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LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Department of Counseling and Family Sciences

Decolonizing Psychotherapy

by

Nicole D. Taylor

A project submitted in partial satisfaction of
the requirements for the degree
Doctor of Marital and Family Therapy

June 2022

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Each person whose signature appears below certifies that this doctoral project in his/her opinion is adequate, in scope and quality, as a doctoral project for the degree Doctor of Marriage and Family Therapy.

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ABBREVIATIONS

DSM	Diagnostic Statistical Manual
US	United States
MBM	Mind-Body Manual
EBP	Evidence Based Practices
CRT	Critical Race Theory
BIPOC	Black and Indigenous People of Color
YBP	Yoga based Practices
DES-C	Dissociative Experience Scale, comparison
ADHD	Attention Deficit Hyperactivity Disorder
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Questioning and all
ATSPPG-sf	Attitudes Toward Seeking Professional Psychological Help
GHSQ	General Help Seeking Questionnaire
APA	American Psychological Association
CAM	Complementary and Alternative Medicine
CBT	Cognitive Behavioral Therapy
PHQ-9	Patient health Questionnaire
WHOQOL	World Health Organization Quality of Life Scale
CES-D	Center for Epidemiologic Studies Depression Scale

M-FAD	McMaster Family Assessment Device
DAS-C	Dyadic Adjustment Scale for Couple
DER-S	Difficulty in Emotional Regulation Scale
GQ	Gratitude Questionnaire
HS	Hopelessness Scale
SBQ-R	Suicide Behavior Questionnaire
SRS	Session Rating Scale
JTA	Job Task Analysis

ABSTRACT OF THE DOCTORAL PROJECT

Decolonizing Psychotherapy

by

Nicole D. Taylor

Doctor of Marriage and Family Therapy,
Department of Counseling and Family Sciences
Loma Linda University, June 2022
Dr. Heather Beeson, Chairperson

This project aims to increase the use and inclusivity of mental health services within marginalized communities by providing education and training tools on the use and application of integrative mental health approaches. It is an offering of guidance, providing a culturally responsive framework for integrating yoga into psychotherapy. The manual aims to reduce systemic, colonialist, barriers to mental health services.

This project is founded on the basis that mono-cultural foundations in traditional psychotherapeutic treatments negatively impact the attitudes and beliefs of service seekers, typically within excluded groups. Systems Theory and Critical Race Theory and Social Justice principles inform the application framework, reinforcing why this focus is critically significant. The project includes a somatic protocol and treatment manual. The **Mind-Body Manual (MBM)** is designed to support mental health and wellness professionals with implementing the **Mind-Body Protocol** as a yoga-psychotherapy treatment plan intervention informed by the cultural nuances and needs of people of color. While the Mind-Body Protocol can be used with all ethnicities, races, groups, and identities, it may be particularly helpful when used with marginalized, silenced, and overlooked groups. These groups include racial minorities, women, LGBTQ+,

individuals with disabilities, refugees, economically disadvantaged people, and first-generation families. The MBM includes four components: **Intention**- the foundation and history of the intervention, **Implementation**- guidance on implementing the Mind-Body Protocol: a yoga psychotherapy approach, **Introspection**- reflective yoga-psychotherapy prompts, and **Instruments**- treatment plan supports and learning resources

CHAPTER ONE

PROJECT PURPOSE

Executive Summary

In September of 2019, this writer began to explore the disconnects between marginalized ethnic and racial groups and Westernized health services. Literature continued to identify major contributing factors related to historical mistreatment in healthcare or negative perceptions about the intentions of health services across most non-white racial groups. These health services include mental health services, indicating that multiple cultural factors need consideration, as psychological components even more so complicate the relationship between service and service provider. Through literature review, engagement with colleagues, peers, and members of these marginalized communities' it was found that race and perception of racial relationships in treatment continued to come up, encouraging this writer to look more deeply into the systemic implications of these collective sentiments. This led to the discovery and understanding of decolonization, the process of deconstructing colonial ideologies of superiority and privilege of Western thought and approaches, including dismantling systems that maintain the implied status quo, and giving power to those groups who have been excluded from such. It was found that effects of colonization were largely responsible for the systemic oppressions presenting barriers to services, as well as significantly influencing perceptions about service engagement and treatment intentions. It was also found that marginalized groups, particularly Black Americans, are more likely to engage in mental health services when interventions like Mind-Body-Spirit Therapies,

Indigenous healing practices, or Expressive Art Therapies are used.

In June of 2021, a needs assessment was created to explore the impact of using an integrative approach, like yoga-psychotherapy, on the utilization of mental health services in the Black community. This needs assessment included various protocols supporting the needs of mental health professionals with implementing applicable integrative interventions and approaches. Data collection was designed for use on a small sample of individuals, but could also be used in larger samples, for a truer representation of the target population. Measures included self-reported surveys on service-seeking attitudes. The assessments were relevant to participants identifying as Black Americans between ages 21 and 65. Surveys explore perceptions of therapy with a professional utilizing a traditional talk psychotherapy approach and another using yoga-psychotherapy. The design also includes data collection on preferences for seeking help during mental health emergencies. This serves as the starting point for further exploration and hypothesis of how Black Americans engage with mental healthcare services in the United States, leading to the development of the Mind-Body Manual, a manualized treatment guide to assist psychotherapists in using yoga-psychotherapy, an integrative-psychotherapy intervention, in their treatment planning with patients and clients.

Key focus Areas include the theoretical conceptualization of how and why gaps in service exist, identification of the populations most affected by this problem, proposed solutions to this problem (including the accompanying treatment manual), future impacts and implications of implementing the suggested solution, and evaluation of its efficacy. It is important to consider the effects of colonialism not just with interest in providing better quality treatment, but also because it is ethically imperative to address the systemic

impacts of health and health care (Potter, 2015). This could also create opportunities for clinical training and education programs to incorporate more culturally affirming curriculums, including offering optional specialties in one or more alternative methods/theories, which also contributes to growth in the field of mental health.

Statement of Purpose

The purpose of this project is to address the under-utilization of mental health services in Black communities by increasing the use of integrative psychotherapeutic interventions in the primary care setting. This writer conceptualizes that a systemic examination of various contributing factors for this problem indicates that barriers to mental health services in Black communities are rooted in the effects of colonization and influence psychotherapist therapist training along with mental health treatment and access. This project closely examines colonization's impacts to psychotherapy in the United States with a focus on training and treatment norms and perceptions of mental health services. This project also explores literature supporting positive patient outcomes related to the use of integrative approaches to substantiate the need for more integrative interventions and culturally affirming practices. This project includes its own conducted research and therapeutic intervention to address the problems identified in the literature.

For this project, integrative psychotherapy, integrative interventions, and integrative practices all refer to the incorporation of the fundamental principles of traditional psychotherapy and holistic medicine, promoting healing on all levels: emotional, physical, mental, and spiritual. Examples of holistic approaches include indigenous healing practices, yoga, aromatherapy, sound healing and energy work. It is

important to explore the current barriers to service among groups with lower mental health service utilization and higher mental health needs, to better conceptualize why these gaps exist. This allows the opportunity to systemically address the deficits that widen them. In addressing these problem areas, mental health practitioners and the mental health field as a whole, become more culturally attuned and inclusive in the primary mental health care setting. Additionally, specific minority groups can begin to rebuild trust and assurance in mental health care services, increasing service utilization. Lastly, the writer hypothesizes that addressing these barriers creates wider access to mental health services, adding to overall global wellness, as communities and larger societies are more mentally healthy when individual mental health needs are addressed.

