetic members and wise elders, people with unique abilities, people of all gender identities, people with divergent political perspectives, and especially those with very different viewpoints from our own. As in nature, high levels of diversity ensure strength as the DNA of the organization is passed from one generation to the next.

The IAYT community has grown and changed over the years, and our future trajectory is big and bright. We have done so many amazing things in such a short period and can feel proud that this young organization has already had such a positive impact.

I am so thankful to be part of IAYT, and it has been the biggest honor of my professional life to be on the board. Although my work will now be in a different capacity, I promise to continue to give my full heart to promoting the field of yoga therapy. **YTT**

Sincerely,

Amy Wheeler



Humble thanks to Amy Wheeler, PhD, C-IAYT, at right, for her service on IAYT's board of directors, and a warm welcome to Matra Raj, OTR, C-IAYT, E-RYT 500, at left, as she becomes the new president of the board.



A YMSJ class for seniors.

Yoga Therapy Is Happening in Japan

As in much of the world, in Japan most people begin practicing yoga for exercise and weight loss. Although yoga is not yet widely perceived as a healing art, pre- and postnatal yoga are popular, as is yoga for children with developmental disabilities and visually impaired adults. Yoga for seniors is also rapidly gaining recognition.

Yoga for breast cancer patients, run by the Breast Cancer Yoga (BCY) Institute Japan, is also spreading nationwide, with 65 locations now offering regular classes. BCY's Eriko Hata sees two yoga therapy trends in breast cancer care. The first is hospital-based, volunteer-led yoga therapy for patients and support groups. When doctors see quality-of-life improvements and their patients recovering, yoga classes get approved as an official recreation option for both patients and hospital staff. The second trend is patients finding a local yoga therapy class via the internet, word of mouth, or advertising. They start yoga as a complement to Western medical treatment and find it physically and mentally helpful. In one class I observed, the instructor set up teatime after yoga, and people of various ages chatted, shared information, and encouraged one another.

Several national organizations support yoga therapists, including the Japan Yoga Therapy Society and the Yoga Medical Society in Japan (YMSJ; <https://yoga-medical.org/>), where I work. Approximately half of YMSJ's students have family members who need care. Encouragingly, the other half are medical professionals. YMSJ is currently investing in the development of yoga therapy instructors and instructional materials.

Although the medical profession in general is conservative, we are optimistic that yoga therapy will grow as a grassroots movement. As patients—and their caregivers at medical institutions—experience the power of yoga as therapy and share their experiences with others, we believe that yoga therapy will be increasingly recognized as a valid form of complementary healthcare in Japan. **YTT**

—Yumiko Hoban

Flexibility for In-Person Programming

IAYT recognizes that Member Schools with accredited programs and Approved Professional Development (APD) providers will likely need to modify their programming due to the COVID-19/coronavirus pandemic. Expanded versions of the following were sent to all directors of IAYT-accredited programs and to APD providers in March 2020.

For Member Schools with Accredited Programs

If you cannot continue already-scheduled or upcoming in-person programming for any reason related to coronavirus and elect to deliver online some programming that is accredited as in-person, or to cancel or postpone courses, please be aware that your accreditation status will not be adversely affected in the short term by the decisions you deem to be in the best interest of your students, faculty, mentors, and staff during this pandemic. Programs are asked to fill out an emergency change-notification form that was provided to them.

For APD Providers

If you cannot continue already-scheduled or upcoming in-person programming for any reason related to coronavirus and elect to make changes, such as delivering some programming online, please use your best judgment. You do not need to request IAYT permission to execute course scheduling or format changes that you deem to be in the best interest of your students, faculty, mentors, and staff during this pandemic. We encourage the use of Skype, Zoom, FaceTime, and other applications to connect with course participants should you decide to move your courses online.

*Questions? Reach out via **Contact Us** on iayt.org. If long-term or permanent changes become necessary, IAYT will address those in the future. The processes noted above are only for temporary changes implemented in direct response to the pandemic in your community. **YTT***

Certification Update

This year is especially busy for the certification team. If you are a new C-IAYT, welcome to the community! And congratulations to the more than 1,000 C-IAYTs who have completed recertification since August 2019.

We expect another 1,700 or more yoga therapists to recertify in 2020. Don't miss out: If you were awarded the C-IAYT credential in 2017, this is your year for recertification. You'll find all of the information on iayt.org under Certification > Recertification. Twenty-four hours of continuing education (CE) credit are needed for recertification.

Although not a requirement, you can support your fellow C-IAYTs by taking Approved Professional Development (APD) courses for CEs. Because APD programs are already vetted for alignment with IAYT educational competencies and other parameters, in the future we will be charging a review fee if you "petition" to submit CEs earned outside the APD program.

If you have yoga therapy knowledge to share yourself, consider becoming an APD provider. The upcoming iayt.org refresh, to be completed by the end of the year, will make it even easier to navigate certification and professional development topics online. **YTT**

—Nancy Sinton

Exam Update

Many thanks to the 939 people who completed the Certification Exam survey. (Every C-IAYT was sent an email invitation to do so.) We are pleased to have obtained perspectives from IAYT-certified yoga therapists everywhere, which will help to make the exam a robust, comprehensive instrument for assessing the competence of new yoga therapists. The survey was one of many exam-development steps that will take place over the next 18 months and beyond. **YTT**

—Beth Whitney-Teepie



GRADUATES OF ACCREDITED PROGRAMS: APPLY FOR C-IAYT STATUS TODAY!

The C-IAYT credential signifies your high level of education, ethical standards, and professional commitment to yoga therapy.

C-IAYTs also enjoy benefits like reduced rates on liability insurance and access to exclusive IAYT materials to help them get the word out about their services and to educate others—clients, prospective employers, other healthcare providers—on the value of yoga therapy.

Apply for certification within 6 months of graduation and get 1 year of membership at the student rate. It's easy: Visit iayt.org. Under **Certification**, click **Apply for C-IAYT Here**.

Be a leader in the international community shaping the future of yoga therapy!

IAYT Offers Additional Benefits for Members

We have reached out to key organizations to partner with us in serving our membership. These organizations provide products or services that we believe can benefit yoga therapists. Each organization's mission/vision is complementary to and supportive of our own mission.

They support our community as sponsors at SYTAR, or publish our members' books, and are willing to provide high-quality opportunities at excellent rates to IAYT members.

IAYT will not, however, sell, lend, or share the membership list to any organization. IAYT members can be assured that their personal information will remain confidential.

Each member is able to determine the information they wish to share on their profile and with whom it will be shared.

Visit iayt.org > Membership to see the details of each partner's offerings.



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IAYT-Accredited Training Programs

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

To date, 54 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!



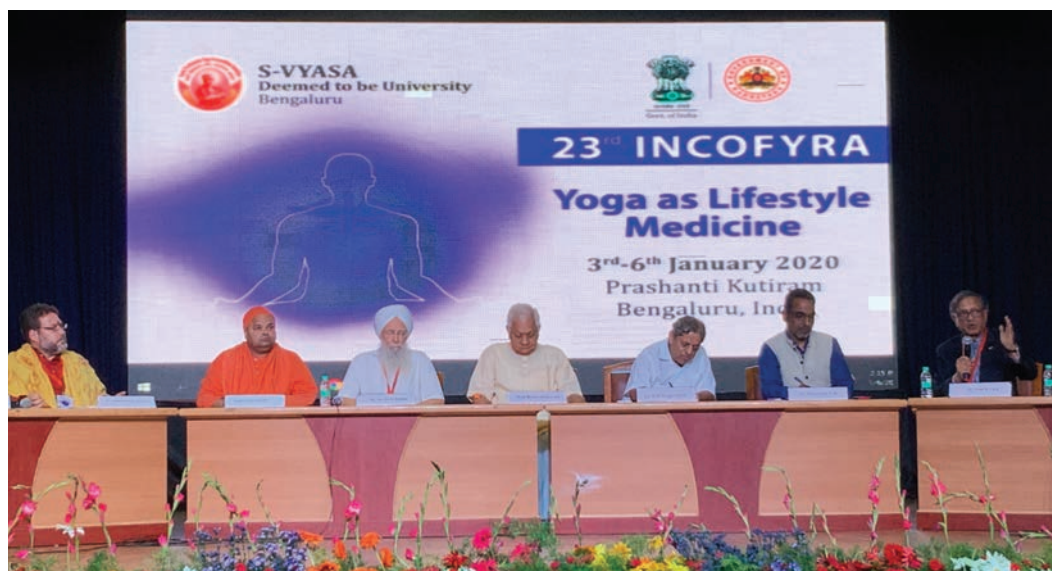
IAYT-ACCREDITED YOGA THERAPY TRAINING PROGRAMS (AS OF MARCH 31, 2020)

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AlcheMe Yoga Therapy (USA)
Amrit Yoga Institute I AM Yoga Therapy Professional Training (USA)
Ananda Yoga Therapy Training (USA)
AUM hOMeShala Clinical Yoga Therapy (USA)
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Beaumont School of Yoga Therapy (USA)
Breathing Deeply Yoga Therapy Program (USA)
Circle Yoga Shala Yoga Therapy Program (USA)
Comprehensive Yoga Therapy at YogaLife Institute (USA)
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International Kundalini Yoga Therapy Professional Training of Guru Ram Das Center for Medicine and Humanology (USA)
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Soul of Yoga Institute Yoga Therapy Program (USA)
Spanda Yoga Professional Therapist Training (USA)
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SVYASA-USA Yoga Therapy Teacher Training (USA)
The Mindfulness Center—Science of Mindful Awareness Yoga Therapy Program (USA)
The Yoga Therapy Institute Yoga Therapy Diploma (NETHERLANDS)
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Wisdom Yoga Therapy (AUSTRALIA)
Yoga Bharati Diploma in Yoga Therapy (USA)
Yoga Nanda Yoga Therapy (USA)
Yoga North Yoga Therapy Certification Program (USA)
Yoga Therapy International Certified Yoga Therapist Training Program (CAN)
Yoga Therapy RX LMU (USA)
Yoga Therapy Toronto Yoga Therapist Training (CAN)
Yoga Vaidya in the Yoga Vahini School (INDIA)
Yoga Well Institute Therapist Training (USA)
YogaFit for Healthcare Program (USA)
YogaJoy Professional Yoga Therapy Training (USA)

INCOFYRA 23: Yoga as Lifestyle Medicine



**January 3–6, 2020
Bengaluru, India**

By Leigh Leibel

The 23rd International Confederation on Frontiers in Yoga Research and its Applications (INCOFYRA) was held at Prashanti Kutiram, where more than 1,500 people from around the world gathered to deliberate this year's theme, "Yoga as Lifestyle Medicine," and to recognize the important role yoga and meditation play in the prevention and risk reduction of type 2 diabetes, cardiovascular disease, cancer, and other so-called lifestyle diseases. According to the World Health Organization, about 63% of worldwide deaths each year can be attributed to noncommunicable diseases, and 80% of these are localized to low- and middle-income countries. This prevailing epidemic is the result of lifestyle changes that contribute to obesity and sedentary behavior and impose a significant socioeconomic burden across the globe.

Increasingly, healthcare providers are recommending lifestyle and behavior modifications as the first line of prevention and management of chronic disease. Keynote speaker H. R. Nagendra, PhD, chancellor of Swami Vivekananda Yoga Anusandhana Samsthana (S-VYASA) University, opened the conference by defining lifestyle medicine as "an evidence-based medical specialty that uses lifestyle therapeutic approaches to prevent, treat, or modify noncommunicable chronic disease. It involves the integration of lifestyle practices into the modern practice of medicine both to lower the risk factors for chronic disease and/or, if disease is already present, serve as an adjunct in its therapy." Yoga therapy is a comprehensive lifestyle package that, Nagendra said, can "reboot the inner software."

From Astronauts to Physician Burnout

The conference provided a unique learning opportunity to showcase some of the best new yoga research and offered ample opportunities

for participants to interact with scientists, experts, and professionals in the field. The format included three plenaries, nine parallel symposia, eight oral presentations, 86 posters, and numerous interactive yoga workshops.

A crowd favorite was the presentation "Yoga for Astronauts: The Challenges, Solutions, and Protocol" by K. K. Deepak, MD, PhD, head of the Department of Physiology, All India Institute of Medical Sciences, New Delhi. Deepak demonstrated a special space suit that he invented for Indian *vyomanauts* to wear in-flight that allows them to practice yoga to minimize

bone loss and muscle atrophy due to weightlessness. Headstands were part of the pre-space flight yoga protocol!

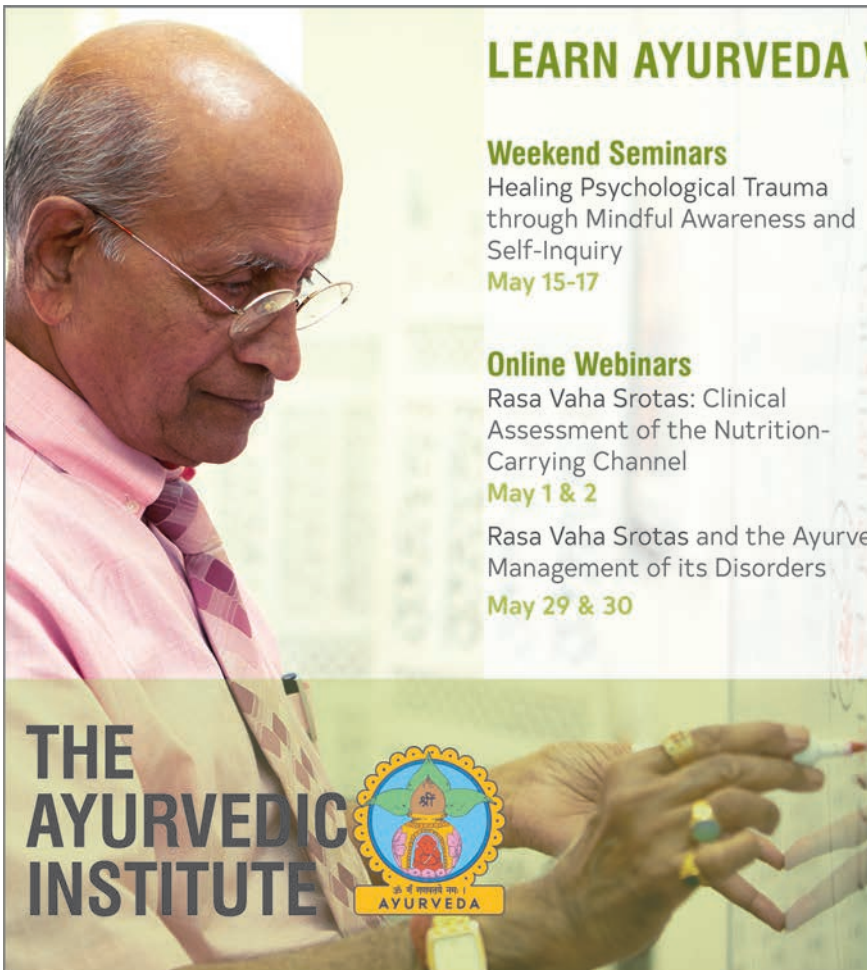
Three IAYT members also gave impactful presentations:

- Yogacharya Ananda Balayogi Bhavanani, MD (AltMed), MBBS, C-IAYT (pictured far left in the photo above), talked about yoga for prevention and rehabilitation of chronic disease and called for the integration of yoga therapy into the modern medical system.
- Shirley Telles, PhD, MPhil, MBBS, discussed the various theories on parasympathetic dominance and said that those using breathwork for healing must understand the full implications of voluntary breath regulation on mind-body physiology.
- Sat Bir Singh Khalsa, PhD, C-IAYT (third from left in the photo), emphasized the strong and accumulating scientific evidence to support the underlying mechanisms of yoga in health-care—particularly for burnout in medical professionals.

Advancing a Healthier Global Society

This year's INCOFYRA provided a forum to discuss the latest translational research findings and developments on the efficacy of lifestyle medicine and nonpharmacologic mind-body interventions to prevent, manage, and (in some cases) reverse type 2 diabetes, cardiovascular disease, and other chronic conditions. Organizers closed the conference by declaring the current healthcare paradigm a flawed model and issued a global call to action: *Through the practice of yoga, let us bridge the East and West for a stronger and healthier global society.* **YTT**

Leigh Leibel, MSc, C-IAYT, is director, Adult Integrative Oncology, Division of Hematology-Oncology, Columbia University Medical Center. She is a 2020 TEDMED scholar and 2018 alumna of the NIH-NCI Cancer Prevention and Control Summer Fellowship Program. She holds a Master of Science in Yoga from S-VYASA University, Bengaluru, India.



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May 1 & 2

Rasa Vaha Srotas and the Ayurvedic Management of its Disorders

May 29 & 30

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June 19 - 25

Pulse Reading for Improved Clinical Skills

June 26 - July 2

This intensive takes place at Albuquerque Marriott Pyramid North Hotel.

Marma: The Pathway of Inner Pharmacy

July 3 - 9

This intensive takes place at Albuquerque Marriott Pyramid North Hotel.

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Building the Business of Yoga Therapy

Yoga therapy can integrate with Western healthcare and the private sector in any number of ways, as our Building the Business of Yoga Therapy section showcases. In this issue, read about the work Erin Moon has done in a hospital setting, with an international healthcare nonprofit, and for an IAYT-accredited yoga therapist training program. Similarly varied and exciting are Jennifer Rhodes' roles in an integrative healthcare clinic, a private high school, and other businesses.

Another recurring theme in Building the Business of Yoga Therapy is reinvention. Regardless of whether your shifts were made by choice, constant renewal is a condition of being human. I so enjoy reading these profiles of personal and professional resilience in action, and I hope you do, too. Please email me at yteditor@iayt.org to share your own story!

—Laurie Hyland Robertson

ERIN MOON

Holistic and Allopathic Approach with Room for All



Erin Moon, E-RYT 500, C-IAYT, CAPP, has been a yoga instructor since early 2005 and teaching anatomy to yoga instructors of all levels internationally since 2009. She is the co-creator and director of the World Spine Care Yoga Project, a communities-based project with the international nonprofit World Spine Care (WSC). Erin has lectured and held workshops for low mobility, spine care, chronic pain, children, and cancer survivors with studios around the world, the Canadian Special Olympics, and WSC spine conferences in Botswana. She is a core faculty member at Prema Yoga Institute, an IAYT-accredited program in New York City. Find more information at www.moonyogatherapeutics.com and <https://www.worldspinecare.org/yoga-project/>

I was an actor and yoga instructor in New York City when, in 2010, my life changed forever. My husband of 8 years was diagnosed with cancer. After a truly brutal battle lasting a year and a half, he passed away. He was 36. I was utterly obliterated. Everything I knew about myself was intertwined with him and our love. Life as I knew it no longer had form or shape.

While my husband was in treatment, I had an offer to take a self-led 300-hour yoga training, and he encouraged me to go for it. After his death, lost as I was, I continued to focus on yoga therapy and the neurobiology of stress and yoga. I was given the opportunity to assist in Prema Yoga Institute's first 100-hour yoga therapy program in 2011 and started working at Maimonides Hospital in the pediatric wing as a yoga therapist shortly thereafter.

I was 34. My partner had passed, and I was heading into a deep depression. A fellow teacher said to me, "Teacher heal thyself," and

perhaps this, more than anything, started my journey of truly seeing that yogic practices can create the environment for the body-mind to heal itself. Yoga practice helped me "come home," even if that home had to be rebuilt from the foundation up. I also learned a core truth about being a yoga therapist: that these practices, alongside allopathic medicine, can truly help a person learn how to live with all that we have and hold in greater equanimity and grace. I saw in my work at Maimonides, my research of stress, teaching teachers, my experiences with my husband's illness, and my own path with grief that a blended approach to wellness was possible and fundamentally important.

Now, when I meet or teach physical, occupational, or massage therapists, or even MDs, I see amazing opportunities for collaboration. I have watched my students/clients learn so much more when they see, feel, and hear many different perspectives around the body, mind, and spirit. They become empowered to learn their own language of living well. It can be a challenge at times to connect allopathic care practitioners and yoga therapists, but in my experience aligning these approaches to health has led to great collaborations! For example, as I was creating the functional anatomy curriculum at the Prema Yoga Institute, I knew that my pelvic-floor knowledge was less than what my students needed. I reached for my list of allopathic providers, and the OTs at Functional Pelvis (pelvic-floor specialists in New York City) were thrilled to get the call. They now come in to teach a portion of the program every year, and we all benefit from the connection and the knowledge we share from our different approaches to care.

Another example of collaborative alignment comes from my involvement with the World Spine Care Yoga Project, which brings the practices of yoga to people suffering from spinal and musculoskeletal disorders, pain, and limited mobility. We specifically train community members around the world who themselves suffer from these ailments to be teachers of chair-supported asana, mindfulness, and pranayama practices. While implementing that program, I was asked to lecture at two spine-care conferences in Botswana (in 2016 and 2018) alongside international researchers, chiropractors, neurologists, nurses, PTs and surgeons. I presented yogic interventions that could be used in a clinical setting, including mindfulness and yoga as primary-care interventions.

Thinking optimistically and globally, I believe we are at a point of transition from reductive to holistic and inclusive thought in many aspects of society. I would argue that wholeness and inclusive connection are the basis of all the practices of yoga. We yoga therapists have the opportunity to create space for everyone to be at the table, remembering that we are whole when we make room for all.

YTT

(continued on page 14)



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JENNIFER RHODES

From High School to Western Medical Clinic



Jennifer Rhodes, E-RYT 200, is the yoga therapy director at South Bay Family & Integrative Medicine and the yoga program director at Presentation High School in San Jose, California. She also teaches at multiple corporations in Silicon Valley. Having been introduced to ayurveda a decade ago for self-care and having obtained additional on-the-job training since then, she now incorporates ayurveda into her yoga therapy work.

Like many of my colleagues in this field, I did not start out as what I am now, a yoga educator and teacher. I worked in corporate marketing and started picture-framing and engineering consulting businesses before finding yoga. I fell in love with the physical practice, and it evolved into a deeply spiritual part of my life. I never thought I would become a yoga instructor; however, the awareness, fearlessness, and clarity that yoga brought drove me to spread its benefits to others.

I completed my initial training in 2012 and began teaching children and adults at studios and corporations. In 2018, a yoga colleague recommended me for the yoga program director position at Presentation High School, an all-girl Catholic college preparatory school. The school administration's willingness to offer this program is truly groundbreaking. The semester begins by breaking down *surya namaskar* (sun salutation) and exploring the eight limbs of yoga, pranayama, meditation types, and ayurveda. I weave yoga therapy throughout the class and have students learn their *dosha* (energy) type to spark dialogue about diet and lifestyle choices. With teenage depression and suicide rates having risen sharply over the last 15 years, as reported by *Time* and the American Psychological Association's *Journal of Abnormal Psychology*, it is vital to provide tools to help teenagers cope with family, social media, scholastic, and relationship pressures.

In 2019, I took on an additional role as the yoga therapy director at South Bay Family & Integrative Medicine—a clinic dedicated to bringing Western and Eastern medicine under the same roof. The majority of our patients are referred to Eastern medicine and therapies by our on-site Western MD, who is often their primary care doctor. Patients arrive with high blood pressure, depression, or rheumatoid arthritis, for example, and are looking for symptom relief or to decrease allopathic medications. If patients are open to alternative therapies, our clinic's MD recommends a meeting with the Eastern medicine team, led by the *vaidya* (Eastern physician). The *vaidya* will discuss goals and evaluate each patient using Eastern assessments, then develop a care plan. This plan could include a combination of lifestyle changes, nutrition, and ayurvedic or yoga therapies. Every member of the team builds a plan based on the patient's doshic constitutions and charts the patient's progress. Our goal is to expand patients' knowledge and show them they have choices in their healing and what some of these choices are.

Yoga therapy still faces many challenges: education of the public and healthcare professionals is still urgently needed. Religion continues to be a concern, as patients, students, and students' families still have the misconception that yoga pushes Hindu religious views. Another problem is that yoga therapies are often not a quick fix. Commitment to a care plan for 6 to 12 months is a big leap for many people. Financial aspects are also a concern. It can be difficult to impossible for some to commit to a program until their insurance pays. Acupuncture only recently got covered by many insurance companies; I hope yoga therapy will not be far behind.

My *sankalpa* (sacred goal) is that Presentation High School will be an inspiration for other high schools to have a formalized yoga program as a physical-education elective. Meanwhile, my belief is that the work we are doing at South Bay Family & Integrative Medicine will evolve to be a standard offering covered by insurance, changing the face of Western medicine by integrating rather than separating. My work in these arenas helps drive transformation to the next generation of therapy and healing. **YTT**

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LEARNING OBJECTIVES

- Identify common goals of yoga therapy interventions in pain care.
- Understand how a biopsychosocial-spiritual approach to pain care using the *panchamaya kosha* model can form the foundation for effective yoga therapy.
- Apply concepts drawn from the *yamas* and *niyamas* to support client healing.

Pain and Yoga Therapy: Part 3—When Pain Persists

By Neil Pearson, Lisa Pearson, and Erin Byron

Pain and people are complex, so you should expect that pain care usually has little to do with finding the exact cause and fixing it. Commonalities exist in the pain care techniques and plans that provide best effects across individuals and across pain conditions, yet fitting the person to the plan and predicting outcomes too quickly disregards our unique natures. Maybe this person will attain excellent benefits in each of the three common goals listed below. Maybe there will be some successes toward each goal, yet none fully resolve. Maybe this person will report something that might seem strange to those who haven't studied the complexities of chronic pain, such as, "You know, the pain has not really changed much, but you helped me get my life back."

As in Parts 1 and 2 of this series,* we have done our best to provide an overview and some science to assist you in providing yoga therapy as a pain-care process. Whether the best plan is to integrate yoga therapy into existing pain-care programs, to integrate community-provided yoga therapy with the person's current pain-care plan, or to do our best when other professionals or programs cannot be accessed, yoga therapy has a valuable role to play.

Pain management/pain care includes

- medical care,
- pharmacological care, and
- nonpharmacological care (e.g., yoga therapy).

Common goals of pain management/pain care are

- less pain,
- better ease of movement/function, and
- enhanced quality of life.

Yoga therapy, like other nonpharmacological pain-care modalities, has shown promise across many musculoskeletal and pain-sensitization conditions.¹ It is important to understand, though, that significant research gaps persist for most nonpharmacological interventions, including yoga therapy.

Access to and coordination of pain-management services are obstacles to recovery and unfortunate realities when pain persists.² Yoga therapy is part of the solution, as it can fill the significant gap when primary care has not attained the desired treatment goals and people in pain are unable to access a multifaceted program in a timely manner. Additionally, when an individual requires ongoing care after completion of an interdisciplinary program (which might cost \$15,000 for 8 weeks),² a prescription for yoga therapy can provide cost-effective long-term support. In these ways, yoga therapy increases access to effective care and offers a unique path to recovery.

Contemporary multidisciplinary pain-management programs and yoga therapy view the person in pain as someone who, through an alliance with the practitioner, can gain more influence over living well, even when the pain does not abate or fully resolve. Recovering movement and treating the physical body are not the sole focus of either approach, yet the physical body is a powerful portal for pain care. An integrated biopsychosocial-spiritual perspective or the *panchamaya kosha* (five-sheath) model can be the foundation for treatment. To date, however, pain-management programs primarily provide treatment to fix assessed issues, while yoga therapy succeeds by recognizing that any aspect of one's existence can be affected through any other aspect.

Physically Informed Options

Yoga therapy can be used to address the physical changes reported by and observed in an individual. Referring back to Part 2 of this series, yoga therapists can match techniques and practices with the listed changes in someone's physiology, awareness, regulation, and resilience. For example, specific asana can be provided when muscles are assessed as "gripping," movements feel tight or stiff, or muscles need some assistance to engage. This way of using yoga therapy is similar to the current dominant approach of Western healthcare: Symptoms and impairments are evaluated, and yoga is applied to influence or resolve them. However, yoga ideally brings a more inclusive perspective than simply matching symptoms with prescriptive interventions and can offer customized, effective applications to unique personalities and situations.

Working with the Koshas

The *annamaya kosha* (the first and most physical sheath) can be moved or positioned to support or influence all other aspects of an individual's existence. Broadly put, asana are *mudras* (gestures) that affect not only *prana* (breath/energy) but each other kosha. Asana might be provided, for instance, to help restore thoracic movement with the intent of smoothing breathing patterns or adopting a less

protective posture. Empirically, individuals report that standing postures can influence cognitions, including improved self-efficacy, while supported postures and dynamic movements can assist with grief.³ Asana can even help reconnect us to peace and joy.

In other words, within yoga therapy we are not restrained to only using asana to influence the annamaya kosha. The multifaceted nature of pain suggests that best therapeutic effects may arise when we consider how to layer together influences from multiple koshas during asana practice. Combining techniques as in the following example may provide far more benefit than using any one on its own: Consider the effects of a mantra such as “I am strong, I am fearless” employed in warrior II. We could add to this by bringing gentle forcefulness and control into a cooling breath such as *ujjayi* (victorious breath); grounding through the feet; finding a balance of effort and release in the legs, torso, and shoulders; and holding the hands in *adhi* (primal) mudra.

Within yoga therapy we are not restrained to only using asana to influence the annamaya kosha. The multifaceted nature of pain suggests that best therapeutic effects may arise when we consider how to layer together influences from multiple koshas during asana practice.

Science-Guided Instruction

Physiological, psychological, and social mechanisms discovered in science can inform how we instruct clients to perform asana when pain persists. This is an extensive and ever-evolving field of study and an important one for yoga therapists dedicating their work to decreasing suffering. Here are two examples.

- Our attention is drawn to priorities, and pain can be the highest priority. This might affect an individual's ability to stay focused on anything but the pain. Other significant priorities to the brain, such as breathing and sensations from our hands and nose, can be used to retrain the ability to attend to what we want and gain efficacy in purposefully shifting our attention away from the pain. The practice of dividing attention between the breath and sensations in our nose, hands, and fingers is an important step for many in pain care. Give it a try.
- Macrophages (large immune cells that ingest harmful foreign particles) change and influence pain dependent on activity level.⁴ People in pain usually become less active. Decreased activity is associated with these immune cells producing more proinflammatory chemistry. Reincorporating movement into one's life shifts the balance toward a more anti-inflammatory bias, potentially reducing pain. However, when a person initially resumes their activities, the first shift can be more proinflammatory—and therefore painful. This often-experienced increased pain was previously attributed to anxiety, fear that movement is dangerous. Knowing that physiological changes are also involved suggests that we might add more techniques that potentially decrease pain and inflammatory chemistry while a client reactivates with an asana practice rather than only focusing on anxiety reduction and managing client expectations by normalizing a potential initial pain response.

Asana as Education

Each technique and practice completed with positive change in pain, function, or quality of life is an experience that is inconsistent with an individual's previous determination that movement is dangerous and that pain cannot be changed without “fixing” the body. Each time an individual asana or practice does not leave the person worse off, regretting the movement, feeling provoked, or not knowing when they will recover provides evidence that more ease of movement is possible, and that the pain can be changed. Some scientists explain it this way: We have more pain when there is greater credible evidence of danger. When we hold our breath, grip with our bodies, expect movement to hurt, and fear worsened pain, we have movement experiences that provide evidence of “danger.” When we teach an individual to notice their breath, body tension, thoughts, and emotions, this provides an experience that can lessen pain and offer evidence of greater safety or less danger. Each new positive experience teaches that change is possible. Each also teaches that we as individuals hold some influence over pain, as well as over recovering movement and a more meaningful life.

Research evidence supports the benefits of a cognitive-based approach to pain education.⁵ When we learn more about pain, the evidence of danger can decrease. Teaching people with chronic pain about pain neurophysiology through verbal and written formats, as described in *Explain Pain* (second edition) by David Butler, PT, and Lorimer Moseley, PhD, provides opportunities to bridge gaps between the physical and psychological. Knowledge about pain validates the positive effects of yoga, while the experiences of yoga provide lived proof supporting pain education.

Story and physical experience are equally valuable in reconceptualizing pain as more than an indication of the health of body tissues. The video of Moseley at www.youtube.com/watch?v=Sjes9CuN6Ko is a wonderful example of engaging story as educational agent. Through a guided yoga practice we can weave an equally powerful story. On the other hand, the stories that continue unchecked and unquestioned within us and during yoga practice when pain persists can become barriers to recovery. Sometimes learning about pain helps us reconceptualize pain, and this allows us to become curious about whether we can find ways to move the body with more ease. Other times, it is the experience that change is possible, followed by validation through learning about pain physiology, that leads to durable positive changes in moving and living with more ease.

Psychologically Informed Options

Yoga therapy could be considered a complete package of best non-pharmacological practices in managing persistent pain. It provides us with a clear framework to view the whole person in pain, one that aligns with a modern understanding that effective pain management necessitates physical and psychological interventions.⁶ Yoga therapists working within their scope of practice and competence may be able to offer evidence-informed pain-management strategies such as cognitive behavioral therapy, acceptance-and-commitment therapy (which includes pain acceptance and psychological flexibility), and mindfulness-based stress reduction—all of which are found in some form in yoga's approach.

In yoga therapy, the lens of the koshas enables effective interaction with clients who experience persistent pain. When we lead a variety of asana sequences, clients develop a new relationship with sensation and mind-body communication. Breathing practices yield noticeable diverse access to thoughts, emotions, sensations, and physiology. Greater skill in focusing on deeper intentions and on personally meaningful aspects of life motivates a shift in attention away from painful sensations and negative thoughts and toward priorities in life beyond only the pain.

Guided relaxation, visualization, and cues to focus on enjoyable sensations during a movement practice train clients' attention to notice the "what" and "how" of their thoughts and feelings.

As outlined in Part 1, what we believe about pain dictates our experience of it. Through guided meditation techniques that further strengthen the ability to apply attentional strategies, yoga therapists have the opportunity to help clients build acceptance, self-efficacy, and realistic optimism. These concepts, once experienced, support shifts toward what is possible even when the pain persists. In the

of attempts to control the sensation, and/or to perceive a different kind of intensity while they received real-time feedback through the fMRI.

Similarly, imagined movement—for instance, performing asana in the mind when even gentle physical movement provokes too much pain—can be a first step to initiating movement and physical performance of asana. Yoga therapists can empower clients through a multisensory experience by teaching visualization and kinesthetic imagery, allowing virtual practice of yoga postures while cueing intention, sensation, and breath along with the imagined movements.

Other studies have also shown the power of cognitive methods to change pain.⁷ Feeling unable to control the pain or aspects of life that are altered by pain worsens the pain itself.⁸ Guided relaxation, visualization, and cues to focus on enjoyable sensations during a movement practice train clients' attention to notice the "what" and "how" of their thoughts and feelings. Reminders of pure intentions such as hope, acceptance, or tolerance help to calm the mind and nervous system, further decreasing pain. Automatic thoughts happen less, and clients experience greater ease in making an internal choice about where and how to focus. This does not always mean focusing away from pain.