Definition of Terms

In this document, we will refer to traditional psychotherapy as the model of therapy primarily utilized in the United States. In traditional psychotherapy, sometimes referred to as talk therapy, the therapist and client verbally discuss, process, and explore emotions, thoughts, and feelings. In the context of integrative psychotherapy, we will refer to the theoretical model as explained by Johns Hopkins Medicines “Integrative psychotherapy incorporates the fundamental principles of traditional psychotherapy and holistic medicine, to promote healing on all levels: emotional physical, mental and spiritual”. The terms client and patient are used synonymous, identifying the person or persons receiving the service or support. We will use ‘alternative’ or ‘complementary’ in reference to theories and schools of healing that extend beyond the traditional model of healing and treating mental health used in the United States. The context of this literature

review acknowledges the effects of colonization on modern-day psychotherapy services. Some components of complementary therapies include using herbal medicines, incorporating indigenous practices, utilizing aromatherapy sound or acupuncture. Other integrative approaches may utilize energy healing, music healing, prayer, and mind-body modalities. In this Literature review, we acknowledge EBPs as an approach to healthcare using the best treatment evidence available (McKibbon, 1998). In these cases, EBPs are designed from research that supports the approach's efficacy in its areas of focus. As this cultural consideration is significant when using integrative approaches, we will acknowledge reference to the term 'wellness' as a state of being, as well as moving towards positive mental and physical health; each impact and supports the other. The terms wellness and holistic are often used together, as they are both whole-person health practice approaches. This type of approach considers mental, social, physical, and environmental determinants in addition to symptoms. Yoga will be referred to as the general practice of yoga, including yogic principles, movements, and mental strategies. Additionally, restorative yoga is referenced as a type of yoga which uses gentle posturing and mindfulness. In restorative yoga, there is no emphasis on stretching or reliance of muscle strength making it a nice complement to a self-explorative mental and emotional process (Parker & Ross, 2020).

Background

Some of the primary goals of mental health care are to be efficacious in treatment and to provide as much care and support to as many people as possible. However, there are some systemic limitations in meeting and exceeding these goals (Council of National

Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). Psychotherapy is identified as a primary intervention for mental health care in the US and these interventions primarily focus on reducing symptoms and creating larger disparities between a person's experience and what has been identified as typical (Brown, 2008). It is within this reasoning that cultural perspectives debate the understanding of what may be recognized as typical. Standards of mental health are most often defined by the criteria in the DSM, which all psychotherapists are trained to follow. Further exploration of this topic sheds light on how those recognitions have long derived from male-dominated, Euro-centric colonist perspectives (Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). This is very relevant to the efficacy of mental health treatments in minority populations as it is a predictor of whether minority groups have access to mental health treatments (Brown, 2003). As culturally diverse as the United States tends to be, it is disconcerting to consider that integrative mental health treatments are not readily utilized in the primary care setting.

Few portions of this American mental health treatment model utilize integrative practices, in spite of growing evidenced-based research indicating its validity to treat and reduce mental health symptoms and improve quality of life (Lake, 2008). This more comprehensive approach encourages mental health professionals to provide treatments dimensionally and systemically, considering influences at various levels. The under-utilization of this valuable resource for mental health is largely due to the gaps in therapist training in integrative psychotherapeutic methods. A primary contributor to the problem of inadequate integrative psychotherapeutic training is the continued influence of colonization on psychotherapy. It is important to consider the effects of colonialism

not just with interest in providing better quality treatment, but also because it is ethically imperative to address the systemic impacts of health and health care (Potter, 2015). A distrust in American psychotherapy is often the catalyst for barriers in service among Minority populations. According to the Council of National Psychological Associations for the Advancement of Ethnic Minorities, traditional mental health care is often inappropriate and antagonistic to the cultural values and life experiences of populations of color. Offering integrative mental health in the primary health care setting allows alternative care interventions to be used, allowing additional populations access to a model they may have once not trusted.

While traditional psychotherapy training includes multi-cultural considerations and places value on understanding cultural views and influences, some argue that frameworks are still somewhat colonized. Mono-cultural foundations in assessments, diagnosis, and treatment are examples that are often present. This theoretical framework, which is systemically passed down throughout research, standards, and practices in traditional psychotherapy, exclude the formal transmission of information on integrative psychotherapeutic interventions as part of mental health care. Dr. Jennifer Mullan, Clinical Psychologist, social justice steward and decolonizing mental health educator and advocate, stresses that decolonization is not just recognizing when a system does not work for everyone and stressing cultural competence. It is a shared process to understand and facilitate healing with people of different cultures while recognize the impacts of oppression and colonization (Zapata, 2020). Decolonizing mental health services can look like offering more inclusive practices for groups and populations who find harm, discomfort or disconnect with traditional mental health services. Additionally, providing

resources for healing that are appropriate for the individuals being treated, through service linkage or service expertise, provide a more inclusive, decolonized framework for mental health services, as such practices that successfully worked prior to colonization (Zapata, 2020). Such resources include indigenous spirit work, yoga, mind-body modalities, shamanism, and other practices which may be determined as non-traditional, unconventional, or collectivistic by the dominant culture, which determine many of the standards of practice and engagement for mental-emotional wellness and treatment (Zapata, 2020). We need more integrative practice education and training so that mental health professionals are knowledgeable and confident to offer and refer these services more frequently, resulting in it becoming more accessible.

To increase the use of integrative practices in the American model, we must continue to explore the structure of education and training standards for psychotherapists in this country. Support for the utilization of integrative practices would need to be interlaced deep within the systemic structure of the American healthcare system, the formal education system, and licensing boards and organizations. An increase in the utilization of integrative psychotherapeutic interventions would not just benefit the clients receiving the support, but it also imparts additional knowledge within the field of mental health and psychotherapy. As more integrative treatments are used, positive treatment outcomes continue to increase (Jones-Smith, 2016). Additionally, increased positive outcomes in minority groups, shift images of mental health and build trust within minority communities. This shift can result in the closure of the gap that exists between minority groups and mental health care. All these shifts support further advancements in the field of mental health. Education and training standards would have continued

opportunities to expand programs and specialties offered, also contributing to growth in the field of mental health. Adding integrative psychotherapy interventions into mental health professional training standards systemically addressed the lack of therapist training in integrative methods. Currently, few graduate schools offer an integrative approach to counseling and psychotherapy (Jones-Smith, 2016).

Using integrative interventions may help bridge gaps of trust between minority groups and traditional care providers (Cuevas, 2000). Repeatedly providing care which is derived from colonialist standards and practices may implicitly perpetuate relationships of dominance and subordination between cultures, impacting the access to and quality of care. Traditionally trained mental health care professionals usually suggest complementary interventions only after traditional approaches have failed. This traditional approach implies the supremacy of traditional methods over alternative methods (Lake, 2008). This creates further separation between minority groups and traditional mental health. As the need for mental health treatments increase, the availability, access, and variety of treatments must increase also. An effective and systemic way to approach this problem is to incorporate integrative psychotherapy techniques into therapist training education requirements. Along with this increase in competency to provide integrative psychotherapy, primary care settings have the opportunity to increase the types of services offered.

Rationale

Should this problem not be addressed systemically, it will continue to perpetuate, and integrative psychotherapeutic interventions may only exist as intermittent treatment

fads or treatments available to populations with specific access, whether due to economic status or cultural relation. These limitations prevent the masses of individuals needing mental health treatment from receiving interventions that have been proven efficacious when used as a complementary treatment to psychotherapy (Graham, et al., 2001). Therapist education must include guidance on navigating the need for integrative practices, leaning into the implied acceptability of integrative modalities in treating commonly identified mental health difficulties, and paving the way for insurance companies to cover these types of treatments, just as they would cover traditional psychotherapy treatments. Including coverage for integrative practices in insurance benefits increases access to mental health services for groups who may not otherwise be able to afford them. Research indicates that marginalized and excluded groups often have increased mental health needs, largely due to systemic and direct oppressions while navigating care with fewer economic resources (Council of National Psychological Associations for the Advancement of Ethnic Minorities, 2003). This again can support integrative treatment or undermine it while contributing to the systems of oppressive care, as non-coverage in medical benefits further reinforce that integrative or complementary treatment modalities are subordinate to those labeled traditional. While some scholars and researchers, like those in education programs, Dr. Jennifer Mullan and global policy makers continue to push for the inclusion of more integrative methods, we acknowledge that shifts in education standards and primary care models are developments that can be slow to change (Keynejad et al., 2016). In the meantime, those practitioners who are specifically trained in multiple modalities and have studied the integration and application of such modalities can help provide education and training for

others who wish to use more integrative methods in treatment. The creation of program models, detailed training, and application manuals can assist specially trained psychotherapist with providing integrative interventions to clients who wish to look outside of the traditional model. To meet this need, this project proposes the use of the Mind-Body Manual (MBM), a mind-body integrative intervention guide used to treat mental illness and support mental health.

Therapeutic Approach-the Mind-Body Manual

The MBM aims not just to serve as a psychotherapeutic complement, but as a foundation for making pivotal shifts within the field of mental and physical health care. In recognition of the ways that education and training programs have systematically created implicit barriers preventing ethnic minority groups from accessing efficacious healing practices, the MBM strives for change by providing training tools and direct guidance to mental health professionals to utilize more integrative interventions. Fundamentally, the intention of the MBM is to support healing, individually and collectively, while increasing access to mental health services for as many people as necessary. The MBM provides an interrupting solution to a cyclical problem that has yet to be addressed.

The intention of the MBM is to support healing, individually and collectively, while increasing access to mental health services for as many people as necessary. By recognizing and addressing systemic barriers in mental health services, which bear root in colonization, the MBM also serves as a systemic intervention in decolonizing psychotherapy.

CHAPTER TWO

LITERATURE REVIEW

The field of mental health is increasingly advancing. As new research emerges, data is examined, and we learn more about the considerations and limitations of treatment. Psychotherapy specifically, includes numerous modalities and approaches for helping individuals care for their mental health. Traditional psychotherapeutic interventions primarily focus on reducing symptoms and creating larger disparities between a person's experience and what has been identified as typical. Standards of mental health are most often defined by the criteria in the DSM, which all psychotherapists are trained to follow. Some clients find it difficult to connect with such criteria and with providers who work from a solely traditional modality (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). These difficulties include influences related to the stigma of mental health support, different cultural ideas of mental health, and understanding treatment options and possible results. However, by integrating alternative treatments into psychotherapeutic spaces, client success outcomes can increase, as well as positive relationships and perspectives about psychotherapy in minority populations (Manderscheid, 2020). This shift in thinking could create new relationships between minority groups and mental health care, positively impacting the social health of communities, societies, and the world.

Colonization of Mental Health

As research grows and the field of mental health evolves, it is important to learn more about the influence of colonization on the field and explore the limitations of the traditional model of psychotherapy. The continued outcome limitations that exist when integrative psychotherapeutic modalities are not being used, continues to serve as a disservice to the populations in need of the support. The benefits of using integrative mental health care methods over traditional models of care include improved response to treatment, more personalized treatment planning, reduced needs for psychiatric medications, lowered reports of negative side effects from medications, and saving money on treatment costs (Martin, 2016). Strongly considering the appropriateness of integrative and complementary modalities is a best practice approaches to culturally responsive mental health care (Kearney et al., 2020). By increasing best practices for integrative psychotherapy, relationships between providers and clients can be strengthened, as well as increased positive treatment outcomes. Moving from traditional Euro-centric talk-based therapies to more integrative methods, paves the way for mental health care to become more accessible, more acceptable, and more efficacious (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003).

Utilizing a traditional practice that has origins in colonialism, comes with implicit impacts on the ways that services and practices are received, both literally and metaphorically. According to the Council of National Psychological Associations for the Advancement of Ethnic Minorities, traditional mental health care is often inappropriate and antagonistic to the cultural values and life experiences of populations of color. This

results in the internalization of invalidation from the mental health care provider. The patient may experience perceived oppression from the care provider. Patient relation to the care model and the care provider are strong influences in measuring treatment success. While traditional psychotherapy training includes multi-cultural considerations and places value on understanding cultural views and influences some argue that frameworks are still somewhat colonized. Mono-cultural foundations in assessments, diagnosis, and treatment are examples that present often. This conceptualization can result in disparities between client and provider standards of normality vs abnormality; subjective understandings of what mental health is and interventions that feel disconnecting to those looking for support (Psychological Treatment of Ethnic Minority Populations, 5). The integration of complementary and alternative practices to care for mental health goes far beyond theoretical concepts of cultural considerations and moves into applicable practice, advocacy of services, access and equity.

Critical Race Theory

Critical Race Theory can help explain how social and societal implications of racial inequalities create mental health problems, impact mental health services, and continue to perpetuate systemic cycles of dysfunction between the mental health care systems and the family systems of ethnic minority groups. The mere existence of racial hierarchy causes specific mental health problems for subordinate groups (Brown, 2003). Such problems include rejecting moral principles due to the belief that life is meaningless, internalized racism, dismissal or denial of race as an inequity, and extreme racial paranoia (Brown, 2003). All of which impact mental health-seeking attitudes and

engagement in mental health services. Furthermore, these phenomena can influence a person's perspective about mental health services, especially with combined with prior firsthand or vicarious trauma from racial discrimination or oppression. Inequalities in psychological care are a direct result of institutional racism and as a contributor to intracultural narratives and perceptions about racism in mental health care (Brown, 2008).

CRT can also be used to inform public health research by examining the cultural effects of dominant culture privilege. CRT can inform research and data analysis through identifying biased interpretation of results based on influences of culture and race on both the data collection and data provider sides. This theory can also be used to guide research agendas on the impacts of race on mental health outcomes and the effectiveness of mental health services (Graham, Brown-Jeffy, Aronson, & Stephens, 2011).

CRT can inform the use of integrative mental health practices on micro and macro levels. It encourages exploration of racial disparities in treatment and the effects of systemic racism on mental health treatment options and engagement (Kolivoski et al., 2014). CRT in mental health treatment aims to recognize and change the ingrained power dynamics that maintain oppression and racial inequities while prioritizing shifts from Euro-centric dominated care to more inclusive models, especially for patients of color. These implications for practice include education, training and guidance of mental health and human service workers to recognize systemic effects and utilize interventions that work against them (Kolivoski et al., 2014).

Black Americans and Mental Healthcare

For the purpose of this literature review and project, the language ‘Black Americans’ include all persons considered to be American who have African ancestry. Examples of ethnic representations under this umbrella include African Americans, descendants of Africans brought to the Americas as slaves between the 17th and 19th century and who claim American Nationality; Caribbean-Americans, those who migrated from the Caribbean who claim American Nationality and have African ancestry; Africans, those who have migrated from Africa and now claim American Nationality; and mixed-race individuals with African ancestry, who identify with Black culture. While all of the subcategories of ethnicities share similar qualities under the “Black” umbrella, each differs in terms of culture, migration history, health, and relevant biopsychosocial considerations (Agyemang, 2005).

Focused research on ethnicity and mental health care shows that Black Americans utilize health care services less often than European Americans; and those growing disparities are a direct result of the past experiences that patients of color have had with their health care providers, not access to quality treatment (Cuevas, 2000). This further indicates that experienced history with previous care providers greatly impacts perceptions of health care and that these perceptions are largely based on the influence of race and culture. Barriers to services such as stigma, deficits in therapist knowledge and cultural understanding, lack of trust in services, affordability, and impersonal service impact mental healthcare engagement throughout the Black community (Thompson, Bazile, & Akbar, 2004).

Practitioners hold the responsibility to address and understand how cultural factors impact services and extend beyond cultural competence training to be more socio-culturally attuned when working with BIPOC (McDowell, & Knudson-Martin, 2018). This work helps to deepen the understanding of and increase the capacity to empathize with, the lived experiences of BIPOC. This lack of understanding perpetuates fears of misdiagnosis, labeling, and brainwashing from within the Black community, further affecting seeking psychotherapy (Thompson, Bazile, & Akbar, 2004). Systemic changes needed to address these barriers include making changes at the education and training levels, including expanding the types of approaches used and normalized in treatment, and providing additional supports to integrate more culturally diverse approaches into mental health care practices.

Using Integrated Approaches: Attempts to Solve the Problem

Limited use of integrative psychotherapy approaches affects the masses in ripple effects, as each member of a society or community operates in a cause-and-effect relationship with everyone and thing around it, including the environment. More specifically, limited use of integrative psychotherapy approaches affects those who suffer from mental illness, as well as those who utilize psychotherapy to maintain their mental health and well-being. While this issue impacts all populations, ethnic minorities experience the greatest impact. Literature from the Psychological Association for the Advancement of Ethnic Minority Interests acknowledges institutional racism as a factor that affects quality of life, indicated by emotional disorders, increased stress, and mental/physical health problems. Quality of life is closely related to one's perception of

their mental health as well as the efficacy of mental health treatments (Hall, Bifano, Leibel, et.al, 2018). This data directly links social determinants like racism to disparities in life spans and death rates. Despite the increasing need, racial and ethnic minority groups have the least access to mental health care. The increased need for integrative psychotherapy as a mental health treatment is continued to be considered an evidence-based intervention.