Once established in meditation practice, we learn through *drishti* (single-pointed focus) to witness thoughts and feelings without ignoring, suppressing, ruminating, or being reactive. Rather, we acknowledge and observe internal experiences through the filter of equanimity and explore different, more pure (*sattvic*) perspectives. As yoga trains the objective witness to remain present to what is without projecting future suffering (*dukham anagatam*), people living with persistent pain can learn to regard the pain without mental disturbance. Detached observation does not typically worsen pain. In fact, reconceptualizing the experience of pain is more effective than ignoring it. These methods help clients regain a sense of control; controlling the response to pain and accepting pain improves the experience of it.^{9,10}

The Yoga Sutras teach the nature of reality and provide techniques for accepting physical reality as it is. Furthermore, they remind us of transcendent reality and reinforce techniques and philosophies that support us in taking responsibility for our responses to external stimuli. They teach cultivation of neutral attitudes such as acceptance. Yogic tools like breathwork and sense mastery give us options and

skills in acceptance. Alternatively, positive experiences, realistic expectations, and connection to a higher reality can protect against painful stimuli and provide pain relief.

The essence of yoga therapy is to support clients in reducing pain *and* living well with pain. Pain is not immutable; it is ever-changing. Yoga offers a means of practicing equanimity and makes



2005 study "Control over Brain Activation and Pain Learned by Using Real-Time Functional MRI" (fMRI), R. Christopher deCharms, et al. determined that we can learn to control pain perception activity in some regions of the brain. Participants learned to modulate their pain and influence brain activity through strategies designed to direct attention toward or away from the pain, to let go

it possible to cultivate healthy habits and choose uplifting thoughts despite unpleasant sensations. The obstacles to enlightenment, or *kleshas* (discussed in Part 1), teach that everything is always changing and that psychological or spiritual pain arise when we forget this truth. The experience of physical pain is always changing, too, but that doesn't have to be for the worse. Pain, function, and quality of life are all moving targets. By educating clients on optimism, attention, expectations, etc., and cultivating these experiences through intentional movement, pranayama, sensory practices, concentration, and relaxation, yoga therapists support a shift toward greater self-efficacy, contentment, and freedom from the limiting factors of pain.

Spiritually Informed Options

For some with persistent or chronic pain, experiencing the benefits of yogic techniques and practices might be exactly what is needed for effective pain management. As yoga therapy continues to be integrated with Western pain management, we can also consider specific enhancements that yoga provides, such as practicing ritual with intention.

Ritual is powerful in helping people with persisting pain.¹⁰ It provides a process through which we can consciously engage in making life experiences meaningful. Scientists clearly state that the meaning attached to pain is an important factor and associated with all experiences of pain.¹¹ Although ritual is often related to *ishvara pranidhana* (surrender to a higher power) and considered an external ceremony to accomplish a goal, in yogic ritual can be an internal process used to affect the person's state of consciousness.¹² Through this new state of consciousness, we can develop a different relationship with pain, find new meaning in our experiences of pain, and clarify paths toward living well again.

Ritual in yoga is powerful in part because it is a potential portal to share a sacred pause and to connect with the spiritual aspects of life. We can make anything a ritual. If we give our actions conscious regard and the respect one pays to ritual, those actions take on more proactive alignment with our goals. Ritual within pain care can help to regulate our thoughts about how we identify with our pain, choose words that reflect our highest truth, react with less urgency and more care, and imbue our deeds with a sense of purpose.

Ritual serves as a reminder to slow down and be present, which is so often difficult when pain persists. For people in pain, the act of ritual can enable them to feel peaceful and supported by their own grace.

As a simple starting point for offering ritual, we suggest sharing the Kriya Yoga resurrection breath ritual (seminary and retreat notes and personal sadhana guidance with Goswami Kriyananda, 2000–2009). This can become a ritual to help both yoga therapist and client consciously enter into a specific practice, creating an experience of a beginning (resurrection breath), middle (kriya technique), and end (honoring the aftereffect/silence). It can also be used as a stand-alone kriya to remind one of connecting to the present moment, as described in the chapter on compassion in the book *Yoga and Science in Pain Care* (edited by Neil Pearson, Shelly Prosko, and Marlysa Sullivan). Additionally, it can be used as a separation between kriya pranayamas to create an obvious point between *kriya sadhana* practices, encouraging more mindfulness and the witnessing of presence before entering into meditation, a powerful ritual in and of itself.

Resurrection Breath: Technique

Begin with the head centered, chin above chest. Inhale and take a moment to set an intention to consciously enter into the present. Turn your head over your left shoulder and double exhale out through an open mouth “haa-haa.” This is symbolic of leaving the past behind. Inhaling, turn your head back to center. Next, turn your head over your right shoulder and as you exhale gently blow the air out through pursed lips. This is symbolic of extending the future from grasp. Return the head to center position, having established a ritual of new beginning.

Take a few breaths, then bow your chin toward the heart center, allowing yourself to consciously connect to the present moment with greater focus and clarity before you go on to your next phase of kriya or conscious-awareness practice.

Rituals are tools that give us freedom to consciously and joyfully take responsibility for the direction of our lives. Just going to a yoga class is a ritual. The therapist may include more ritual by lighting a candle, doing specific sets of kriyas, chanting “Om,” or offering other mantras or mudras. Shared ritual, which can include but goes beyond patient-centered or co-developed care planning, can also help yoga therapists create a deeper therapeutic alliance with clients, giving them opportunities to enrich the healing experience and engage on a deeper level than other pain-management providers may be able to offer.

As yoga therapists, we can also help clients maintain a lifestyle that supports and enhances the inner peace that they gain through their practices. A basic foundation in Ashtanga Yoga is often overlooked in therapeutic care. The first two limbs of this yoga offer the *yamas* and *niyamas*, our guides to living a life of balance and harmony. These ask us to endeavor toward virtuous qualities such as non-harming, truthfulness, nonstealing, control of the senses and nonexcess, nonpossessiveness, purity, contentment, self-discipline, self-study, and surrender of the ego. Offering an understanding of the *yamas* and *niyamas* can help clients to create a lifestyle that supports their healing journeys.¹³ As an example, to enhance inner peace we can use the following as a starting point to navigate the often arduous road that is chronic pain.

Yama: *Ahimsa* or Nonviolence/Kindness

Ahimsa teaches clients to be guided by a path of kindness and courage in life, even while living with ongoing pain. Practicing ahimsa encourages choices and habits that ease pain rather than increase suffering. Practicing self-compassion supports ahimsa as people navigate the unpredictable aspects of pain and its effect on life and community.¹³

Niyama: *Svadyaya* or Self-Study

Svadyaya teaches clients to learn from their reflections. Observing the thoughts they think, the words they choose, or the actions they take leads to better self-understanding. Adding self-compassion,

detachment, and curiosity to the process opens doors to different choices and greater acceptance. Cognitive issues, such as rumination and difficulty setting new goals, can be viewed from new perspectives. For some, self-study can encourage deeper inquiry into pain science, psychology, and neuroplasticity, or even the writing or reading of memoirs and poetry on pain in conjunction with their yoga therapy.

Whether we choose to share Raja Yoga including the eight limbs of Ashtanga, Bhakti Yoga, Jnana Yoga, Karma Yoga, or the practices of Kriya Yoga, any of these paths can lead the person in pain to greater inner peace, connection to their true nature, and a life with less suffering. In yoga and pain care alike, this is always the aim.

Concluding Remarks

This series began with wise words from Matthew J. Taylor, PT, PhD, C-IAYT, guiding us to become curious and to explore the complexities of pain. As you have read and realized, a deeper understanding of pain, pain care, and of people in acute or chronic pain is vital. Misconceptions about pain and pain management continue to limit our ability as yoga therapists to decrease the personal burden and societal costs of persisting pain. This three-part series is intended to reinforce our evolving understanding that pain as a human experience is always more than biological, psychological, or sociological. Listen well to increase the depth of your understanding, especially to those who discuss pain with uncertainty. Unidirectional and causal beliefs, such as “fibromyalgia is a psychological problem” or “it’s the meaning the person gives the pain that is the problem,” are incomplete and therefore imprecise. Linear connections, such as pain equals damage, or simple solutions that may temporarily alleviate pain can be as detrimental to yoga therapy as the simplistic belief that our only hope is to not provoke persisting pain and attempt to cope with it.

Yoga therapists have other options to assist people in pain. As discussed in Parts 1 and 2 of this series, we can view each individual through the lens of the koshas, the *gunas* (attributes), the *doshas* (constitutions), and by using the wisdom of the *kleshas*. These lenses give us a more circumspect understanding of the whole person in front of us. Combining this understanding with an expanded knowledge of pain, people living in pain, and pain management allows us to provide not only compassionate solutions, but the benefits of a sense of gained strength, wisdom, and inner peace. In this way we help clients move toward spiritual, mental, and physical well-being. **YTT**

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*See the Summer 2019 and Winter 2020 issues, respectively, of *Yoga Therapy Today*.



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Consent to Participate in Yoga Therapy: Discussing Informed Consent with Clients

By Julie Carmen

Yoga therapy continues to become more integrated into the highly regulated Western medical field. However, insurance companies, lawyers, and clinicians haven't agreed upon a universal Informed Consent Form for patients to sign during their first yoga therapy sessions. Therefore, it serves all of us to contemplate the meaning and the necessity of a dialogue regarding consent to participate in yoga therapy. A Consent to Participate Form (aka, informed consent) addresses the patient's or client's right to be informed about what will be provided by the private practitioner, agency, employee, volunteer, intern, or supervisor and states the limits of the services as well as the limits to the patient's confidentiality, rights, and privilege.

It is important for clients and therapists alike to have written, read, discussed, and signed an Informed Consent Form. Such a document would ideally be vetted by lawyers, insurance companies, and yoga therapists before being approved as a standard of practice by an organization like IAYT.

My goals with this article are to increase sensitivity to mental health issues and to share my thought processes as I designed sample dialogues that can protect my clinical practicum yoga therapy interns, the patients at a public health clinic who are referred for yoga therapy by their social workers, and me as a licensed marriage and family therapist and C-IAYT.

This dialogue would happen during the first session. Ideally it only takes about 10 minutes, but anxiety about beginning yoga therapy may cause intake conversations to wander a bit. If that happens, I guide yoga therapists to remind themselves of their scope of practice while listening mindfully, only responding within their scope. Listening mindfully during intake sessions gives the chance to observe a wealth of information through a yogic lens.

Here's how the subject of informed consent might be discussed between yoga therapy interns and behavioral health patients in the setting where I work. The following sample dialogue, which touches on key points of consent-to-treat discussions such as fees, cancellation policies and confidentiality, broadens to include a conversation with a new patient about what to expect and how yoga therapy may work for their specific needs.

I've included "supervisor's thoughts" to illustrate how each issue fits into the process of obtaining fully informed consent. For the purpose of this article, a yoga therapy SUPERVISOR is IAYT-certified and, ideally, is licensed in a field relevant to the presenting conditions of the patient population. A PATIENT can also be referred to as a CLIENT, GUEST, STUDENT, or PARTICIPANT. (How one refers to a participant depends on clinic protocol. A day shelter for homeless youth in Los Angeles, for example, refers to par-



ticipants as "guests.") An INTERN is a yoga therapist working toward eligibility for IAYT certification under the guidance of a SUPERVISOR.

An Informed Discussion

INTERN: Hi, my name is _____. I am a yoga therapist. Your social worker suggested that you try yoga therapy with us for five weekly sessions. I just wanted to answer any questions you may have before we start.

PATIENT: How is this different than a yoga class?

INTERN: Yoga therapy is based on your individualized needs. It's tailored to your preferences. You'll be in a room for 50 minutes with me and another yoga therapy intern and our supervisor. My colleagues and I have reviewed your electronic health records, and we are aware that you are looking for ways to feel better.

PATIENT: You said I will be meeting with you, another yoga therapist, and your supervisor. Does that mean that you're not a yoga therapist yet?

INTERN: My supervisor is certified through the International Association of Yoga Therapists. I, however, am completing my 1,000-hour training with a specialization in behavioral health.

SUPERVISOR'S THOUGHTS: Here you're being honest and clear about the extent of your training. Be brief but specific about your credentials. You want to instill confidence in your competence without implying you're something you're not.

PATIENT: What is the fee for the yoga therapy sessions?

INTERN: At our clinic your five sessions are free. Since you have Medicaid, the clinic cannot yet bill Medicaid for yoga therapy the same way it can bill for physical or occupational therapy. But if you want to see a private yoga therapist after your five sessions, the going

rate in Los Angeles ranges between \$50 and \$150 per hour. If that is cost prohibitive, we would be happy to refer you to small-group classes after our five sessions are completed. In that case, we can teach you ways you can take care of any areas that are still healing, even when you attend group classes in the future.

PATIENT: I'm just concerned because I don't want to hurt my back.

INTERN: Thanks for letting me know. We will pay particular attention to safety regarding your back, and we will ask you more questions about your back pain. But, that said, any physical activity poses some risk. There are risks of sprains or strains and risks of soreness. In our behavioral health yoga therapy, you may notice uncomfortable feelings of sadness, anger, or frustration. This can happen when people relax some of their defenses. Yoga therapy in conjunction with counseling has been shown to have benefits including a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater insight, and increased skills for managing stress.

SUPERVISOR'S THOUGHTS: *That language may sound stiff, overly formal, and a bit like legalese, but we do need to keep an open dialogue about potential injuries. I suggest that you practice saying aloud the warnings you'll find on any vetted official medical consent forms so that you become comfortable saying the concepts aloud. Then make it your own without losing key information. Note that we've also named the type of practice we'll be offering as well as some specifics about possible outcomes.*

Many patients have built defenses throughout their lives in response to cheerleader types who try to coax, cajole, or chastise them to “change.”

PATIENT: What if I don't do the homework? Due to my depression, I barely do anything.

SUPERVISOR'S THOUGHTS: *Homework or home yoga plans are not mentioned on informed consent forms, but the topic does come up. New patients want to know what's expected of them.*

INTERN: When depression visits it can feel pointless to try anything new. I understand. There is absolutely no pressure for you to do any of the things we try here when you are at home. That said, when something feels good, we begin creating a positive feedback loop. Because it feels good, people find that they actually want to do it again and again.

SUPERVISOR'S THOUGHTS: *This is an area where the motivational patter that many yoga teachers and yoga therapists use can be counterproductive. Many patients have built defenses throughout their lives in response to cheerleader types who try to coax, cajole, or chastise them to “change.” Patients who come to yoga therapy to manage feelings of sadness, hopelessness, crippling fear, and irritability also carry a lot of shame. It is helpful to continually refine our choice of words so that we*

steer clear of triggering more feelings of inadequacy. Resistance to changing lifestyle habits is complex. Please always attune to who is in the room.

Note: The concepts of transference and counter-transference are complicated dynamics that warrant further exploration in our field and are also worth investigating during a yoga therapist's own self-study (svadhyaya), but the short explanation is that patients often unconsciously imbue their therapist with qualities and intentions—positive and/or negative—carried over from earlier caregivers. We want to observe such tendencies without getting stuck on them. Likewise, we need to be aware of how our countertransference may inform our choices. We can compare how we feel while in the patient's presence with how we feel when we are in the presence of other patients. As it is often first impressions that set the stage for transference and countertransference, this is all relevant to those initial conversations with patients regarding consent to participate in yoga therapy.

PATIENT: Sometimes I just feel hopeless and like nothing will help my depression.

SUPERVISOR'S THOUGHTS: *Uh oh. Our intention was for the intern to inform the patient about risks and benefits of yoga therapy, but now there's a temptation for the intern to slip outside their scope of practice if they are not dual-credentialed as a mental health counselor. Also, the word “hopeless” is often interpreted as a red flag that initiates questions about suicidal ideation.*

INTERN: Let's stretch our arms up now and think about our lungs filling with air. As we begin exhaling, allow your arms to slowly lower. At your own pace, please continue moving and breathing while I tell you about how yoga therapy may work for you. We will find ways to incorporate this simple yogic breathing, gentle movement, and awareness into your activities of daily living. For instance, when you wash the dishes or brush your teeth, you may observe that you are holding your breath.

In yoga we practice “contemplating contentment” and “contemplating the opposite.” We think about whether depression causes our posture to collapse or whether collapsed posture causes a negative effect on mood. Another way to play with that is to practice sitting tall and notice if increasing oxygenated blood to the brain makes us feel any better. If we stretch the corners of the mouth toward the ears, we are making a smiling face. Does the position of a smiling face actually lift your spirits at all? Do you see how yoga therapy can introduce the idea of initiating change from the outside and noticing whether it travels inward toward your spirit? Making it fun sometimes can circumvent resistance.

SUPERVISOR'S THOUGHTS: *Success. The intern deftly redirected the conversation and activity to stay within their scope as a yoga therapist while delicately transitioning to breath-centered movement, but the red flag of the word hopeless wasn't addressed.*

Note: In my Yoga Therapy for Mental Health Supervised Clinical Practicum, it is mandatory to take a 6-hour law and ethics course geared to social workers. Among other topics, it covers how, when, and what to do when a patient speaks of suicidal ideas. When a patient states they “feel hopeless,” it cues a mental health professional to address safety concerns. Hopefully all LAYT-accredited programs are teaching about this topic.

PATIENT: So is it like when I go to physical therapy?