Strengths of using an integrative psychotherapy model include the ability to integrate different elements into one intervention approach. EBP elements from traditional psychotherapy can be applied to another modality, for example, yoga allowing more treatment options for client choosing (Zarbo, Bergame, Tasca & Cattah, 2016). For example, evidence-based psychotherapy practices like therapeutic alliance and positive regard can be integrated into psychotherapy services that also include energy healing practices. Patients want their health care providers to know them as human beings, not just cases; and they resent a lack of such personalism in medicine (Moss, n.d.). Another advantage of integrative psychotherapy is the allowance of the therapists' flexibility to meet the needs of clients who have different presenting issues and who come from a range of cultural contexts. This is an additional component to reducing gaps between minority groups and traditional psychotherapy.

Measures of success, while in cultural context can be subjective, are important in measuring the efficacy of any approach used in mental health care. Some argue that alternative therapies are not always supported with evidence-based research, and therefore are not often considered reliable methods of treatment in the traditional American health care model. Unfortunately, there are disparities in results from

controlled treatment outcomes, which differ significantly from real-world clinical practice (Cook, Schwartz & Kaslow, 2017). Data indicate that research samples for EBPs often under-represent minority populations, therefore resulting in less effective results from sociodemographic groups absent of the testing data.

Research has strongly supported the integration of alternative healing practices into traditional psychotherapy (Center for Psychiatric Rehabilitation, 2001). These research findings prove positive results, measured by reduction of symptoms, increase in symptom management, and reports on quality-of-life improvement. The Center for Psychiatric Rehabilitation reports that 30-50% of the general population use some form of alternative care but choose to do so without the support of their primary health care providers. Such therapies have been shown to address both mental and physical illnesses including reduction of mental illness symptoms, hypertension, chronic pain, cardiac arrhythmia, anxiety, cancer, and AIDS (Center for Psychiatric Rehabilitation, 2001). It is from here that we consider why primary care professionals are not collaboratively in support of patient's wellness and increased health.

Factors Sustaining the Problem

Some arguments from minority groups support the disconnect between traditional psychotherapy and alternative interventions. These cases are focused on the systemic implications of integrative psychotherapeutic treatments. Rising concerns about the risk of cultural appropriation when integrating alternative therapies, as they are specific to varying cultures and traditions outside of the American model. Many patients would rather pursue alternative treatments independent of their current care providers for fear of

judgment and lack of support, which validates the maintenance of the problem. To address this challenge, specialized training may be required to help practitioners understand the histories of such traditions.

Additionally, support can be provided, to respectfully integrate these interventions into treatment spaces. Integrative psychotherapy would reflect more cultural inclusivity, as education standards and training programs would have the opportunity to increase programs and specialties offered, advancing the studies and field of mental health care and increasing the use of integrative methods. Currently, few graduate schools offer an integrative approach to counseling and psychotherapy, although the numbers are predicted to increase over the next decades (Jones-Smith, 2016). Most integrative psychotherapists first complete traditional education and clinical requirements, and then choose to further graduate studies by gaining specified experience in a complementary modality. However, this further supports the problem, as many complementary therapies prove efficacious but are not included in healing paradigms identified in traditional psychotherapy. Some scholars and clinicians express continued difficulty with traditionalizing integrative models in mental health care. According to data on transgenerational trauma and colonialism, it is challenging to expect care providers to try and grasp the lived experiences of a patient with a mental illness in this context. Much of integrative psychotherapy considerations from minority groups focus on systemically shifting perspectives on treatments (Potter, 2015).

Traditionally trained mental health care professionals usually suggest complementary interventions only after traditional approaches have failed. This traditional approach implies the supremacy of traditional methods over alternative

methods (Lake, 2008). Ongoing colonialist standards and practices may implicitly perpetuate relationships of dominance and subordination between cultures, impacting the access to and quality of care. Without addressing these continued limitations, gaps between minority groups and mental health care will continue to grow. Also, if not done carefully, the use of integrative techniques can become part of the cyclical effects of colonization. It is important to consider the effects of colonialism not just with interest in providing better quality treatment, but also because it is ethically imperative to address the systemic impacts of health and health care (Potter, 2015). Perhaps this is an indication that the social value of dominance greatly influences the maintenance of this problem. By using integrative treatments, we can approach wellness from a more whole person approach, using intervention, prevention, and a more collaborative care model.

Research indicates that integrative approaches which include lifestyle and diet changes, mindfulness meditation, and mind-body modalities are safe and affordable interventions for many mental illnesses and can be easily incorporated into mainstream medical care (Lake & Turner, 2017). Research on the Eastern applications of Yoga for mental health and wellbeing continue to prove effective and are being considered more frequently in Western medicine (Judith, 2006). Eastern psychological approaches include exploration of multiple dimensions of each person, including the interconnectedness of physical, psychophysical, psychological, intellectual, and spiritual (Manickam, 2013). Caring for each dimension is the equivalent to what some practitioners in the field of traditional psychotherapy refer to as caring for the whole person or using a whole-person approach. A whole-person approach focuses on quality of life and management of symptoms. Whether psychotherapeutic efficacy is determined by the reduction of

symptoms or increased quality of life, most professionals in the field can agree that psychotherapeutic outcomes vary depending on client goals and treatments used.

Yoga Psychotherapy

Luckily emerging research has inspired some psychotherapists to integrate yoga into treatment. Yoga psychotherapy interventions can be utilized with a variety of demographics, including men, women, adolescents, small children, and the elderly. It can be modified with consistent efficacy to become accessible to those with physical disabilities and other perceived limitations. Yoga psychotherapy can be used as an individual approach in addition to being used with groups, such as couples and families. Yoga research has indicated that physical yoga postures have a positive influence on many physical conditions and diseases, as well as mental and emotional benefits supporting wellness (Caplam, Portillo and Seely, 2013). It has been proven to calm the parasympathetic nervous system helping to decrease depression and anxiety. Yoga psychotherapy has been used to decrease the symptoms of other traditional diagnoses such as schizophrenia and substance use disorders; and when done in pairs or larger groups, Yoga helps to build self-awareness, compassion, and trust (Caplam, Portillo and Seely, 2013). Additional benefits have included cultivating positive relationships with self, increasing body-image linked to eating disorders, and assisting with processing and managing trauma (Caplam, Portillo and Seely, 2013).

Evidence-based research indicates yoga program participants have greater emotional regulation, lessens anxiety-based symptoms like those from obsessive compulsive disorder, and decreased self-reported perceived stress with similar

effectiveness as cognitive-behavioral therapies (Gerber, Kilmer, & Callahan, 2018). The use of mindfulness in these yoga-based practices strengthens one's ability to sit with and work through discomfort, increasing individuals' window of tolerance and aiding in psychological flexibility (Gerber, Kilmer, & Callahan, 2018). The combination of yoga and mindfulness simultaneously activate and downregulate certain neurological and limbic processes strengthening one's ability to shift from utilizing the emotional 'fight or flight' system of the brain to a more thoughtful and less activated place enduring perceived crisis (Gerber, Kilmer, & Callahan, 2018). Much other research supports using yoga as a supplementary treatment to psychotherapy, as yoga can deepen the exploration of various issues such as self-awareness, self-understanding, and self-acceptance (Weintraub, 2012).

The integration of yoga into psychotherapy extends beyond physical movement and awareness, but also incorporates yogic principles and philosophy. These yogic principles are a fitting complement to many psychotherapeutic processes. Examples of such principles include: use of strength based morals and values, practicing acceptance and self-study, use of the physical body for regulation and awareness, breathing and breathwork, controlling engagement with external stimuli or triggers, concentration and focus, meditation or mindfulness, and empathic understanding (The 8 limbs of Yoga Explained, 2021). These eight limbs of yoga help guide the practice and process of self-discovery and are used literally and metaphorically. The metaphorical application of these limbs can be integrated into psychotherapy using reflective prompts and guided imagery, as they often parallel psychoanalytic processes and talk therapy foci (Judith, 2006).