INTERN: Yoga therapy is not a licensed profession in the same way as physical therapy, occupational therapy, or psychotherapy. There is no overseeing government board, but we do have a well-established association of peers with a code of ethics and educational standards. Our education is built on the foundation of utilizing best practices to cause no harm, similar to a medical doctor's Hippocratic Oath. Yoga therapy is a combination of physical postures with a focus on breath and on what your mind thinks about while you are breathing and moving. Throughout each session you will be able to ask questions, and if anything does not feel right please let us know so we can modify it. We are not here to diagnose or treat any specific symptoms, but evidence shows that certain lifestyle practices have a positive effect on a person's energy, motivation, feelings of worth, and self-efficacy. Yoga therapy incorporates the total person, not just an injured joint or muscle. Often we will minimize use of an injured joint or muscle so as to cause no further harm to a preexisting condition.

PATIENT: Once I got hurt twisting, so I stopped going to yoga. Is there anyone to complain to if I get hurt?

INTERN: Our clinic has a complaint box, and there is also a grievance form you could fill out. The grievance form states that you will not be penalized for filing a complaint. Twisting is commonly used in yoga, but in a group class the teacher may not know you have any of the conditions that would make twisting contraindicated. We really encourage dialogue. That is why I'm taking the time to open up all these areas of discussion. If anything does not feel right or causes pain at the time of class or later, your first recourse should be to discuss your experience and concerns with your yoga therapist. The complaint and grievance procedures are in place in the event that you do not feel that your therapist has listened to and responded to your concerns sufficiently.

PATIENT: What happens if I have to miss a session?

INTERN: At our clinic the policy is that if a patient is unable to attend a scheduled appointment, it is necessary to contact the yoga therapy clinic at least 24 hours in advance. If a patient misses one or more consecutive appointments and does not contact the yoga therapy clinic, future appointments may be terminated.

SUPERVISOR'S THOUGHTS: *Whatever your policies, state them clearly and simply, and be consistent about enacting them—kindly, of course—according to the expectations you and the client have set. There needs to be a balance between boundary-setting in cases where clients repeatedly “forget” to cancel and our own subsequent feelings. Overly draconian reactive impulses to discontinue sessions can stray into the area of “abandoning care.” The standard of care in psychotherapy is to refer a patient to three alternative therapists so they are not abandoned. Another option is to charge for missed sessions. Charging for missed sessions often results in the patient not returning and not paying. One grace session is reasonable and reminds the patient of your cancellation policy, excuses the first missed session, and respects the value of your time.*

PATIENT: How can I reach you prior to an appointment if I need to cancel my session due to an emergency?

INTERN: If you need to cancel a scheduled yoga session, you may contact the main office and the staff member will inform me. I or your other yoga therapist will then contact you to follow up and attempt to reschedule you for a different day.

SUPERVISOR'S THOUGHTS: *In some private practice yoga therapy settings it is recommended that patients do not have direct access to the yoga therapist's personal cell phone number and that therapists provide a call-forwarding or answering service number for communication with patients. However, most yoga therapists do their own scheduling and are able to maintain professional boundaries while allowing their patients to have their cell phone numbers.*

Note: I suggest that yoga therapists who plan to work with clients, patients, and students who suffer from mental health challenges emulate what other mental health providers do and use a phone service to establish boundaries and provide a level of security and privacy. Porous boundaries often happen when an intern tries to be overly accommodating to their patients. Modeling healthy boundaries is best practice.

PATIENT: What if I have a question about my home yoga plan after I leave a session? May I contact you to ask a question about that?

INTERN: Any questions or concerns may be discussed at the following yoga therapy session. If you forget how to do an exercise or if something doesn't feel right or causes pain, numbness, or tingling, please stop doing that asana and make a note to discuss it with me during our next session. If it feels like an emergency situation due to unmanageable feelings, we recommend you call 911 and ask for a psychiatric emergency team. Give them your address and stay on the phone until help arrives.

SUPERVISOR'S THOUGHTS: *Depending on the acuity of any given client, this may feel like overkill. As you build your competencies you will refine your clinical judgment, but erring on the side of safety is best practice.*

PATIENT: How do I know that our sessions together are private?

INTERN: Because I am an intern, there are some restrictions and limits to the privacy provided to the patients I see. Our sessions together are confidential, but at our agency it may be necessary to discuss relevant details of a patient's case with medical providers or supervisors. You as a patient also have a right to state if you would not wish for a particular detail of your case to be discussed with another staff member.

SUPERVISOR'S THOUGHTS: *A Release of Information Form may also be completed that authorizes, by means of a signature from the patient (or parent/legal guardian of a patient who is a minor), discussion of client information with a third party, such as a social worker. However, in the event that records are subpoenaed by a court or a judge, we are required to provide the requested documents.*

(continued on page 26)

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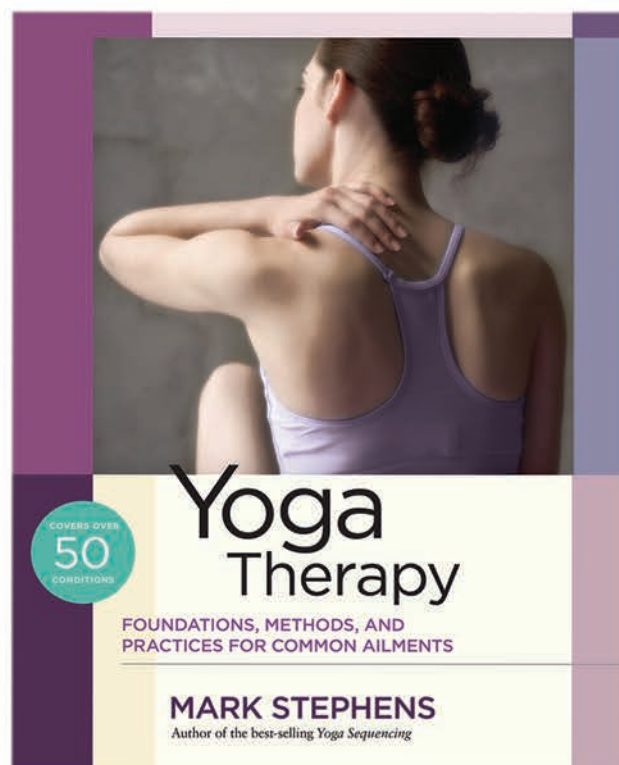
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PATIENT: If I tell you something private, will you tell anyone? Is everything I say confidential?

INTERN: At our clinic, yoga therapists are considered mandated reporters. The limits of confidentiality state that, as a yoga therapist, it is part of my duty to keep you, myself, and others safe. Therefore, if you say you are going to physically harm yourself or have plans to end your life, have plans to harm anyone else, know that a child is being abused or neglected, or if I suspect that a child is in danger or being abused, I will need to inform the appropriate reporting agency. Also, if you inform me of any elderly, disabled, or dependent individuals being abused or neglected, I will need to report that information, too, in an attempt to keep those individuals safe. In cases of suspected danger to you or anyone else, our agency is required by law to take action. This action may entail informing legal authorities, hospitalizing the patient, or contacting those who are potentially in danger.

SUPERVISOR'S THOUGHTS: *A yoga therapist in private practice has the option to consider themselves a mandated reporter. However, if the yoga therapist is dual-credentialed, they need to follow the guidelines of their licensing board regarding the mandate to report neglect or abuse.*

Knowledge about the laws of your state and ethics of your profession are meant to inform and guide decisions about breaking confidentiality in the event a student, patient, or client is planning to harm themselves or someone else. All yoga therapists should take the time to gather phone numbers of agencies they can contact. Often these agencies, like the Department of Child and Family Services and the National Suicide Prevention Hotline encourage anonymous queries in the event a yoga therapist has questions.

Next Steps and Concluding Remarks

It is always best practice to, at minimum, consult with a supervisor or mentor and document the informed-consent discussion itself in your progress notes. In behavioral health yoga therapy, I teach BIRP notes (behavior, intervention, response, plan) instead of SOAP (subjective, objective, assessment, plan) notes. A BIRP note would look something like this:

B: Patient asked many questions about whether yoga therapy is safe and appropriate for them.

I: Therapist explained the following specific risks and benefits of yoga therapy (include here a list of what was covered in the consent conversation).

R: Patient stated that they clearly understand the risks and benefits of yoga therapy.

P: Next session I will start by asking if anything didn't feel right about the home yoga plan. I will ask if the patient has any thoughts or concerns about what we discussed.

To date, our clinic has used BIRP notes and dialogued about informed consent for four semesters as part of an IAYT Approved Professional Development (APD) clinical practicum course. Traditionally, clinicians like to do field testing to continue refining protocols. Attuning to clients' questions and concerns will inform you how to individualize these suggestions. I am not a lawyer, so please remember to consult with your own attorney and malpractice insurance carrier when designing your own written informed consent form.


A key motivation for writing this article is my deep desire to help raise the practice of yoga therapy to a standard of care comparable to licensed mental health therapists while preserving the unique features of our practice. Please consider the foregoing as an invitation for further dialogue about when, how, and why we can best inform new clients about the practice of yoga therapy. **YTT**



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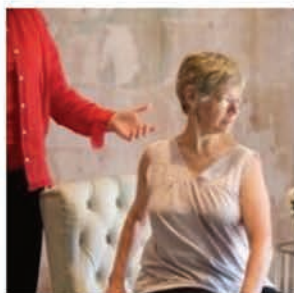


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Addressing Spirituality at the End of Life

By Jennie Lee

Yoga therapists working with people at the end of life have a unique opportunity to help their clients cultivate a deep spiritual awareness. When physical healing is no longer being sought, people naturally begin to question what more there is to being. Through universally accessible practices based on the teachings of the Yoga Sutras and the Bhagavad Gita, we can facilitate peace at a time when both assurance and meaning are needed.

Many yoga therapists and clients alike are uncomfortable talking about death and spirituality. The practices below are offered as a framework for compassionate exploration of these essential aspects of our shared nature. Initiating a spiritually focused conversation to explore personal beliefs, addressing the fear of death through the *kleshas* (spiritual hindrances), and employing Patanjali's eight-limb path to expand awareness beyond the body can help us serve clients and their caregivers. We may also come to integrate an acceptance of our own mortality with the understanding of our true immortality.

Scope of Practice

Yoga therapists by nature frequently attend to clients' anxiety, depression, fear, and sadness, and the teachings of yoga offer many practices to manage these feelings. The entire Yoga Sutras point toward the need to cultivate an identification with pure consciousness to overcome the various forms of suffering caused by our perception of separateness. Therefore, assisting clients in this regard is well within our scope of practice and should be seen as an essential component of any ongoing therapeutic relationship.

In my sessions, regardless of why someone has sought help, I always approach the spiritual aspect of their current experience, inquiring as to whether their beliefs bring them a sense of peace and what practices keep them tethered to the transcendent aspect of their being. Many people don't have the opportunity to converse about their spirituality in daily life and really appreciate it when I open the door for dialogue. This conversation becomes particularly essential for those in their ending of days.

Initiating the Spiritual Conversation

To exemplify how we can address spirituality with clients at the end of life, I will take you through the work I did with "Nora," an 84-year-old woman dying of lung cancer. I was offering yoga therapy as a hospice volunteer, and she expressed interest in having me visit. Nora had been a devout Christian Scientist her whole life, and because the Christian Science religion relies heavily on prayer for healing of the body, this had always been her choice and practice. However, being at the last stages of life, she realized that physical healing was no longer possible, and so she began to question her previous beliefs and also the very nature of being. She was new to yoga and had very little knowledge of the yogic teachings. But she was open to dialogue, so I began asking her open-ended questions to get her talking about her spiritual thoughts and experience.

The first and most important aspect of any session is to provide the client with a compassionate space in which they can explore what is arising internally. I listened empathetically, allowing Nora the space and time to go at her own pace, to examine her beliefs, and to wonder anew about things she had always held to be true. I made sure not to insert my opinions or beliefs and used questions, like the ones below, to keep our conversations flowing.

- Do you believe you are more than this dying body?
- What do you think is happening right now?
- Would you like to talk about your spiritual beliefs?
- Do you believe in a Higher Power and if so, what do you believe is the nature of it?
- What do you believe happens after we die?
- What gives you peace?
- What is the most loving thought you could hold onto right now?

We should not introduce or impose our own beliefs and we do not need to offer answers or solutions.

By creating loving, nonjudgmental space for clients to explore their own spiritual beliefs, much healing and integration can occur. To facilitate a client's inner inquiry, it is essential that we use inclusive language rather than religion-specific terminology. Operating under a philosophical system that honors the divinity within all creation, we as yoga therapists can recognize the expression of that divinity through all spiritual paths and religions. Please note, though, that we should not introduce or impose our own beliefs and we do not need to offer answers or solutions.

Nora really appreciated our talks and the time to explore what was changing within her belief system. She felt heard and accepted and thanked me many times for being there with her. Even if you have not initiated this type of conversation before or you have not worked out your own spiritual beliefs, you can still have a respectful conversation, one that enables a depth of self-expression for the client.

Addressing Fear

"Our real self, the soul, is immortal. We may sleep for a little while in that change called death, but we can never be destroyed. We exist, and that existence is eternal," writes Paramahansa Yogananda in *The Divine Romance: Collected Talks and Essays on Realizing God in Daily Life*. "The wave comes to the shore, and then goes back to the sea; it is not lost. It becomes one with the ocean, or returns again in the form of another wave. This body has come, and it will vanish; but the soul essence within it will never cease to exist. Nothing can terminate that eternal consciousness."

This assurance becomes essential when the fear of death arises, and it is the second component to addressing spirituality with a client at the end of life. As Nora's physical body deteriorated, she felt untethered from her concept of self, and her crisis of faith brought up a lot of fear about leaving what was known.

To help her understand the basis for her fear and shift her identification from body to soul, I began sharing the teachings on the kleshas. As described in the Yoga Sutras, the kleshas are the veils that obstruct our perception of our true nature. There are five major kleshas:

1. *Avidya*—ignorance of our spiritual essence,
2. *Asmita*—identification with the personal sense of self,
3. *Raga*—attachments formed by the personal self,
4. *Dvesa*—aversions formed by the personal self, and
5. *Abhinivesa*—fear of the death of the personal self.

I explained to Nora that it was because of our perception that we *are* our bodies that the fear of leaving them arises. The fear of death is more psychological than physiological, resulting from the immortal soul's misidentification with, and attachment to, its mortal home. This fear can aggravate physical pain and make a dying person resist what may otherwise be a very peaceful transition.

This is true throughout life. Whenever we feel separate from our underlying spiritual essence, we experience suffering, anxiety, and fear. And whereas physical pain may be manageable with the assistance of medical science, such mental anguish can only be assuaged through greater awareness of our divine Self.

"When this I shall die, then I will know who I truly am," writes Yogananda in *The Yoga of the Bhagavad Gita*. He affirms that the more we practice transcendence and nonattachment to the body in life by getting to know our eternal nature, the less fear and suffering there will be at the time of death.

When we recognize that we *inhabit* bodies, but that we *are* the souls within, which never cease to exist, fear diminishes. Life-force energy does not disappear; it simply changes forms. The transition from our individual expression of life to the expansive state of pure consciousness can indeed be easeful.

As yoga therapists supporting someone during their time of transition, we too must face our fear of death and manage our own limiting beliefs about who we really are so that we don't contribute to any fear that may be present for a client. If you feel uncomfortable in this realm of practice, consider a personal exploration of why this is so. Employ the help of a mentor, counselor, or trusted religious leader to examine your own beliefs and concerns.

Expanding Awareness

To guide Nora beyond the identification with her limited personal

self, I offered accessible practices from Patanjali's eight-limb path. She was at the stage of barely being able to move her physical body, but she was still able to focus on her breathing. So, we began with the fourth limb with a basic pranayama, *sama vritti* (equal-ratio breathing), which helped her calm the mental fear when it arose.

"A balanced, rhythmical pattern steadies the mind and emotions, causing the breath to become motionless," writes Nischala Joy Devi in *The Secret Power of Yoga* about her perspective on Yoga Sutras 2.51–2.52. "As a result, the veils over the inner light are lifted."

As is natural at the end stages of life, Nora was already moving into a state of sensory withdrawal (*pratyahara*, the fifth limb), as her

attention was being drawn toward that which lies beyond the physical. I taught her the *sambhavi mudra*, or third-eye gaze, to focus her mind (*dharana*, the sixth limb). Concentrating on the third eye, the center of transcendent consciousness, does for the mind what concentrating on the breath does for the body—it soothes and calms. The proverbial "light at the end of tunnel" described so often in near-death experiences, may in fact be the soul passing through the spiritual eye, consciousness expanding to a grander state of being.

Nora enjoyed having me guide her into the deep stillness of meditation (*dhyana*, the seventh limb.) Once she was focused on the third eye and breathing rhythmically, we would begin silently repeating the simple mantra, "Aum," with each inhalation and each exhalation. When she was too tired to concentrate, she enjoyed having me read a guided meditation on expanding perception beyond the body, which I had written for her. It is included at the end of this article for your use.

In the moments when her breathing became labored, she would silently affirm an intention I suggested, "I command my body to relax into Love." This helped her quiet the fearful thoughts and sensations. Together we invoked the remembrance that Divine Love is all around us and within us. Using these practices, Nora was able to soothe her nervous system and identify more and more with pure consciousness—so much that her fear diminished and she rejected all pain medication.

I don't know if she ever reached *samadhi*—the eighth limb, which Patanjali describes as the ultimate experience of unified awareness, when individual consciousness unites with the Divine Consciousness and all illusions of separateness dissolve. But I do know that Nora was at peace and experienced no struggle when she crossed over.