Additionally, the word yoga comes from the root word ‘yolk’ and means to bring together or unite. The practice not only encourages the combination of breath and movement for self-regulation, but also philosophical awareness of systems impacting the human experience, which is very similar to viewing individual functioning from a systemic perspective. Yoga philosophy encourages practitioners to consider all the many impacts on one’s mental, physical, emotional, and spiritual health, in what psychology and Marital and Family Therapy would consider is a biopsychosocial approach and systemic practice. In working to treat and heal conditions caused by and exacerbated by the human condition, and the effects of other people’s experiencing of the human condition, mental health and wellness professionals are encouraged to use comprehensive and integrative biopsychosocial approaches to better understand the complexity of individual experiences and how they relate to other systems of functioning (Melchert, 2010). Biopsychosocial approaches are globally recognized and providing professionals with tools to incorporate more biopsychosocial interventions, like yoga psychotherapy, can be fundamental focusing on more whole-person treatment options in mental health care (Melchert, 2010)

The creation of more yoga psychotherapy intervention programs can expand and grow the field of mental health care, in the interest of the field professionals as well as the populations being treated. As research supporting the use of yoga psychotherapy increases, questions remain concerning its slow growth in the traditional mental health treatment model. Through the implementation of specific yoga psychotherapy intervention models, practitioners can help improve mental health outcomes and shift images of mental health in minority communities. While there is little research on

specific yoga psychotherapy models, research on the benefits of yoga practices in conjunction with receiving mental health services are plenty. Future advancements in the utilization and acceptance of integrative approaches will lead to a more accurate and thorough understanding of mental illness, resulting in more effective treatments (Lake, 2008). In a true model of integration, a patient's mental, behavioral, and physical health care involves a partnership of professionals working to address the patient's identified difficulties from a whole-person perspective. This model involves collaborating teams of practitioners, physicians, and nurses. Not only should this model include best practices for positive results, but also should be made available in the primary care setting (Moss, n.d.). The creation and utilization of yoga psychotherapy programs in various treatment settings help to address this problem by providing additional treatment options, helping to meet client needs, and advance the field of mental health simultaneously. With many physical and mental health benefits, and yoga's increased popularity in the United States, it's concerning that there continue to be multiple cultural barriers in terms of class, race and ability (Quinones, 2021). By integrating this resource into a more readily available support like psychotherapy and continuing to advocate and encourage increased access for both psychotherapy and yoga practice in marginalized communities, positive impacts can be made to mental health in the Black community as well as mental health on a global scale, demonstrating the use of yoga and psychotherapy as tools in social justice. Ultimately, the benefit of offering yoga as a psychotherapy intervention is that it can be attractive and more engaging to those potential patients who do not respond to traditional psychotherapy (Mitchell et al., 2014).

Yoga-Psychotherapy Outcomes in Marginalized Groups

Yoga psychotherapy outcomes demonstrate positive correlations between using yoga as a mental health intervention and decreased symptomology for mental health issues (Burnett-Zeigler et al., 2016). As research continues to grow in this area and mental health awareness increases in minority communities, the applications of yoga psychotherapy and increasing its use across mental healthcare settings, can provide more non-colonized treatment options, which are often more positively perceived in disadvantaged communities and groups (Burnett-Zeigler et al., 2016). Considering marginalized groups as a system within a system, it's important to gather data on yoga-psychotherapy outcomes across marginalized groups as well as the data specific to Black Americans.

Mindfulness Based Stress Reduction is a therapeutic model integrating mindfulness and body awareness into a psychotherapeutic model. It includes variations of mindfulness, body scanning, emotional regulation practice, and gentle yogic mindful movement (Goldin & Gross, 2010). It is often facilitated as an 8 -12-week program. Many yoga integration programs follow a similar model and multiple trials indicate positive experiences with the program and improved positive relational outcomes, better sleep, perceived quality of life; along with decreased use of anxiety and depression medications (Burnett-Zeigler et al., 2016). Outcomes from minority participants at a community cancer center demonstrated that participation and engagement in an 8-week yoga and psychiatric care intervention, significantly decreased depression scores and increased quality of life scores (Burnett-Zeigler et al., 2016). Additionally, data was gathered from similar programs used in abused populations within urban and underserved

communities. These numbers indicated that participants who integrated breathwork into their treatment planning reported significantly less symptoms of depression than the group who integrated only yoga. Both groups had significantly less depression and anxiety reporting than the control group which received psychiatric care and cognitive psychological interventions (Burnett-Zeigler et al., 2016).

Yoga and Mindfulness practices were used as a social-emotional intervention among youth in fourth and fifth grade in urban, underserved settings. Participants, mostly African American, reported decreased negative rumination and emotional activation; and for youth with attention deficit hyperactivity disorder (ADHD) data demonstrated improved ability to self soothe and cope with environmental stressors and manage ADHD symptoms (Beltran et al., 2016). Other data collected on yoga in African American high schoolers show that after 3 weeks of consistent practice, 18 % of participants' depression and dissociation experiences (DES-C) scores decreased compared to 15% of other participants engaging in expressive art practices like African dance, and music (McLendon & Scott, 2018).

Research also indicates positive outcomes when used in Black communities to help address the symptoms of other prevalent health issues among the group. Yoga programs were used as a 12-week integrative intervention, alongside medical treatments for chronic diseases specific to African American cultures. Outcomes measures included significant improvements in quality of life and decreases in weight, depression severity, and negative outlooks on life (Burnett-Zeigler et al., 2016). These characteristics often parallel psychotherapy treatment goals and its intersectionality with psychological treatment indicates that these treatment approaches are ideal to support one another in a

whole person treatment approach. Other small, randomized trials have proven that yoga can assist the healing social, emotional, and mental health issues in vulnerable populations including racial minorities, women, LGBTQ+, those incarcerated, abused, and traumatized (Tibbitts et al., 2021). Data collected on a trauma informed yoga intervention reported perceived improvements in emotional and physical well-being and greater self-regulation skills, but only after attending the yoga session 10 times or more (McLendon & Scott, 2018). Many randomized trials demonstrate no significant differences after one or two sessions of yoga (McLendon & Scott, 2018; Burnett-Zeigler et al., 2016). This means that the application of yoga-psychotherapy compliments the therapeutic process well, as both processes are expected to take place over an extended time period, and psychotherapy typically extends beyond one or two sessions. Additionally, long term use of yoga practices cultivates supportive habits of self-care, which are foundational in addressing mental health issues in vulnerable populations (Parker & Ross, 2020). Marginalized groups often feel powerless against systemic influences and can greatly benefit from psychotherapeutic processing focusing largely on aspects of self-care: increased awareness, advocacy, regulation, community, locus of controlled action, and boundary setting to name a few (Holman, 2020). The use of yoga in psychotherapy can provide clients and patients with long lasting coping strategies and mental health maintenance beyond the engagement of treatment with a psychotherapist, (Parker & Ross, 2020). These culturally based needs are often created or exacerbated by systemic influences increasing social emotional stressors among marginalized groups. Using yoga-psychotherapy in culturally excluded groups provides an appropriate

intervention addressing the multidimensionality of systemic oppression and colonization in mental healthcare.

Other psychotherapeutic programs have integrated yoga into treatment practice by using yogic themes and principles in a cognitive- relational framework (Cook-Cottone et al., 2017). This can be done by focusing on self-regulatory practices, present moment awareness, cognitive distortion and perceptions and social responsiveness, all practices that have strong roots in yogic philosophy and practice (Cook-Cottone et al., 2017). The integration of yogic guidance into psychotherapy makes use of the culturally collective tools that are utilized in communities across the world, resulting in a universal treatment approach that can be applicable to various populations and used across care settings (Pflueger, 2011).