Conclusion

To be with someone at the time of death is as great an honor as it is to be with someone at the time of birth. By initiating meaningful conversation with open-ended questions and listening compassionately, we help clients navigate their way into a peaceful resolution of their personal beliefs. Drawing upon the teachings of the kleshas, we help them overcome the fear of death based on an attachment and identification with physical form. And through the eight-limb path, we help them establish a blissful awareness of true Self. **YTT**



Jennie Lee, C-IAYT, E-RYT 500, has practiced yoga therapy for more than 20 years. She is the author of Spark Change: 108 Provocative Questions for Spiritual Evolution; Breathing Love: Meditation in Action; and True Yoga: Practicing with the Yoga Sutras for Happiness & Spiritual Fulfillment.

Jennie Lee Shares a Guided Meditation to Experience Your Spiritual Nature

Settle into a comfortable position, making sure that you feel supported and completely at ease. Allow your body to relax into stillness. Notice any places in the body that may be holding subtle tension and direct a gentle breath there now to help them relax. Resting your awareness on the breath, continue sending slow, full breaths into any places of discomfort. Tell yourself that it is now time to relax this body completely. There is nowhere to go and nothing to do. It is just time to rest. Be with the rhythm of the breath as it rises and falls. Feel the heaviness of the physical body as it releases into the support beneath it. The body is relaxed and heavy. Just being. The breath, rising and falling. Just breathing. Continue this for several minutes until you relax into a state of calm presence and easeful awareness. (Pause.)

Now allow your inner vision to turn upward to the point at the center of the forehead, the center of transcendent awareness known as the third eye. Keep your focus gently here on whatever you see within as you enter this sacred space of inner stillness. This is a place of peace. Here there is just awareness. Here, you exist in the flow of being-consciousness itself—being, breathing, expanding. Simply be here, now, relaxing into the preciousness of your own pure being. All holding, all resisting, all fear, melting away with each gentle breath. Here, in this quiet place of pure awareness, all restlessness subsides, all concerns dissipate. Here you know that you are not the sensations that rise and fall in the body. You are not the thoughts that come and go in the mind. You are not the feelings that ebb and flow in the heart. You are the spacious awareness that exists within and beyond all of these. Feel the freedom as you expand beyond these limitations. All identification with the outer self is fading into the background. You are the energy of spirit and of light. You are the light of pure consciousness. You are the energy of pure love. Rest here in this spacious, peaceful awareness of who you truly are.

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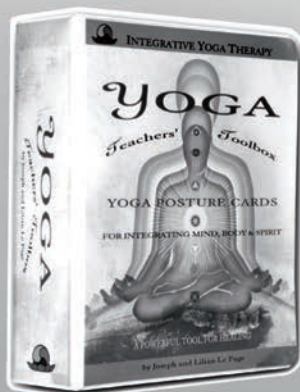
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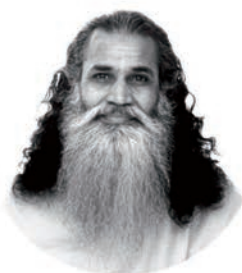
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Should Yoga Therapy Be Covered by Health Insurance?

Part 2: Code Soup—Order Up!

By *Tianna Meriage-Reiter*

In Part I, we introduced and covered Code Soup, the daunting mélange of insurance coding systems for covered healthcare procedures and techniques that can be overwhelming even if you are already a healthcare provider and especially if you have never had to deal with the coding or billing in your day-to-day practice. No one chooses to become a yoga therapist because they have a passion for alpha-numeric coding systems, so why would—or should—yoga therapists even want to get into the code soup kitchen? This is a multi-faceted conversation.

Recognition as a Respected Therapy

At the root of efforts to establish yoga as a complementary healthcare modality is the safety and well-being of clients as well as educating the public and healthcare professionals about what we do and how we're different from other therapy modalities. IAYT has taken great strides to allow for that process to unfold. This has been done by several means: the creation of our scope of practice and code of ethics, the accreditation of yoga therapy programs with codified educational standards, and through the certification process for yoga therapists. These steps set the parameters for responsible and ethical behavior in yoga therapists and yoga therapy training programs and promote high educational standards to facilitate safe and effective yoga therapy practices.

With IAYT's establishment of these standards and processes as a self-governing body for the profession, as well as yoga therapists upholding our end of the agreement, we have set the profession up to enter into the medical world as a more respected therapy. Does this mean that getting into the insurance game is just part of that process? It's happening already, but there are no standards as of yet. There are many moving parts to explore before we can come to a consensus.

Accessibility?

One view suggests that we want to provide better access by having yoga therapy recognized as a service billable through insurance. Patient copays have steadily increased since the widespread rollout of “managed care” in the 1980s and 1990s and may now reach \$60 or \$75 for seeing a specialist, yet this may be more affordable than seeing a yoga therapist for private self-pay sessions. Coverage by insurance plans may bring visibility to the profession and thus provide even more access to those that might not normally seek us out, the thought being that if insurance companies recognize it, then it must be a “valid” and “acceptable” form of care.

Another discussion I've encountered on this topic deals with the benefit of accessibility and affordability to low-income individuals and children who are on Medicaid, as this population usually has no copay and no deductible. From there we can consider a wide range of potential populations—such as those going through cancer treatment and recovery, veterans, or children working on emotion

and stress resilience—who might benefit from our services but may not have the means to pay for them out of pocket.

Put in a Box?

An alternative view, held especially by healthcare providers who already have experience in the coding game, is that being an accepted service under insurance may cause us to be undervalued. In this view, yoga therapists will be trading their autonomy and flexibility for a steady paycheck, but as an undervalued service. For instance, a yoga therapist may be hired in a hospital setting before a physical therapist or occupational therapist who is also a yoga therapist because the institution would be able to pay the yoga therapist at a lower rate.

Discussions had during research for this article also suggested that being in the insurance game places yoga therapists in a box—that is, listed under rehabilitation or therapeutic exercise or medical wellness programs (often where we sit now in healthcare settings). The result of being in this box is that there needs to be a medical diagnosis, and thus physician oversight, to get paid.

A major consideration in being part of the medical model of insurance reimbursement is the extra documentation associated with billing insurance. This is particularly true when it comes to billing Medicare and Medicaid. Contracting with insurance companies often means that practitioners have to hire someone to take care of the billing. And even with someone to help, claims are frequently denied and require much time to appeal.

At the same time yoga therapists and other complementary providers look to what they perceive as the greener grass on the insurance side of the fence, many physical therapists and physicians are turning to “concierge” or cash-based/self-pay models because reimbursements from insurance companies and Medicare are dropping and documentation requirements are rising. Reimbursement at minimal levels makes it difficult to survive without compromising quality of care. Practitioners often choose to see more patients over the day, with less time per patient, to cover overhead. The group model has also been a way to mitigate some of the decreased reimbursement rates by seeing more patients at one time in a coaching-type atmosphere.

I believe that most yoga therapists enter into the profession to care for people and not to be tied to the billing aspects. Most healthcare practitioners would agree with this, too. Considering the above costs (which are only minimally outlined here) and efforts involved in the insurance game, we risk getting into the management of the billing and reimbursement business at the possible loss of client-centered care.

What Is the Bigger Picture?

Experiences shared from the implementation of yoga across various settings suggest that having designated billing and taxonomy codes for yoga therapy would be helpful for a number of reasons. (See “Why NPI?” in Part 1 of this article in the Winter 2020 issue.)

Remember that coding is not only for medical billing but is also important in tracking healthcare utilization and gathering statistical healthcare information about populations. Per Alison M. Whitehead, MPH, RYT 500, assistant director of national program manager for the Integrative Health Coordinating Center for the Veterans Health Administration (VHA) Office of Patient Centered Care and Cultural Transformation, having a taxonomy code for a “yoga therapist” may help with hiring and the tracking of services under that title.*

Although yoga is now one of the evidence-based complementary and integrative health approaches offered in the VHA if deemed appropriate by the veterans’ care team as a part of their larger Personal Health Plans, Whitehead notes that “there is not a specific service line under which yoga falls right now across all VA Medical Centers. Sometimes it might be supported within physical medicine and rehabilitation, recreation therapy, mental health, etc., and some facilities may have a well-being program.” So while there is consensus that yoga is a valued service for the VHA, facilities may still differ in the mechanisms for the hiring of providers and the exact coding and tracking of services.



Facilitating Hiring and Reimbursement

If yoga therapists are also licensed healthcare providers (acupuncturists, occupational therapists, mental health counselors, etc.), they are often hired under that licensed profession, just like MDs, RNs, and PsyDs. Noriko de Guzman, LMHC, C-IAYT, from the Intensive Outpatient Program, Civilian U.S. Army Medical Command, Madigan Army Medical Center (MAMC) in Washington state reports, “I practice yoga therapy under my mental health license in [the] Department of Behavioral Health, so all the services that I provide are billed as ‘behavioral health group therapy.’” In that case, then, yoga therapy would not be bundled under rehab or mental health, but would be its own service and thus could be reimbursed as such utilizing the same ICD-10-CM (International Statistical Classification of Diseases and Related Health Problems, 10th Revi-

sion, Clinical Modification) and CPT (Current Procedural Terminology) codes referenced by established healthcare providers.

Right now, yoga therapists are often hired as yoga instructors, which doesn’t account for the depth of knowledge of a yoga therapist and thus is very likely to be paid/reimbursed at a lower rate. This concern is being addressed at the Interdisciplinary Pain Management Center at the MAMC. Jeffrey Sargent, MS, C-IAYT, is a yoga therapist hired as a “kinesiology assistant.” He brought up the proposal of having a different hiring code for someone who is C-IAYT versus RYT. He acknowledges that the training of someone hired as a kinesiology assistant may vary greatly, ranging from 100 hours to 1,000+ hours, yet they would all be paid the same. Currently in his department they are offering group yoga classes and billing using the CPT code 97150–Group Therapy.

Yoga therapists may also be hired as yoga instructors within specialty departments such as stress management. One such program is Ornish Lifestyle Medicine, where they hire within the category of stress management and bill services as HCPCS (Healthcare Common Procedure Coding System) G0423–Cardiac Rehabilitation.

Lynne Valdes, MS, C-IAYT, is a yoga therapist hired as a “mind-body therapist” at the Walter Reed National Military Medical Center’s Integrative Health and Wellness Subspecialty Clinic in Internal Medicine. She reports that they are using the ICD-10-CM code Z71.89–Other Specified Counseling and CPT code 96152–Health and Behavior Assessment/Intervention Procedures.

The War-Related Illness and Injury Study Center at the VA Palo Alto Health Care System provides group yoga at no cost to veterans. Many of the instructors are C-IAYTs. However, per the program director, Julia Tang, they don’t bill for yoga in and of itself; these services are instead considered a “wellness offering.”

Carolyn M. Valdez, RN, BSN, C-IAYT, E-RYT 500, is a yoga therapist and yoga teacher at the Integrative Medicine Center (IMC) at the University of Colorado Hospital–Stapleton. Prior to working at the IMC, she had experience seeing yoga therapy clients within a chiropractic setting, where they successfully billed using CPT code 97110–Therapeutic Exercise. In her current yoga therapy practice at the IMC, where the director is an MD, it has proven difficult to get reimbursed using that same 97110 code. Insurance reimbursement continues to be a goal for the center. Currently, Valdez is co-leading a mindfulness and yoga for women’s cancer recovery group alongside a psychologist. They are successfully billing using a code for group therapy.

It seems that there is consistency in that yoga classes within hospital systems are often offered free to participants or at a low cost, but the larger entity is paying for it with grants, donations, or as part of larger program budgets, such as within wellness or integrative medicine departments. The above examples demonstrate a variety of methods using codes for billing and coding across different professional licenses and across different entities. In these cases, yoga therapy is trying to fit into an existing mold.

Tracking Utilization

If there is no way to hire yoga therapists using a taxonomy code or qualification standard for the modality, then there is also no way to track utilization of yoga therapists in larger institutions such as the VHA or the Department of Defense (DoD). (IAYT encourages human resources managers to specify the C-IAYT credential as the beginning of a hiring standard, but realistically there aren't yet enough of us in many locations to make this a feasible hiring requirement.) And, as Whitehead also suggests, without a code for billing and tracking yoga therapy specifically versus yoga for well-being or other modalities (e.g., by specific CPT code), there is no way to create data points to track encounters and how yoga therapy is being utilized in larger institutions. These data points, if they existed, would help institutions like the VHA report to Congress and other stakeholders about where and how yoga therapy is being used and how effective it is. As you can see, codes are needed for creating even incremental policy change.

The need to create policy change is bigger than any one institution can fill.

Efforts like this, and like those of the pioneers mentioned above and below, are perhaps a more realistic route to having yoga therapy included in big-picture healthcare discussions on a meaningful level. Other modalities outside the mainstream medical model, from physical therapy to naturopathy and osteopathy, have historically needed to have hundreds of thousands of providers to have a voice at all.

Recognition of Yoga Therapy—Opening the Lines of Communication

Although ICD-10-PCS (Procedure Coding System) 8E0ZXY4—Yoga Therapy exists, it is for inpatient use only. Most yoga therapy is happening in an outpatient capacity—in larger institutions, in group therapy classes, and in the private sector as one-to-one sessions at private establishments. So what can we do to take advantage of the coding that is available while we wait for larger coding and policy changes?

Melissa Adyilia Calasanz, C-IAYT, was hired at Kaiser Permanente in southern California as a yoga therapist and lifestyle, wellness, health, and movement educator. One of her assignments was to create a 12-week yoga therapeutics for chronic back pain program in collaboration with the physical medicine and lifestyle education departments. She also teaches weekly physician wellness group yoga and mindful movement classes at Kaiser. The services she provides are not billed for using specific codes. She does use the ICD-10-PCS 8E0ZXY4 code in her private practice and continuing education offerings—not for billing, but rather for what she calls a “conversation starter.” Calasanz has the code printed on her promotional materials and handouts, and this often sparks conversations with physicians in her yoga classes, during presentations at Kaiser, and with healthcare providers she collaborates with in her private practice.

Calasanz's intention is to gain more recognition for the efficacy of yoga therapy. In demonstrating that there is an ICD-10 code for yoga therapy, she creates an opening for further discussion between

clients and their physicians, between healthcare providers and their billing departments, and beyond. And if those practitioners and clients begin to ask for yoga therapy offerings at Kaiser (or elsewhere), perhaps those larger institutions may start to integrate them into their services—and not just as yoga classes (because this already exists), but by hiring yoga therapists to do yoga therapy. It's possible that if Kaiser and other large-scale healthcare providers demonstrate these added services and hiring practices, then other hospitals and institutions will follow suit.

Right now, some yoga therapists can open lines of communication within inpatient settings where they work. Whitehead recommends that “if a yoga therapist in an inpatient setting wants to use the ICD-10 Procedure Code for yoga therapy, they may want to work with their local billing and coding staff to alert them of their desire to code on an inpatient visit, and discuss what documentation they should put in their inpatient chart to assist with coding.”

IAYT's ongoing efforts to support professionalism in yoga therapy, most recently through Approved Professional Development (APD) courses and the certification exam now being developed are additional important steps toward creating standards that larger institutions, like the VHA, may look for when hiring.

Where to Go from Here?

Clearly, there are no standards in the way yoga therapists are coding, billing, and tracking utilization, from the VHA to the DoD and private hospitals.



Although yoga therapy has an inpatient procedural code, it seems very few are using it. In my research for this article, I found no one who reported using this code within the appropriate setting. There are a combination of possible reasons why: Practitioners in inpatient care who are utilizing yoga therapy are not documenting that therapy in a way that alerts coders to use the code; coders do not know when to use it or that it's available; and/or there is a lack of utilization of yoga therapy in inpatient care at the level that it can be billed for.

Healthcare practitioners and yoga therapists who bill insurance directly or create superbills for their clients/patients in the private outpatient setting are using the coding structure that already exists within their profession—CPT codes along with ICD-10-CM codes. Healthcare practitioners and yoga therapists within a large institution who are teaching group yoga therapy are either coding under

CPT codes per their medical profession or are letting themselves be grouped into the larger field of integrative medicine, wellness, or physical medicine and rehabilitation.

There is a lack of taxonomy in the hiring of yoga therapists and thus in the tracking of their utilization. Furthermore, there is a lack of specific coding to track utilization of not only yoga therapy as an integrative modality/service, but also other integrative medicine modalities. Are we losing out on what so many of us want—recognition and accessibility—because there is no way to classify and track utilization? When phrased like this, how can the answer not be yes?

It might come as a surprise that there is more at stake than just being in the insurance game and allowing for accessibility. There is a larger picture to look at here—much like the holistic view we discuss with our patients/clients as yoga therapists. Step back, and look through a wide lens. How could coding benefit us? How might it not?

The creation of a working group that unites many groups and institutions may be a powerful way forward. The need to create policy change is bigger than any one institution can fill.

Possible Future Steps

1. Creation of a working group (e.g., VHA, DoD, and IAYT, etc.) to address the larger state of interests, risks, and benefits at stake
2. Lodging a request to the National Uniform Claim Committee for the creation of a taxonomy code for yoga therapists
3. Submitting a request for CPT codes for yoga therapy
4. Development of a standardized exam by IAYT's certification team (in progress and currently a year or more away)
5. Creation and implementation of a hiring code within your local department for those who are C-IAYTs to set up standards for hiring and compensation appropriate to the level of training
6. Reaching out, if you work in an inpatient setting, to your billing department and fellow practitioners and informing them of the ICD-10-PCS yoga therapy code and inquiring as to what language needs to be in documentation to trigger the use of the code

We are still in the beginning stages of discovering the implications of yoga therapy as a larger movement in healthcare. We therapists know its value. It would be a shame not to share the benefits of yoga therapy more broadly. How will we show up and rise up? By staying small? Or by expanding our reach? **YTT**



Tianna Meriage-Reiter, DPT, C-IAYT, owns Mind-Body Movement Center Physical Therapy Inc. (www.mindbodymovement.org), where she helps people shift their pain perspective within health challenges that affect body, mind, and spirit.