Yoga-psychotherapy is an appropriate integrative mental health intervention for the Black Community as it has research that backs its cultural appropriateness and preferred treatment outcomes. (Burnett-Zeigler et al., 2016; Beltran et al., 2016; Parker & Ross, 2020; Pflueger, 2011). This data is further indication that yoga can be an affective supplemental mental health treatment, as it provides positive mental health outcomes and is often more positively viewed as a treatment than traditional talk therapy, in Black communities. However, systemic limitations impact education and knowledge of yoga-psychotherapy in both treatment providers and patients, further impacting its availability and use in the primary care setting. This literature supports this writer's hypothesis that the structural compositions of health and mental healthcare systems in the United States are largely influenced by conscious and unconscious oppressions and exclusions of particular community groups, evidenced among people of color. These impacts, rooted

in colonization, create institutionalized barriers to mental health services for this population. Increasing trust building, treatment inclusivity and the use of culturally responsive interventions can help close gaps that continue to distance the Black population from mental healthcare services (Graham, et.al, 2011). The use of certain interventions allow these conditions to exist, however not enough mental health professionals have the training and expertise to use these integrative interventions often enough, so that they become standard practices offered in many primary mental healthcare treatments (Jones-Smith, 2016). Still, with emerging yoga therapy programs, few graduate programs and licensing requirements require educational background on using integrative approaches, and even fewer offer training on using yoga as the integrative intervention (Jones-Smith, 2016). In the U.S. among these few, notable programs like the ones at Loyola Marymount University and Maryland University of Integrative Health both offer graduate programs in Yogic Studies and Yoga Therapy (MIUH, 2021; (Loyola Marymount University, 2021). With more supplementary supports to assist professionals with increasing proficiency on integrative intervention, more professionals can gain access to tools which also increases confidence in application. Increases in proficiency also address concerns related to professional and ethical standards, making sure that therapists have strategies to set boundaries to manage scope of practice, to do no harm, and to avoid discrimination and sexual harassment. To address these needs, a manualized integrative treatment guide was created to support therapists and mental health professionals with increasing the use of various integrative mental health interventions and specific guidelines to follow in doing so. The product

included in Chapter 5, provides an example of a mental health integrative manual using yoga-psychotherapy as the primary intervention.

Needs Assessment

Prior to the creation of the MBM, a continuous study was designed to help identify the appropriateness of the intervention for Black Americans. The intention of the study was to explore the impact of using an integrative approach, like yoga-psychotherapy, on the utilization of mental health services in the Black community. Additionally, the study aims to collect data on service seeking attitudes when experiencing a mental health difficulty. Prior research exploring beliefs about traditional mental health services in Black and African American communities indicates that service-seeking attitudes impacted by cultural-historical experiences are strongly correlated to the utilization of mental health services and often present as a top barrier to service, next to cost (Taylor, 2021; Brown, 2003; Thompson, et.al, 2004). Like determinations made from the theories of change, the study hypothesizes that Black-Americans are more likely to initiate/seek services when given the option to work with a therapist who offers non-traditional or culturally affirming intervention, like yoga-psychotherapy versus a therapist who uses tradition psychotherapy.

This information is significant to the field of mental health as it continues to explore barriers to service among non-dominant groups while increasing access to services within the same communities (Taylor, 2021). Additionally, this is a step in the direction of increasing the cultural responsiveness of mental healthcare workers within the field. It is important to consider the effects of colonialism not just with interest in

providing better quality treatment, but also because it is ethically imperative to address the systemic impacts of health and health care (Potter, 2015). This could also create opportunities for clinical training and education programs to incorporate a more culturally affirming curriculum, including offering optional specialties in one or more alternative methods/theories, which also contributes to growth in the field of mental health.

Research for the MBM utilized randomized survey methods to gather information of attitudes, beliefs and engagement related to mental health services, psychotherapy specifically. This plan utilized a non-experimental design to collect intended data, specifically correlational research and explores the relationship between specific variables and an outcome. The data looks at the relationship between two different interventions, [one traditional and one considered non-traditional], and service seeking attitudes among the chosen population sample. Additionally, this type of study observed randomized data collected via survey design. For example, recording participants' responses when offered to begin therapy with a therapist who uses traditional talk methods like Cognitive Behavioral Therapy, or a therapist who uses integrative interventions like Yoga-psychotherapy. For this study, comparison groups were not formed or compared, and only initial outcomes/effects were recorded. The hope of this design is to support the field of mental health in making practice recommendations to increase access to services. In this study design, the services offered are the variables and the outcome results are focused on the relationship between participants and the variables. Surveys are one of the best ways to gather data related to perceptions, attitudes,

behaviors, or characteristics of a group (Cook & Cook, 2008). This is the primary reason that this design was chosen. Surveys are also an instrumental method in data collection

Two measures can be used in this type of assessment, and each measure was administered by the research professional collecting the data. The sampling frame includes five randomized participants using a snowball method to gain access to additional participant data.

The Attitudes Toward Seeking Professional Psychological Help (ATSPPH-sf) is a self-reported short-form scale, that looks at attitudes toward seeking professional psychological help and the differences that exist as influencers of seeking help. Numbers continue to indicate that there are a significant number of people who choose not to seek help for mental health issues, even when experiencing difficulties that greatly impact their daily functioning. This underutilization is due to a variety of barriers, most related to various cultural contexts: i.e., stigma, socioeconomics, mistrust, and perceived helpfulness of service providers (Picco et al., 2016). A measure like the ATSPPH-sf can help investigate associations between certain variables and positive help-seeking attitudes. This is helpful to plan services to meet specific demographic needs and increase access to services. This measure does have a limitation, as research indicates that further exploration of data may be necessary to differentiate help-seeking attitudes and help-seeking behavior (Picco et al., 2016). For this design the ATSPPH-sf is the first of the two measures administered, as it lays the foundation for exploring service-seeking attitudes and help explore other factors and their associates to positive or negative help-seeking attitudes. It can gather data on how likely someone is to seek professional psychological help.

Few measures exist to assess service-seeking attitudes, intentions, and behaviors, and the ATSPPH-sf is the only known one that has been both psychometrically examined and used in a sizeable number of studies (Picco et al., 2016). Other similar measures are long and time-consuming, do not focus on global treatment attitudes, have limited psychometric data, and are not generalized enough to use with various populations (Picco et al., 2016). For this assessment, attention was given to associations of similar attitudes within an already chosen demographic, so this widened validity concern is not completely applicable here.

The second measurement identified is the General Help-Seeking Questionnaire (GHSQ). This measure was created to help with understanding help-seeking intentions and behaviors. This type of measure is significant in increasing engagement in counseling (Wilson, Deane, & Ciarrochi, 2005). This measure is significant in exploring intentions to seek help from different sources and can be used with different variables to determine a correlation between specific variables and help-seeking attitudes. In this assessment, the use of this measure explores the correlation between access to a specific type of treatment and service-seeking attitudes. The GHSQ Scale is an appropriate measure as it was intended to measure similar areas of this study and was created in a format for easy modifying according to purpose, need, sample characteristics, and study requirements (Wilson, Deane, & Ciarrochi, 2005). The use of this measurement considered both a particular issue in question and the source of help. The GHSQ has been used to identify preferred sources of help and can be used to predict service-seeking behaviors. It can also be used to help conceptualize preferred help sources and methods of treatment in specific population demographics.

These measurement tools are foundational in systemic change, implementing strategies and services to increase the probability that individuals will seek help when experiencing social, emotional, and personal problems, especially in populations with high mental health needs. Attitudes toward services and engagement intention continues to be one of the most interesting aspects of social science and research (Albrecht & Carpenter, 1976). Conversely, attitudes and intentions are subjective and hard to quantify, increasing the need for creative and strategic analysis and data gathering (Albrecht & Carpenter, 1976). Additionally, this data is helpful in the decision-making and design of mental health programs while focusing on increasing culturally affirming practices and access to services through direct service, and policy, and throughout education and training requirements for professionals. Little research exists on the influence of treatment modality on attitudes about service initiation. This data was explored to provide a founding basis for why manualized treatment guides like the MBM are necessary.

The data collected during the needs assessment design identified that 68% of study participants would rather start therapy with someone using yoga-psychotherapy as an intervention than with someone using a traditional talk therapy modality and another 32% of respondents chose traditional psychotherapy (Taylor, 2021). Data gathered in follow up interviews indicated that those who choose to go with the yoga-psychotherapy intervention were a mixture of individuals who already have prior yoga experience or had interest in trying yoga (Taylor, 2021). Additional interview information collected on the group who choose the traditional psychotherapeutic intervention indicated that half of these participants made choice based on their common knowledge of what intervention is normed to address mental health issues. (Taylor, 2021). Additionally, 16% of this group

indicated they did not choose yoga-psychotherapy because they did not know how to do yoga and felt it would be another challenge in the therapeutic process (Taylor, 2021). The interpretation of these results is that more information and awareness on the intervention is needed, not just among mental health professionals but among patients, clients, health practitioners and community agencies. Results demonstrate continued need for education and awareness of various treatment options to wide to the scope of client choice. Data also supports the hypothesis that Black-Americans are more likely to initiate/seek services when given the option to work with a therapist who offers non-traditional or culturally affirming intervention, like yoga-psychotherapy versus a therapist who uses tradition psychotherapy.

Further research is needed to deeply explore how offered interventions influence perceptions of treatment. Little research exists on the influence of treatment modality on attitudes about service initiation (Taylor, 2021). This study can pave the way for continued research in a much-needed area, in hopes of adding to clinical practice norms and service provisions.

CHAPTER THREE

CONCEPTUAL FRAMEWORK

Current research explores barriers to mental health services within the Black community, but rarely explore the mistrust stemming from historical oppression as a contributing barrier. Prior identified barriers include stigma about mental illness and utilizing mental health services, socioeconomic disparities that impact access to mental health services, and lack of treating therapists from the same culture as the identified patient (Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, 2001). Literature also indicates that cultural and linguistic differences may create system-level barriers that can affect the development of an effective therapeutic alliance between mental health professionals and patients (Shim, Compton, Rust, Druss, & Kaslow, 2009). In efforts to further provide appropriate and culturally competent services, researchers must examine the impacts of colonization and of racial oppression on the attitudes that the Black community holds toward mental health services and providers.

Systems Theory Perspective

Systems Theory identifies a system as being greater than the sum of its parts (Bertalanffy, 2015). Bertalanffy, who is the founder of systems theory, also refers to a system as an information system, consistently sending and receiving data. Through Systems Theory, we can explore how the education and training system for mental health professionals impacts the perception of such services within the Black community. Education and training serve as the foundation for how services are provided and often are not culturally inclusive of diverse populations.

With field research indicating that traditional methods are often antagonistic to the lived experiences of populations of color, while also stressing the importance of cultural competence, clinicians are left with few resources on how to take steps beyond competence and shifting to a more powerful and necessary focus: cultural responsiveness (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). To be culturally responsive, one has to have cultural competence, yet the responsiveness refers to the action taken from there. Research continues to show that these methods of psychotherapy are not landing positively in communities of color, however steps to respond to this matter can be taken at a systemic level (Shim, et. al, 2009). Offering integrative mental health in the primary health care setting allows alternative care interventions to be used, allowing additional populations access to a model that can appear more trusting. While traditional psychotherapy training includes multi-cultural considerations and places value on understanding cultural views and influences, some argue that frameworks are still somewhat colonized. Mono-cultural foundations in assessments, diagnosis, and treatment are examples that are often present. This theoretical framework, which is systemically passed down throughout research, standards, and practices in traditional psychotherapy, exclude the formal transmission of information on integrative psychotherapeutic interventions as part of mental health care (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). We need more integrative practice education and training so that mental health professionals are knowledgeable and confident to offer this service more frequently, resulting in it becoming more accessible.

By addressing the Black community's attitudes of mistrust in mental health care, shifts can be made within the system of care providers, mental health treatments can be more inclusive, and services can be provided with more awareness of the experiences that people of color have. Adequate education and training supports can help increase therapists' knowledge and understanding of how to incorporate culturally competent integrative therapeutic interventions, increasing service options and access. Systems Theory assists with the understanding of how systems, in education, health care, and culture, all impact the perceptions and behaviors of specific groups and individuals. This theory encourages change in systemic layers to make changes in the system that will last beyond the immediate interventions.

Specific systemic practices involve studying the structure of education and training standards along with licensing requirements for mental health professionals, including cultural inclusion education. Incorporating more programs and degree emphases on the use of integrative therapies, including complementary and culturally grounded healing modalities like the mind-body practices of Eastern cultures or the spirit work of indigenous cultures, would increase therapist confidence and knowledge to utilize integrative interventions. This would result in more therapists applying such interventions in treatment. Over time, this systemic shift will increase the overall access to integrative care therapists and treatment in the primary care setting. The target of change addresses the underutilization of integrative mental health interventions in the primary mental health care setting. Increasing typical access to integrative mental health treatments will broaden the scope of mental health, but more importantly, it can empower client choice and increases client trust in the mental health care system.

Critical Race Theory Perspective

Critical Race Theory (CRT) can be used to conceptualize the issue of mistrust in the mental health care within the Black community. CRT explores racism on both individual and group levels, on many layers. It identifies the functions of racism as institutional and systemic, which further informs that research can use Systems Theory to conceptualize impacts of race, ethnicity and other diversities. CRT recognizes how race, along with gender, class, and sexuality impact relationships and behavior. (Graham, Brown-Jeffy, Aronson, & Stephens, 2011).

CRT uses a sociological lens to explore the experiences of people and how those experiences largely contribute to their perspective of the place they hold in the world. Exploring this perspective is crucial in understanding racism and oppression concern healing (Adaway, n.d.). CRT also looks at how the transmission of information related to race is often biased or misunderstood, causing negative impacts in relationships and attitudes or beliefs, within and across racial groups. Researchers in psychology and sociology can use CRT to explore how the standards of mental health, construction of psychiatric disorders and appropriateness of treatment are connected to race, mental health and access to care (Brown, 2003). Brown also suggests that the ways we define mental health problems need further clarification in the field of mental health. Historically, acceptance of standardized perspectives on mental health exists from the dominant group in society's identification of normalcy vs disease (Brown, 2003). Perhaps if more treatments reflected healing practices outside of what the dominant culture has identified as appropriate, then more ethnic minority groups, the Black community included, would hold more trust for the mental health care system and utilize services

more readily.

Specific Critical Race Theory practices include examining how racism and oppression are systemic and impacting ethnic minority trust in the mental health care system and encouraging changes within the system to support growth in the areas of identified disparity. The use of this theory allows researchers and service providers the opportunity to explore the experiential knowledge of ethnic minorities and their impact on oppressed individuals' attitudes about mental health services in the United States. This not only targets change systemically but also encourages those in the field to examine oppression and the effects of colonization honestly and compassionately. This theory encourages change on a 2nd order level, as this type of change requires new ways of learning and relating within a system ("The Change Process").

Social Justice Principles

Striving for equitable mental health services and access for ethnic minorities and other diverse groups is one way to approach this larger issue from a social justice perspective. Social justice places a general emphasis on addressing disparities and increasing equal access to liberties, rights, and opportunities for the least advantaged members of society, including in healthcare (Manderscheid, 2020). Such disparities occur when there is a homeostatic imbalance of power and influence, and in the care services, these disparities directly impact treatment and health outcomes affecting communities. Ultimately these disparities are part of larger societal problems and are issues of social injustice. At the intersection of mental health and social justice is decolonization. Decolonization is the process of deconstructing colonial ideologies of superiority and

privilege of Western thought and approaches. Decolonization includes dismantling systems that maintain this implied status quo while also validating and valuing indigenous knowledge and ancestral practice in relation to the communities that are served (Biin et al., 2018). According to the Council of National Psychological Association for the Advancement of Ethnic Minorities, people of color continue to feel marginalized by cultural exclusion in the types of mental health services that are offered.

Work in the field of mental health cannot exist in the absence of social justice, as it influences managed care for services, determines access, and is a primary contributing factor to the physical and mental health of individuals from marginalized groups.

Brendan Saloner, PhD, from John Hopkins Bloomberg School of Public Health in Baltimore works with others and identifies discriminatory practices in insurance plans. While advancements have been made in how managed care services practice, insurance companies continue to only cover traditional approaches, creating additional access barriers in an already overcomplicated mental healthcare system (Arean, Saloner, & Walkup, 2016). Additionally, many mental health providers do not accept insurance coverage due to most insurers' low overage fee. This continues to put those who rely on supports to access these healthcare services at a further disadvantage. Managed care systems and insurance companies implicitly prioritize certain types of services over others based on what is typically offered and what services are covered. Variance is needed in what is offered and how professionals are trained to provide more inclusivity and access.

Social justice is as much applicable to education and training standards as it is to service access and provision. Mental health training programs emphasize cultural

competence but not often cultural responsiveness. Most graduate programs do not include education on evidence-based practices extending beyond the traditional scope of psychotherapy, despite the growing research indicating the importance of using culturally affirming practices along with culturally competent knowledge. Addressing these deficits is an ethical responsibility of mental health professionals, governing boards, educational institutions, and licensing systems, which are all influenced by race, culture, and social influence (Arean, Saloner, & Walkup, 2016). Further looking at systemic practices indicates the need for more intersectional approaches considering race, gender, socio-economic status, and historical relationships to care systems, in addition to treatment and health outcomes. Communities of color often individually and collectively have more negative treatment interventions than White Americans. Examples of these interventions and experiences include police violence, mass incarceration, forced psychiatric treatment, and in youth, increased suspension, and expulsion from school, contributing to the school- to -prison pipeline (Maisel, 2016).