*The information provided does not represent the views of the VHA or the DoD.



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The Veterans Health Administration's New Whole Health Initiative Leads the Way for Wellness-Based Healthcare

By Janese Killian and Alison Whitehead

The United States spends twice as much per person per year on healthcare (\$10,586) as the average of all the other developed countries in the world (\$5,300) but has the lowest life expectancy and highest rates of infant mortality and unmanaged diabetes.¹ As a result, transformation is underway toward a more proactive, patient-driven model of care that integrates traditional medicine with other evidence-based approaches to health. This new movement across the United States, including in the Veterans Health Administration (VHA), resonates with the values, perspective, and practices of yoga therapy.

Founded by Abraham Lincoln in 1865 to provide asylum for Civil War soldiers and sailors, the VHA has grown to become the largest integrated healthcare system in the United States, with 1,074 outpatient sites, 170 healthcare centers, and more than 9 million veterans enrolled.² With a growing number of veterans seeking care and high rates of opioid- and suicide-related deaths, the VHA is undergoing a transformation.

The VHA has implemented a Whole Health model of care. The Whole Health system approach shifts from focusing on episodic care to working with veterans early on and throughout their lives, engaging and empowering veterans to take charge of their lives and health. The Whole Health model emphasizes self-care along with conventional care and complementary and integrative health (CIH) approaches such as yoga and acupuncture. In addition, veterans develop a Personal Health Plan with their care team and often work with health coaches who help them explore their mission, aspiration, and purpose (MAP) and move toward their goals.³

There are three main components of the Whole Health system model:

1. The Whole Health Pathway, where veterans complete a personal health inventory and begin working on their Personal Health Plans while exploring their MAPs;
2. Well-being programs focused on the development of skills and self-care that may include CIH approaches, various classes, and coaching; and
3. Whole Health clinical care, which incorporates Whole Health concepts into the clinical care provided both inside and outside the VHA and is aligned with the veterans' MAPs. The veterans' Personal Health Plans are seen as the integrators throughout this model.⁴

Legislative and Internal Policy Support for Whole Health and CIH

In conjunction with the Comprehensive Addiction and Recovery Act, Public Law 114–198 (2016), VHA launched 18 Whole Health Flagship Facilities in fiscal year (FY) 2018; this was the first wave of facilities in the national deployment of Whole Health.⁵ In FY 2019, 37 additional Whole Health sites were added as “Learning Collab-

orative Sites,” and there are even more sites providing CIH and Whole Health services. Preliminary evaluations have shown variation in the implementation of the different system components across flagship sites. (At flagship sites, 31% of veterans with chronic pain participated in at least one Whole Health service, and 26% used CIH either on-site or in the community.) These data showed that participating in Whole Health positively affected reduction in opioid use. Veterans who used Whole Health services also demonstrated greater improvements in perceptions of care, engagement in both healthcare and self-care, engagement in life, and overall well-being than veterans at sites that did not use Whole Health services. Some of these preliminary data also showed that employees who reported involvement in Whole Health at work reported lower voluntary turnover as well as lower burnout rates and greater motivation.⁶

VHA Directive 1137—Provision of Complementary and Integrative Health was approved by the acting under secretary for health in 2017, establishing policy regarding the provision of CIH approaches. This represented a significant change in how care would be delivered across the VHA system.⁷

In the VHA, the goal is for CIH to be delivered within the context of the Whole Health system rather than in a disjointed and siloed manner. All facilities are offering some CIH approaches; however, facilities are at various stages of implementation of the CIH approaches and Whole Health. Provision of CIH approaches has been growing exponentially over the past few years, with a notable increase in the year following the release of VHA Directive 1137. For example, from FY 2016–FY 2019 we have seen an increase in encounters each year for yoga (FY 2016: 10,659; FY 2017: 16,049; FY 2018: 36,947; and FY 2019: 66,988), as well as an increase in unique patients receiving yoga.⁶ This could be due in part to policy support, the hiring of more yoga instructors, improved mechanisms for coding and tracking, and the spread of Whole Health. The VHA continues to work on coding and tracking infrastructure and guidance for the field to accurately account for CIH provision. To assist with the expansion of access, the VHA has been delivering some approaches (including yoga) via telehealth, volunteers, community partners, and online resources, as appropriate.

How Does Yoga and Yoga Therapy Fit into the Whole Health Model?

Yoga is one of the evidence-based CIH approaches covered under VHA Directive 1137 to be included in the Veterans Medical Benefits package. These CIH approaches are to be provided on-site or in the community if deemed appropriate by the veteran and his or her care team. These services must show evidence of safety and, at a minimum, promising potential benefit and go through a review process. Other VHA-approved approaches include acupuncture, massage therapy, meditation (including mindfulness-based interventions and other forms of meditation), clinical hypnosis, guided

imagery, and tai chi. Chiropractic care is also available through the VHA, but it was covered under previous policy.

Yoga for well-being classes provide veterans with tools and techniques such as breathing practices, meditation and relaxation practices, and physical postures. A regular yoga practice may positively affect various aspects of the Circle of Health, described below and in Figure 1. Yoga therapy and therapeutic yoga can further offer meditation, body awareness/integration, and nervous system-regulating techniques tailored to the individual veteran.

Currently, the majority of yoga being provided is yoga for well-being led by yoga instructors rather than yoga therapy sessions provided by yoga therapists. Yet it is important that yoga providers in healthcare settings have training and experience well beyond what a basic yoga teacher training provides. Instructors interested in providing classes for any of these groups should seek additional training and work closely with the clinical care team at their site. Although health systems may not yet require it, those interested in providing yoga therapy in a healthcare setting should pursue yoga therapy training and certification, including additional specialization and training in trauma-informed care and working with patients with complex and comorbid conditions.

Research on yoga's health effects does not typically specify use of yoga therapy versus yoga, making it challenging to distinguish among studies. As the profession of yoga therapy continues to grow and mature, the research base will also continue to grow. Research specifically focusing on yoga therapy may help with the expansion of yoga therapy in general and in medical settings specifically. Some yoga research is ongoing in the VHA. In 2014, their Health Services Research and Development Office released the "Evidence Map of Yoga for High-Impact Conditions Affecting Veterans" (www.hsrd.research.va.gov/publications/esp/yoga.cfm). Additional research related to CIH and Whole Health in the VHA can be found at

www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp

The provision of yoga in healthcare settings, including the VHA, is still relatively new. Much of the needed infrastructure to implement yoga is recent or still under development. For example, there is no Office of Personnel Management Occupation or Occupational Series for *yoga instructor* or *yoga therapist*. VHA has therefore developed internal position descriptions (PDs). For example, VHA currently has a nationally classified PD for yoga instructor under the *recreation assistant* series and is exploring pathways for bringing in more yoga therapists. A handful of sites have on staff yoga therapists who were hired under the yoga instructor PD as work-without-compensation employees, as contractors, or are yoga therapists who were hired under an additional clinical degree; the latter are providing yoga under the scope of their other fields. Additional areas critical to implementation of yoga and other Whole Health services are business infrastructure and mechanisms for coding and tracking services. Both of these are important for tracking utilization and outcomes to support further expansion, and for billing. For more information on the yoga coding landscape in general, read Tianna Meriage-Reiter's article on p. 32 of this issue.

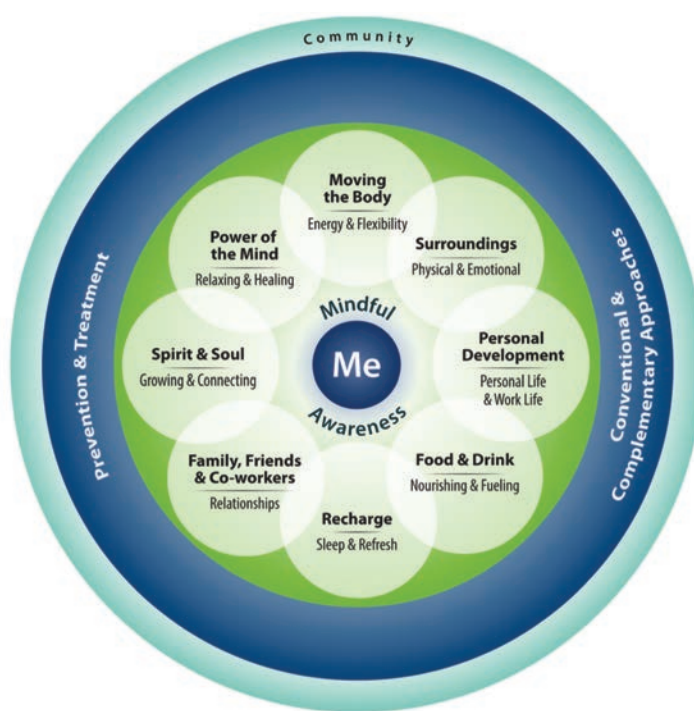


Figure 1. The VHA's Circle of Health.

(U.S. Department of Veterans Affairs:

www.va.gov/WHOLEHEALTH/circle-of-health/index.asp)

As veterans complete their personal health inventories and develop their plans, they reflect on the Circle of Health, which lays out eight areas of self-care. Improvement in one of these areas can positively affect the others because they are all interconnected. The circle includes the individual at the center, with conventional care and CIH outside the self-care areas and community on the outer ring. Veterans are asked questions like "Why do you want your health?" or "What matters most to you?"—questions that often bring tears to their eyes as they look inward.

Does the Circle of Health look familiar? This concept closely corresponds to yoga's Nine Cities model. As described by Gary Kraftsow, C-IAYT, in "Yoga Therapy: A Living Healing Tradition, Part 2: The City Dweller and the Nine Cities" on yogainternational.com,

As the ancients recognized, human experience plays out on a vast multidimensional field characterized by change. These dimensions—thought, mood, behavior, the body's physiology, the physical body itself, family, society, the physical environment, and the surrounding cosmos—can be thought of as "cities" and represented as spheres that overlap and interpenetrate one another. This nine-city model is my extrapolation and synthesis of teachings implicit in Upanishadic and Western models of the human system. Each sphere carries the potential to affect and be affected by each of the other spheres. The innermost essence of who we are—*purusha*, or pure undifferentiated awareness—dwells within and pervades each of these nine cities.



This shared perspective of the path to health and well-being between yoga and Whole Health can guide us in understanding the role yoga can play in the VHA Whole Health transformation.

Veterans are asked questions like “Why do you want your health?” or “What matters most to you?”—questions that often bring tears to their eyes as they look inward.

As with any whole-health approach to care, yoga therapy looks at the whole individual and the entire picture, helping people to tap into their innate ability to heal and addressing imbalances in all aspects of their lives—physically, mentally, and emotionally. The Circle of Health places the individual in the center, empowering them to focus attention inward to develop mindful awareness for how to proceed outward in the rest of their life in treatment, self-care, family, and community. Similarly, the Nine Cities model and the Yoga Sutras teach us that the central practice of yoga is to reach inward to experience our deepest purpose as the foundation for self-care, our work, and social relationships.

Yoga therapy shares emphasis on a balanced lifestyle and preventive measures such as exercise, diet, sleep and rest, examining one's physical and emotional surroundings, time in nature, relationship with family and work, and directing the power of the mind toward a goal. We as yoga therapists share these values as they are encoded in the Yoga Sutras and the Nine Cities paradigm.

Whole Health providers are encouraged to “put the patient in the driver's seat,” and to inspire the patient to find “meaning and purpose.” A commitment over time is another component of care that yoga therapists share with Whole Health. It takes time for personal growth, to listen to and consider the whole person, and to follow them with support throughout life. As evidence builds to support the Whole Health approach and as yoga therapists are included in VHA and other healthcare settings, they will be able to move among all the different professionals a patient is working with, speaking their languages, as Matthew Taylor, PT, PhD, C-IAYT, said in his address at SYTAR 2019.

Yoga therapy is well-suited to care for individuals with multiple challenges including depression, addiction, personal injury, trauma, and pain. In pain management, for example, we know that the power of the mind is vast, and the stories we tell ourselves about

pain are an important cause of suffering. As Kavitha Reddy, MD, whole health clinical director at the St. Louis VHA and national clinical champion for CIH in the VHA, shared in her keynote at the 2019 Academy of Integrative Health & Medicine conference, “Exploring your spiritual sense of self is an important piece to addressing chronic pain.” A Whole Health system of care encourages veterans to develop agency over their healthcare on every level through integrated experiences of health in life, body, mind, community, and spirit. As this approach to health continues to grow, it forms a basis for healing in our lives.

Clearly, yoga therapy has a growing role to play as part of the team. **YTT**

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Nischala Joy Devi on the Power of Love

As Told to Laurie Hyland Robertson

In her book The Namaste Effect: Expressing Universal Love Through the Chakras, Nischala Joy Devi presents a relatable vision of these “whirling vortexes of love.” She notes that she deliberately offers her overview of the chakras from a modern Western perspective, hoping to accomplish nothing less than a global shift in consciousness. Devi asks, “How many of us are really conscious of the role our hearts play in our lives? Do we truly understand what they need to feel supported enough to open?”

“Expressing Universal Love Through the Chakras”: Fill the Available Space

Love is an aspect of our mystical selves. We try to contain love, to clearly define it so that it seems manageable. And we categorize it: This is the kind of love I have for my family, for my car, for my dog. This is the kind of love I have for my partner.

But when we categorize love and put it into containers, the problem is, it doesn't expand as easily. So when we come into a situation where a person needs that love, but we don't know them well enough, or it's an inappropriate time, our mental processing comes in. We start to put restrictions on our love, instead of our heart coming in and saying, “Wait a second. This is another being just like me who has the same pain and suffering as I do. Let me expand that outward and embrace them, even though I don't know them. I may not even know their name, but let me embrace them as myself.”

To me, that's what the Namaste Effect is—you get the mind out of it and it's more the heart. One of my favorite quotes, from philosopher Blaise Pascal, is, “The heart has reasons that reason knows nothing of.” There's no rational reason that I should love you. That's OK. My heart does anyway, because I see the spark of divinity in you that meets the spirit of divinity in me, and in that there's love.

This way of being takes away the prejudices; it takes away the color of your skin, what language you speak, the way you dress, your gender. All we're left with is the spirit that's in each of our hearts. And that unites.

The Time Is Now

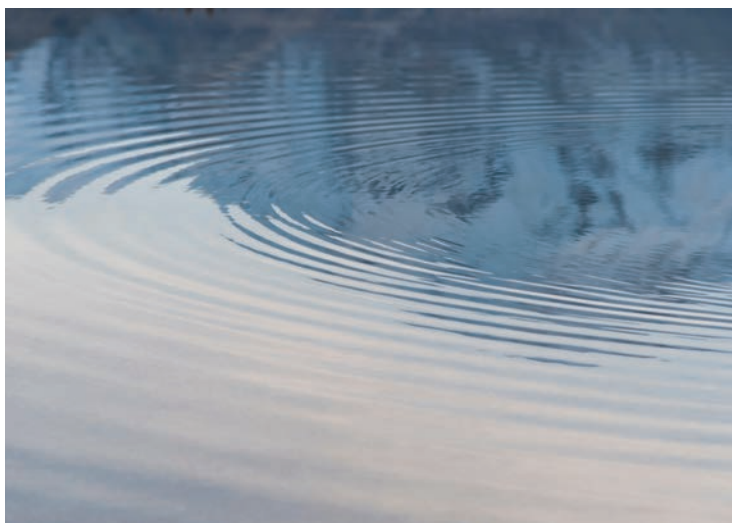
So that's what I think the world needs right now. We have too much that divides us, too many things that separate us. We need to get back to the one thing that's the same in everybody. It seemed like a really good time to write this book.

In the United States we've continued to have mass shootings, for example. It's heartbreaking. You go into Walmart to buy a few things, and next thing you have been shot and killed. And that was part of my frustration. People may say, “Writing a book is not the solution.” No, but it was something that *I could do*.

My skin color seems to be the popular skin color. (My gender seems to be less popular, but it's gaining popularity.) But that doesn't mean I don't feel for the people who have been suffering from prejudice for hundreds of years. And *why*? They're just like us. They have the same desires and love and needs and family and everything—why are we doing this?

To me, if you felt good in yourself, you would befriend people, no matter their color or language or ethnicity. But if you don't feel good in yourself, you have to make yourself feel better. So you pick on someone else. And that's the whole bullying mentality.

A few years ago, I wrote what I call the Nischala Devi Sutra: “Happy people don't make other people unhappy.” Because if you're happy when you're with yourself, you bring joy to the world. You don't pick on someone who for some reason looks different or sounds different. We're killing each other and suffering for no reason, based on mischaracterizations of another person, or long-time prejudices that aren't real.



Ripple Effect

In my way of thinking about spirituality, we have to plant the seeds, and we must help these seeds to take root. That's our own practice. I think that's the most important thing, whether we're doing yoga therapy or just moving through the world—whatever we're doing, we have to ground ourselves in our own spirituality. That's a little bit of a play on words, to “ground into spirituality.” But that's how I always see it—the tree has to have very deep roots, so we

know who *we* are. Once you know who *you* are, you know who everybody is.

The key is spending as much time as possible doing the deeper practices—pranayama, meditation, really going into our spirit, our soul, and touching that place where there *is* no difference between us and other people. Even if you can't meditate, just sit there for a period of time with yourself, and go into your own heart and find out what we need to live in this world. Then when we go out and we see somebody, instead of being prejudiced or thinking something negative about them, we embrace them as ourselves.

That work has to continue in everything we do. When you're in a store, notice the person handing you change. Notice who they are. There's a human being there—it's not just a hand handing you change or a receipt. There's a real person who we can take the time

to smile at, wish them a good day, whatever it is. And that small act changes the world; that's how the world *has* changed, one person smiling at a time, one person caring—or even noticing—at a time.

It's a human connection that I think in our busy times, and also our times of prejudices, we forget. This is what does it, not treaties or sweeping gestures. I always go back to a beautiful quote attributed to Margaret Mead: "Never doubt whether a small group of committed citizens can change the world. Indeed, it has never been any other way."

People sometimes say to me, "Well, what can I do as just one person?" And I say, "Just allow yourself to touch the people you see during your day. Give them love. From whatever chakra you're vibrating from. If it's from your survival chakra, give them clothing, feed people. If it's from the power center, let them know that they *are* powerful by smiling at them and showing them they're just like you. And if you're lucky enough to get into your heart chakra, then pour all that love out to people. And when you hear about tragedies like those mass shootings, sit down and say a prayer for those people." This is the kind of thing that I feel has to be done for our world to change. We can't depend on our leaders to do it; we have to do it on an individual basis.

Most of the time I'm preaching to the choir, because most yoga teachers have at least some feeling in this, but I'm with Margaret Mead. I really believe the only way things will change now is on a grassroots level. *We're* the ones who have to change, because it's not being done by our elected officials. *We're* the ones who have to step out and start loving. Even the elected officials have to be loved! Everyone has to be loved, and that's hard to do. It's easy to love people who are nice. It's not so easy to love people who aren't, but they're the ones who need it the most, and right now.

We Are One

Love and generosity, we learn them at a very early age. One of the things my parents did for me is to show me that everybody is inherently the same. I don't think that's easy, and they showed it through their actions.

My father had friends of all different colors, with varied nationalities and religions, and we would constantly visit their homes and be part of their lives. So in my little mind, these were people that were friends, these were people that you loved. And so when I saw another person of that color, or another person that spoke that lan-

guage, I associated it with the people I knew and loved already, instead of seeing them as "other." I think that really helped mold me.

When I started traveling and going to different countries and seeing people in diverse cultures, I naturally felt like they were my friends. I still have that attitude toward people in the world. I assume that everybody's going to be a friend. And sometimes they're not. Sometimes they're actually mean, and I just say, "Oh, well, they must be having a bad day," or maybe they don't like my hair or the way I look—they have a prejudice against it—and I put it on the back burner instead of just dismissing them completely. And often I even give them even more love and attention because of that.

I saw a lot of that in my work with people who were very ill. Some didn't want to hear what I had to say. I use the expression "be like water going around an obstacle instead of trying to get through it"; I would just be even kinder and more loving to people and see how they worked with that.

People do bring their prejudices into their work with us. At the Commonwealth Cancer Program, we would do laying on of hands with the participants, and they in turn would do it with each other. We found this was very empowering for the patients.

There was one man who was very, very prejudiced against Black people for some reason. When everybody else paired up, the only other person left was a Black woman, and he cringed every time he went near her. But she couldn't wait to get her hands on him! She was a very open, loving person. So he lay down first, and she put her hands on him, and something very deep happened. The love from her heart flowed into her hands, into him, and when it was time to change places, he was a different person.

He became so loving and so open, and when he put his hands on her, it was a totally different situation. Afterward they embraced, and you could see that all his prejudice had

just evaporated because *we're the same*. It's not even a quarter inch of skin, just some pigmentation, that makes us different—we're all the same otherwise, so why push someone out of your life when you can instead embrace them?

That's really what I've learned from all the people I've worked with, and from my parents: Loving somebody leaves *us* with a happy feeling. When we hate someone, it doesn't leave us with that feeling—it's almost like a poison, hatred in our systems. So why not choose love if you're given the opportunity?



That one encounter in the cancer program changed both of those people's lives. It also changed the people in the room who were observing it. That's what love does. If you see two people being loving and kind to each other, it's contagious. That's the kind of epidemic I want to see: an epidemic of people loving each other.

Often we encounter people who are not the kindest people, but it doesn't mean that we withhold our love from them. It's our nature to love them. I think most people hold back because they say, "How do I know I'm going to be loved in return?" Well, we *don't* know. But that's not the point. Love is not a physical law—you don't have an equal and opposite reaction. There may not *be* a reaction. I give, and whatever happens afterward is up to them. I've done my part. But to withhold love doesn't make sense to me. And that's unfortunately what's happening now.

Touch a person's hand for a moment longer than you need to, look into their eyes. Or if they offer one hand, take two and embrace them. It's so simple, and they don't even realize what's going on, but they feel it. Their mind may not know it, but their heart knows.

Bhakti Yoga Therapy

Compassion is a way of being present with someone in pain. We have to be very careful not to follow Western medicine in engaging only our minds. Because the heart will tell us so much more that we need to know about that person we're with. We would encourage our cancer and cardiac patients by telling them, "When you're looking for a doctor, always find a doctor who loves you and believes you can get well." Because if they don't, if you're just a statistic to them, then that healing relationship is absent.

As yoga therapists I think it's very important that we teach assessment and base it on facts, but once that assessment is made, there has to be a human connection, there has to be that heart-to-heart. Otherwise, it's not yoga therapy anymore. It's just a prescribed set of practices that were given to someone. That person needs to know that you really care about them and believe they can get well. And to me, that's the difference between Western medicine and yoga therapy.

We forget that yoga is not just asana, pranayama, and meditation. Yoga is also devotion and loving and caring for one another. Bhakti yoga is that devotion; it's seeing yourself in that other person. If you're with someone in pain, yes, give them practices that help, but don't forget to connect with their heart and feel compassion for their being in pain. To me, that's the most important thing, the human connection. It's always been the ability to be there, completely present, in love with that person. That's when the magic happens. **YTT**

Nischala Joy Devi, C-LAYT, is an author and teacher who developed the yoga portion of The Dean Ornish Program for Reversing Heart Disease and co-founded the Commonweal Cancer Help Program. She also created the Yoga of the Heart Cardiac and Cancer Certification training program for yoga teachers and health professionals. Nischala's most recent book, The Namaste Effect, inspired this conversation and is now the basis of an Approved Professional Development Program.



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The Art of Tuning in: Reflections from a Pediatric Yoga Therapist

By Yana Kofman

I arrived at yoga class and unrolled my mat in the back of the room. “Allen,” a long-time private client, came in shortly after and positioned his yoga mat in front of mine. I quietly greeted him as the teacher cued us to settle in and begin. I kept my eyes closed for most of the session, as I usually do. I do this to tune in my auditory sense to the teacher’s instructions and suggestions. On several occasions, however, I opened my eyes and saw Allen also tuning in, but in a way that was remarkably different from my own version. His eyes were open, and he was using his vision to change and align the right and left sides of his body, for example while in a low lunge. It was the first time in 10 years I had observed him repositioning accurately and on his own. Typically, in our private sessions, Allen compulsively and anxiously looks at the clock to check the time, which has often broken the flow of our work together. What he was doing here was different.

The art of tuning in is arguably increasingly difficult in our modern world. Although stress has always been part of human experience, today’s stressors are both constant and difficult to remediate: social media, peer pressure, smoking, dating, academic struggles, etc. As a professional pediatric yoga therapist, I observe children struggling with anxiety and distraction on a daily basis. These contemporary issues are common regardless of one’s age.¹ What I have taken away from my yoga therapy sessions with children applies to yoga therapists themselves, for whom the skill of tuning in is crucial.

Sensory Awareness Through Neurointegration

To surrender his anxious feelings, Allen had to tune out the peripheral sounds of the clock and other auditory stimuli, and tune in to the voice of the instructor. One must listen, not just hear: This is the essence of what I refer to as “neurointegrative yoga therapy.” The goal of this kind of yoga therapy is to teach clients to be aware of body sensations through their sensory systems—the depth of knowing not just where the limbs or joints are positioned (proprioception) but also how and where the sensations are present. This way, the client learns to shift attention out of mind-analytical awareness to body-based awareness, which can help them reduce anxiety and distraction.²

For yoga therapists, tuning in to their own inner peace and sense of self is a prerequisite for effective teaching. In my own practice, I feel liberated by the intimacy and connection between myself and clients: I must be fully present to see their needs purely and without distraction. As a licensed physical therapist as well, my focus had previously been primarily on providing evidence-based services with an emphasis on outcomes.

Yoga began to deeply influence my life and practice in 2007. At the Integral Yoga Institute in New York, I was captivated as Sonia Sumar, C-IAYT, E-RYT 500, used her intuition, years of experience, devotion, and skills to help a child who could not sit independently better support himself. She engaged his mind fully, captured his attention completely, and supported his body so he could feel the

freedom and the desire to move. Witnessing this deep connection between child and therapist was a turning point in my professional career. I eagerly returned to my own practice, inspired to shift my perspective with each student.

Sonia affirmed the necessity of tuning in to establish strong connections between therapist and client. I think of yoga therapy as a guide that helps clients to discover what they cannot see or do not yet know about themselves. I aim to enable them to discover their inner “I”—their purpose, strengths, gifts, and abilities.

The Power of Presence

Supportive Breath

The full presence of the yoga therapist encourages clients to tune in as well. Self-acceptance is the first step in therapists’ and clients’ engagement with peace and compassion. When we surrender to the limits of our bodies and minds, we engage in the art of tuning in. We first become aware of what the body can and cannot do, and then we learn to accept these limits. Only then do we experience true belonging.

For yoga therapists, tuning in to their own inner peace and sense of self is a prerequisite for effective teaching.

As Brené Brown said in her book *Daring Greatly*, “Because true belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance.”

Self-acceptance is facilitated by the minimization of distraction and societal pressure. We are accustomed to pushing ourselves to the point of perceived greatness. This is not the case with yoga therapy.

The process of educating clients about conscious purposeful breath is a first step in understanding and developing an awareness of their bodies’ respiratory abilities. Once the client syncs diaphragmatic breath with musculoskeletal physiological function, the therapist can link the breath to movement. Separating breath from movement initially aids in guiding the person out of their cognitive, analytical monkey mind and into emotional engagement. As the client becomes aware of their inner sensations and connects them to feelings, we therapists combine this skill with the analytical self to etch it in their memory. In this moment, societal pressures are tuned out. What is right or wrong does not matter, as the body becomes the leading force of inner awareness.

These moments of true relaxation send our autonomic nervous system into parasympathetic dominance, sparking feelings of intrinsic safety and in turn lessening anxiety, and improving self-compassion, mindfulness, and stress-coping. Some examples of coping skills and strategies are body scanning and thoracodiaphragmatic breathing.³

When we develop a comfortable connection with inner sensations, we develop an empowered sense of trust and feel in charge of

our bodies and feelings. The greater the awareness of our sensory, body-based feelings, the greater our potential to control our lives—and our responses when working with clients. Clients will learn to first tune out auditory stimuli and then to tune out visual stimuli, allowing them to tune in to longer exhalations. With extended exhalation comes increased diaphragmatic engagement and an ability to sense the shift into the body faster and more efficiently.

feels safe, secure, and free of fear. Before one takes the next inhale, there is no retention of the breath, but rather, there is a space. The client surrenders to this spaciousness and lets go of the control that is so prevalent throughout their daily routines. In that space, clients are nurtured and feel present in their bodies. On a cellular level, homeostasis is present. In that sacred space, anxieties dissolve and dissipate, and the person feels self-control and self-acceptance. It is there they discover the light inside their soul, a light that has always been there.

The experience of tuning in to the body and feelings cultivates mindfulness for the yoga therapist. A mindfulness practice is a gateway to finding our sacred space within. So, whether it's a gratitude bedtime practice, deep breathing (one hand on stomach, one on heart), or the use of mindfulness apps, therapists and clients learn to pay attention and bring themselves back to a calm place, even in the midst of challenge.

Every moment has a timeless quality, and one way to find it is through meditation. When you sit quietly and watch your breath, you can be aware of time. With meditation practice, you learn to return to the breath. And when you stop looking forward or back, everything around you becomes truly present. A mindfulness practice done consistently can help therapists stay connected to their inner peace, remain grounded in the body, and guide them as they hold space for clients. As you tune in, you will discover a deeper layer of yourself and the world. Be open to these new possibilities.

YTT

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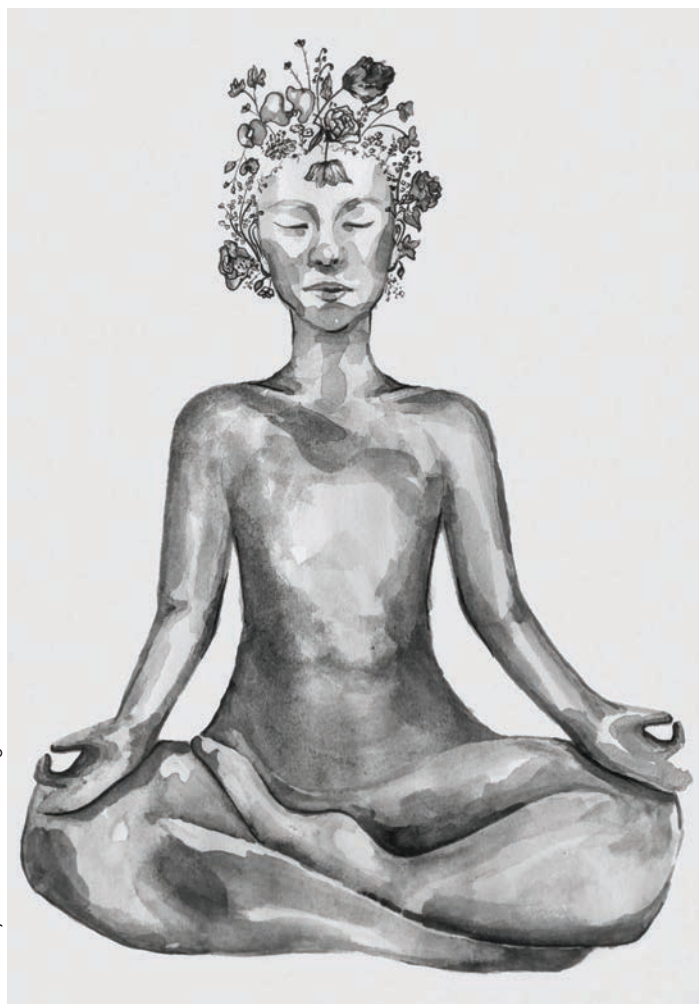


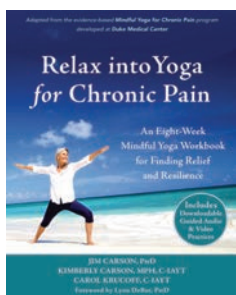
Yana Kofman, PT, DPT, C-IAYT, E-RYT 200, is the founder of The Yoga Way Therapy Center in New Jersey, which specializes in providing yoga therapy and physical therapy for young clients with a range of diagnoses (www.thewholechildnj.com). Yana (TheWholeChildNJ@gmail.com) integrates breathwork, nervous system regulation, myofascial release, and biomechanical bodywork.

Conscious Experience

The first step for a yoga therapist is to discover what they feel and why they feel that way. When we are aware of the constant changes in our inner and outer environment, we can mobilize to manage them. Yoga therapists extend the invitation for clients to embark upon journeys that nurture safety and trust.

Yoga therapists also give themselves the invitation to set out on a parallel journey of deeper, greater awareness during the session. It is here, in deep relaxation and gentle awareness, that we discover a more profound layer of breath. This layer is the sacred space which clients experience with consistent and disciplined practice. It is there when we feel the pause at the end of an exhalation before the next inhale begins. It is when everything becomes silent and the peripheral static of the world disappears for just a moment. As the body's intrinsic wisdom allows the silence to take place, the client





Relax into Yoga for Chronic Pain: An Eight-Week Mindful Yoga Workbook for Finding Relief and Resilience

By Jim Carson, PhD,
Kimberly Carson, MPH, C-IAYT,
and Carol Krucoff, C-IAYT

New Harbinger Publications, 2020

Review by Linda J. Sandell

This is the second *Relax into Yoga* book by Kimberly Carson and Carol Krucoff, who have this time teamed up with yogi and psychologist Jim Carson to describe their program of Mindful Yoga. With the critical importance of pain treatment in our society, this book provides just the right amount of pain theory and yoga practice to enable a student/patient to understand and, more importantly, engage in the complete practice of yoga.

This is more than a book on yoga for management of pain: It's a book on using asana, meditation, breath, and what the authors call "informal practices" to move toward and potentially attain relief and resilience—and who wouldn't want that!

Relax into Yoga for Chronic Pain leads the reader through 8 weeks of cumulative yoga practice that begins with an introduction to modern concepts of pain, how yoga can help, and how to best use the book. Each chapter is 1 week of activity, slowly building up concepts and practices. The chapters follow the Mindful Yoga course offered by Jim and Kimberly Carson previously known as Yoga of Awareness. This yoga program has been tested over time and with hundreds, if not thousands, of students and implemented in the Kaiser Permanente health system in Georgia, Hawaii, and the Pacific Northwest. Lynn DeBar, senior investigator for the Kaiser Permanente Washington Health Research Institute, says in her introduction to the book:

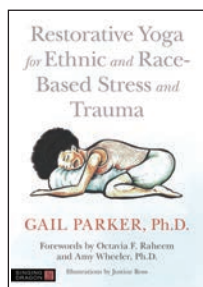
I've witnessed firsthand the remarkable difference these practices made in many of these [students'] lives, all of whom were on long-term opioids for their chronic pain. These practices were essential to giving [students] a way of getting back in the driver's seat in leading their day-to-day lives, without relying on a medication that we now know can lead to more problems over time, yet would never provide the transformative change that these yoga-based tools and similar lifestyle approaches make possible.

The teachings and practices in this book clearly set forth ways for the reader to make a fundamental shift in their relationship to pain, removing it from center stage and putting the spotlight on deep healing. The principles of Mindful Yoga practice are mindful awareness, simple being, acceptance, love, and riding the waves. These principles offer practical ways to live skillfully to develop control over factors that can be controlled—breath, physical movement, self-study, perception of stress, and the mind's story—all factors that can exacerbate or ameliorate the experience of chronic pain. Importantly, through their experience, the authors have anticipated and addressed many of the challenges that are encountered in building a successful Mindful Yoga practice.

Relax into Yoga for Chronic Pain is a workbook designed to be supplemented with comprehensive material easily accessible online. As a yoga therapist, I will use this book along with a client or as a

guidebook. By adjusting the asana practice, Mindful Yoga will be useful for any students experiencing the pain, fatigue, stress, and anxiety of diseases such as cancer and diabetes. It is written in a scholarly manner with citations to references for the academically inclined. This book speaks directly to the student, not the therapist; however, everyone can learn something new or just enjoy Kimberly's enticing asana and meditations.

Linda J. Sandell, PhD, C-IAYT, RYT 200, is a cell and molecular biologist, yoga teacher, yoga therapist, and Mildred Simon Professor Emerita at Washington University's Departments of Orthopaedic Surgery, Biomedical Engineering, and Cell Biology. She is also the editor-in-chief of the Journal of Orthopaedic Research.



Restorative Yoga for Ethnic and Race-Based Stress and Trauma

By Gail Parker, PhD
Singing Dragon, 2020

Review by Tina Paul

This is the first book I've seen written by someone who is both a psychologist and yoga therapist that discusses how yoga can help heal and support people who have experienced ethnic or race-based trauma. It is an essential book that sheds light on a subject that needs closer attention and more exposure in yoga studios, trainings, workshops, conferences, and programs and in the majority culture. Gail Parker, PhD, C-IAYT, E-RYT 500, offers an invitation for dialogue and connection to uproot hidden biases that may lurk within each of us. To help disrupt a system of imbalance, we must build awareness and start within. The impact of ethnic and race-based stress and trauma is visceral and affects all layers of being in those we might hope to serve as yoga therapists. Parker's discussion is especially vital today, as we navigate a global pandemic that has long-simmering injustice and inequity boiling over.

The book beautifully weaves personal narrative, case studies, research, and yoga practices that help the reader understand the emotional wounds and scars caused by ethnic and race-based stress and trauma and how yoga as a therapeutic healing practice and philosophy can be used to heal the mind-body-spirit. Parker guides the reader with grace and vulnerability, bringing forth stories and life experiences that offer readers the chance to pause, self-reflect, and inquire into their lives and the life experiences of those around them whom they have perhaps failed to notice in this way. I love the use of storytelling and how it allows the reader to travel to places unknown and see in new ways and with more clarity. The first chapter shares a personal story of how the use of language in yoga spaces can cause harm and reinforce negative stereotypes that engender pain, discomfort, and avoidance. It also describes the circumstances of individuals experiencing discrimination and living with a heightened sense of danger. The chapter outlines how ethnic and race-based stress differs from other forms of stress and how this cumulative and recurrent trauma is carried into the world and often into a classroom setting or a one-to-one yoga therapy session. It reminds the reader that to ignore and avoid the discomfort of race and ethnicity discussions impedes collective growth, understanding, and

justice. Yoga therapists will value the power of these stories that call us to meet ourselves and clients with deeper awareness and sensitivity.

Further chapters explore emotional harm, social exclusion, fear, high-effort coping caused by racial encounters, and ultimately how yoga supports healing and nervous system regulation. Because ethnic and race-based stress and trauma produce signs of distress in all of the koshas, avoidance can lead to adaptive strategies that may block us from connection and a sense of safety. Parker discusses Polyvagal Theory, *yamas* and *niyamas* (yogic rules to live by), community care, and social activism. She suggests the use of restorative postures to stimulate the relaxation response; balance the nervous system; and connect to the yogic practices of *tapas* (the burning off of impurities), *svadhyaya* (self-study), and *ishvara pranidhana* (commitment or surrender to the sacred). A later chapter on specific poses describes how to connect to stillness within the flow of life in ways that can help us be in the moment with peaceful presence.

The end of each chapter includes reflection and discussion sections that offer further exploration, introspection, practices for self-study, and inquiry for group discussion. When we feel defensive, reactive, and uncomfortable with discussion related to race and ethnicity, our first inclination may be to shut down and turn away. The questions and exercises presented in the book ask the reader to be still; uncover thoughts, emotions, ideas, and biases that may be rooted in our being; and bring them to the surface for review and processing.

I highly recommend this book to all those interested in understanding ethnic and race-based stress and trauma—including yoga therapist training programs. As we recognize our own discomfort and blind spots, we help bring about richer and more compassionate dialogue. Parker offers an honest and comprehensive understanding informed not only by her deep training and expertise but also by the life she has lived thus far.

Tina Paul, MS, C-IAYT, E-RYT 500, is based in New York City. She works with individual clients, university programs, and organizations including Memorial Sloan Kettering Cancer Center and, as adjunct faculty, Maryland University of Integrative Health.



Yoga: Ancient Heritage, Tomorrow's Vision

By Indu Arora

Yogsadhna, Inc., 2019

Review by Durga Leela

Indu Arora, C-IAYT, declares herself a lifelong student under the lineages of Kriya Yoga, Himalayan Yoga, Kashmir Shaivism, and Sivananda Yoga. This book's bibliography lists 18 traditional texts and 12 modern books, giving density to the text and homage to the timeless guidance of the lineages' masters. Arora's teacher directed her to share the teachings and her experiences "for the benefit of many, for the pleasantness of many," and I can wholeheartedly say that this book is just such a guide to empowerment.

Arora explores the depth, vastness, and magnanimity of both yoga and ayurveda clearly and consistently. The author constantly reminds us that we are welcome at our own pace and that many of

the practices need actual guidance from an experienced teacher: "Studying Yoga is studying Self. And it is not an easy journey."

She offers guidance on how to be an effective, respectful student, drawing from both the practical and contemporary (arrive on time, acknowledge your sources) as well as the classical (avoid pointing your feet toward the teacher). Her take on the *panchamaya kosha* (five sheaths) model in present times is hilarious—*vijnanamaya* (wisdom) *kosha* has become "Googlemaya Kosha" and *anandamaya* (bliss) *kosha* is now "It'sAllAboutMeMaya Kosha!" Arora gives detailed guidance on *apana kriyas* (elimination exercises), which are so needed in modern life to pacify the *doshas* (physical/mental biological forces) prior to asana and pranayama; yoga therapists will find these useful for client education.

The next chapters cover asana in depth, offering benefits and contraindications. I have to say I was unaware of some of these contraindications and would love to know their source. Arora then offers a comprehensive chapter on pranayama. I found its preliminary practices to be on the level of most clients I meet in my yoga therapy practice. The next eight pranayama detailed—with benefits, variations, and contraindications—seem best for self-practice rather than as offerings in initial sessions with clients.

The chapters on *pratyahara* (inwardly directing the senses) give excellent descriptions of the yogic understanding of various mind states. When it comes to the chapters on *dharana* (focused concentration), *dhyana* (pure consciousness), and *samadhi* (liberation and enlightenment), we have really entered into the practices of the dedicated *sadhaka* (spiritual seeker)—any potential practitioners must be guided by an experienced teacher who knows the student not as a client but a devotee/disciple. Happily, Arora then makes her personal recommendation for two practices to adopt as part of regular *sadhana* (spiritual practice) to come closer to the concept and the experience of yoga: *mauna* (the practice of silence) and yoga nidra (the practice of awakening).

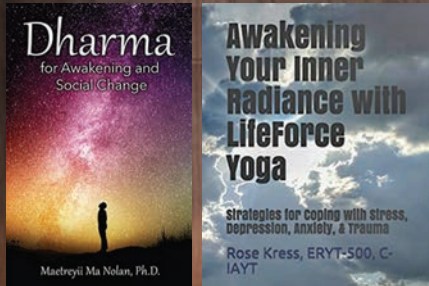
She emphasizes that yoga nidra "requires a great deal of mastery" over *tamas* and *rajas*—inertia and restlessness—and that we should not confuse the practice of *savasana* (corpse pose), a preparatory step, with the practice of yoga nidra. Contrary to the way many of us likely practice, Arora warns that "Yoga Nidra must not be practiced following audiotapes, reading books or listening to free recordings from the Internet, but by learning in person from a seasoned practitioner."

Such a warning, along with the book's comprehensive nature, give it the feel of a course manual. You wish you were in session with Arora in a restful, quiet, sanctuary setting with fresh air, simple yogic food, days of silence, and hours of cumulative practice. "When one takes up the study of Yoga," she counsels, "it is not unusual to go through all kinds of emotions, stirrings, and challenges. . . . You may go through moments of falling in love with the subject, being surprised, shocked, mesmerized, or even being scared of the teachings, because they ask for a change in your behavior or habits." In the end, however, "No amount of reading or study can ever compensate for Self-inquiry. Start now and grow into the infinite possibility of learning that comes from within."

Durga Leela, C-IAYT, AP/AYT-NAMA, E-RYT 500, founder of YogaofRecovery.com, was taught by Swami Sitaramananda and Swami Swaroopananda in the lineage of the International Sivananda Yoga Vedanta Centres. She is grateful for ayurvedic guidance from David Frawley (Pandit Vamadeva Shastri) and Dr. Ramkumar Kutty.

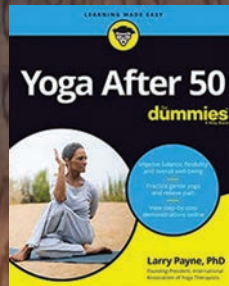
Also on the Shelves

We aren't always able to print full reviews, but here are a few more titles of interest by our members and friends. (Note that we may feature some media later or on other platforms.)

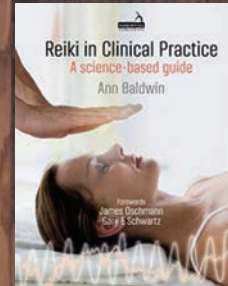


Dharma for Awakening and Social Change
By Maetreyii Ma Nolan, PhD
Ananda Gurukula Publishing, 2018

Awakening Your Inner Radiance with LifeForce Yoga: Strategies for Coping with Stress, Depression, Anxiety, & Trauma
By Rose Kress, C-IAYT, E-RYT 500
Independently published, 2020




Yoga After 50 for Dummies
By Larry Payne, PhD
For Dummies, 2020



Reiki in Clinical Practice: A Science-Based Guide
By Ann Baldwin
Handspring Publishing, 2020



Age Without Limits Yoga: Chair Poses from Head to Toe (DVDs)
By Janet Rae Humphrey, C-IAYT
Vervante, 2019




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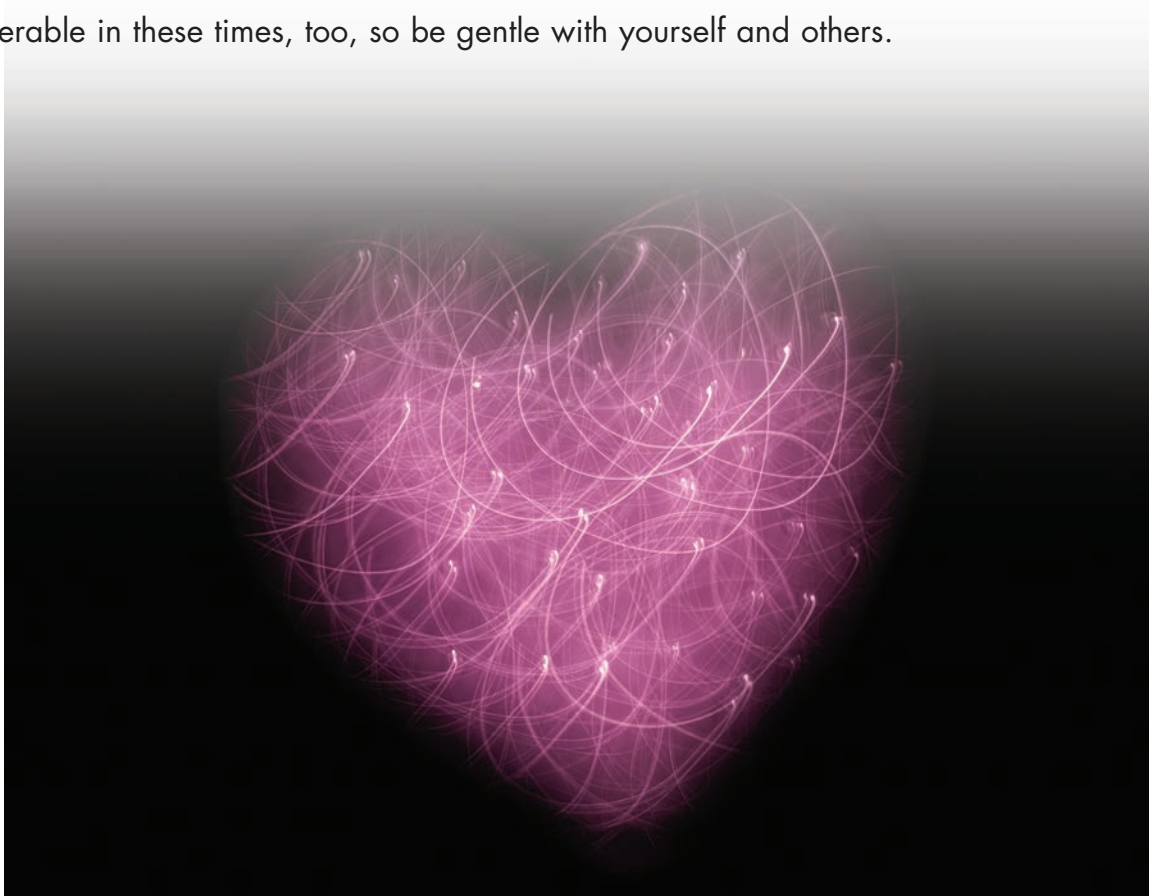
- FIND A CERTIFIED YOGA THERAPIST lists currently credentialed C-IAYTs
- Blog posts from diverse yoga therapists and thought leaders in the field
- News items and references from respected sources
- A resource you can share with clients, referral sources, and prospective employers

10 Heart-Mind Tips for Taking Yoga Therapy Online

By Amy Wheeler, PhD, C-IAYT

When delivering services virtually, whether for individuals or small groups, your mindset matters!

1. Your perception of teaching online, including your attitude toward the technology, affects the client's experience.
2. Your connection to your deeper self and feeling at ease matter to clients.
3. Think about offering your life's purpose, just in a new way.
4. Ask yourself: What are the client's fears, and what do they need from me?
5. Ask yourself: What are the client's values, and what do they need from me?
6. Ask yourself: What are the client's desires, and what do they need from me?
7. Have faith in yourself that you can soothe clients' fears, offer services that meet their values, and help them to meet their desires.
8. Your connection to each client—with your authenticity and your lovely imperfection—is a delight. Allow yourself to be seen without a mask.
9. Remember, this is not about you—it's about them. Don't make it about you.
10. Most people are quite patient in a time of crisis and transition. We are all very tender and vulnerable in these times, too, so be gentle with yourself and others.



Resources We Love



Susan Bennett, C-IAYT, E-RYT 500, CPT **Ganesha Mudra**

Om gum ganapataye namaha—salutations to the remover of obstacles. To heal, we need to overcome the obstacles we place in our own way. Whether we're talking about fear, anxiety, or an illness or condition itself, we can "blow up" negative energies and replace them with a sense of peace and present-moment awareness that promotes healing. I have found this mudra to be a powerful aid for clients working with barriers of all kinds.



Julie Bennett, MA, C-IAYT **Therapeutic Black Strip**

This simple piece of stiff foam has become an important tool for both my group classes and private sessions. The Black Strip supports the spine from head to tailbone when you're supine: Just a couple of inches of lift allow a gentle gravity assist for the shoulders, opening the chest into a position that would be difficult to maintain using muscles alone. The resulting postural change may not sound like much, but you need to try it for yourself!



Ellen G. Horovitz, PhD, ATR-BC, LCAT, C-IAYT, RYT 500 **Co-Oper Series**

I have used these products for years in family and couples yoga therapy. The Co-OperBlankets, Elastablast, and others facilitate responses from more reticent patients. These stretchy, often cocooning products are terrific icebreakers and offer a uniquely supported experience in various asana. I've even used the large Co-OperBlanket in groups of 10 or more.



Cheryl Fenner Brown, C-IAYT, E-RYT 500 **Sankalpa Support. Plus, the Sound Booth in Your Closet**

I remember the first time I did yoga nidra I was thrown by needing to come up with a *sankalpa* on the spot. As I began to teach the practice myself, I recorded a sankalpa-setting meditation, with *mudra*, to help students formulate their intentions (www.yogacheryl.com/sankalpa.html). Having meditations professionally recorded can be expensive and time-consuming. Recently, I set myself up on a meditation cushion in a 6-foot-square closet and made a few recordings with my smart phone. The relative quiet and the fabric from the clothes create the closest thing to a sound booth that I can get at home. I use WavePad sound-editing software to clean up the files, although that's not essential.

Note that IAYT is not endorsing particular products or approaches—we simply want to showcase what you're loving or contemplating in clinical practice right now. (Note, too, that some ideas may have been shared by more than one reader.)

Send your own favorite tool(s)—a prop, a particular meditation, an app, or something else—to yttditor@iayt.org for possible inclusion in a future issue! Submissions will be edited for style and clarity.

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