A complete social justice approach to collective mental health and mental health care would include addressing inequity in access to the social determinants of health for all. Social determinants include access to housing, employment, economic security, quality food, positive environmental supports, quality healthcare, etc. (Maisel, 2016). Those who work in health and social service understand the chronic difficulty in maintaining positive health when it is a struggle to meet basic needs. Social inequities such as homelessness, racism, colonialism, and poverty are significant exacerbates of distress and mental health issues (Morrow & Weisser, 2012). A closer look at the relationship between poverty, which is largely a systemic issue, and diagnosable mental

illness helps further understanding about the social and economic aspects of mental health inequalities. Poverty can be seen as both a determinant and consequence of poor mental health (Ngui, Khasakhala, Ndeti, & Roberts, 2010). Mental health issue can impair an individual's functioning at multiple levels of various systems and relationships, greatly impacting employment and personal sustainability skills. In reverse, managing the stressors that accompany poverty are likely to lead to mental health issues. Therefore, without systemically addressing one, the other, or both, the interplay of increased chronic mental illness with limited access to treatment continues to harm communities and maintain the current status quo between communities and racial/ethnic groups.

Much can be done to begin addressing this at systemic levels, creating lasting third-order change. Diversity and inclusion foci help diversity governing systems at "the top". Those with decision making power and influence over how systems are designed and who participates in the said systems. More advocacy and positive changes in policy, resourcing, care infrastructures and legislations about mental healthcare access can help support more fair and just opportunities for health in historically excluded communities. While this type of change is often slow to happen, mental health professionals can begin making direct social justice impacts by seeking education and training on ways to integrate more culturally affirming and inclusive practices and doing so in their work. This lower-level systemic approach addresses social inequities in the field of mental health and increasing access to excluded populations.

CHAPTER FOUR

METHODOLOGY

Program Description

The Mind-Body Manual is a manualized treatment guide to assist psychotherapists with using yoga-psychotherapy, and integrative-psychotherapy intervention, in their treatment planning with patients/clients. The MBM largely constructed from the insights of social justice and extended curiosity on the barriers to mental healthcare in the Black Community. This exploration led to the manual's inception as an aim to deepen conceptualization of the underutilization of Mental Health Services in all communities of color and to encourage mental health professionals to look more deeply into the ways we might be able to change this trend while sustaining positive treatment outcomes. The Mind-Body Manual (MBM) was created as an intervention to address deficiencies in psychotherapists' training on the use and application of integrative mental health practices. The MBM Volume I, focuses on the integration of Restorative Yoga into psychotherapy, an application most often referred to as Yoga-Psychotherapy. Volume I yogic focus includes integration of philosophy, mindfulness, breathwork, slow and gentle body positioning also called somatic movements. The MBM was developed as a supportive treatment planning tool for clinicians interested in integrating somatic mindfulness and yoga psychotherapy into mental health treatment approaches, regardless of experience or knowledge about the practice of yoga. The MBM's intention is to provide mental health professionals with the basic skills and knowledge to use subtle

movements, body mindfulness and yogic principles into their work; further encouraging their continued education and training in integrating yoga into psychotherapy.

The MBM is comprised of four sections, each one set with a specific purpose, to support the therapeutic process for the therapist and the client. Section I of the MBM, Intention, lays the foundation for ethical practice and provides information on the history and foundations of yoga and yoga-psychotherapy. This section also offers psychoeducation on the central nervous system's role in emotional regulation, and the overall use of yoga as a mental health intervention. Additionally, section one provides guidelines on ways to respectfully apply yoga philosophies and yoga poses into western psychotherapy while mindfully avoiding cultural appropriation as mainstream yoga is often critiqued for being consumeristic and aligning with neo-colonist appropriation of a culture's sacred healing heritage and cultural symbolisms (Askegaard and Eckhardt, 2012). It is important to pay respect and homage to other cultures practices, while educating professionals and service participants on the rationales for its use. This preserves the sacredness of the practices and provides a better conceptual framework for why the practice are being used. It sets the foundation for the work and including transparency helps to build trusting rapport between professional and client. This section is also foundational in professional's understanding of trauma informed care and best practices to understand and implement the subsequent content.

The psychoeducational component of the MBM is very important. It is guided by Systems theory, which helps us to understand the transmission of information through systems in academia, training, and field practice. The MBM is designed to be a tool that helps disseminate information between systems that provide mental health services and

those who receive it. The psychoeducation component gives purposeful attention to the histories and foundations to understand its cultural implications, as the origins of its practice are not considered majority or traditional practice in our country. CRT helps us understand and consider the impacts of cross-cultural practices and encourages us to share this knowledge with practitioners and users. Additionally, the exploration of yoga as an intervention and its connections to CRT and decolonizing psychotherapy are the founding bases for the manual. Including the history and origins of yoga as a practice continues to speak true to the social justice perspective of this project. By giving voice and credibility to those cultural practices we use, we continue to communicate implicitly and explicitly that multiple healing practices can be honored and can be considered in approaching social, emotional, and mental healing in our very diverse country.

Section II of the MBM , Implementation, provides applied support directions needed to utilize the Mind-Body Protocol, a yoga-psychotherapy intervention, in their work. This section provides practical frameworks setting up sessions, and specific breathwork and movement practices. It includes step by step instructions on how to guide clients through exercises and ways to incorporate this intervention into an already established therapeutic practice. Each 90-minute yoga-psychotherapy session will include, a grounding/meditative or mindfulness practice opener, two to four restorative yoga postures or mindful stretches for the therapist to assist the client with, reflective questioning for the therapist to use for processing during the yoga sequence and at the close of the session, as well as a rationale behind the use of each yoga posture in that sequence. An example of a restorative posture is a positioning is a heart opener, where an individual lays or rests against a rectangle sized pillow positioned vertically at the center

of the back between the shoulder blades. The pillow allows for the chest to gently open, giving the same sensation as it would to pull the shoulders back and down. It allows for comfortable relaxation into the posture, creating a meditative and introspective space to explore the accompanying psychological and social emotional activation of the pose. Heart openers allows more free flowing breathing which induces relaxation, and allows for optimal open posture, more free flowing breathing and gives attention to the symbolism of compassion and love for self and others (Judith, 2006; Russell Bell, 2018). Another example of a posture used is the supported forward fold. This position is achieved by sitting upright in a chair, placing a bolster on the lap, and leaning the body forward, at any amount, onto the pillow for support. Resting the forehead on the pillow or blocks allows cultivation of a calming, meditative mental state (Russell Bell, 2018) This positioning also soothes the nervous system's fight or flight response and can reduced energy within the body, making it ideal for those who experience chronic anxiety (Russell Bell, 2018). This, along with breathwork and mindfulness can also allow the mind to settle enough for the individual to engage with an introspective mental process. This upright, seated positioning permits symbolic exploration of what it means to be grounded and supported.

Restorative yoga poses are restful and supported (Parker & Ross, 2020). The use of pillows or bolsters, blocks, chairs, and blankets are used to help one ease into relaxation. In restorative yoga, there is no emphasis on stretching or reliance of muscle strength (Parker & Ross, 2020). This element further allows the intervention to be used with people holding a wide spectrum of physical abilities. Restorative yoga poses are intended to calm the nervous system, reduce fight or flight reactivity, and provide a safe

explorative space for vulnerability, honesty and self-study (Forbes et al., 2008). Quiet stillness, mindfulness, acceptance, and curiosity, paired with complete relaxation and breathing exercises allow individuals to better learn themselves, and therefore how to increase and decrease the bodily energies that parallel anxiety and depression. In essence, it teaches people how to control their thought patterns and nervous systems. Data collected on using restorative yoga as a primary yogic intervention to treat comorbid anxiety and depression in adult women demonstrated decreased symptoms after engagement in a weekly, 10-week yoga program (Forbes et al., 2008). The trial's results show significant improvements in depression, negative thinking patterns, levels of anxiety, and quality of life (Forbes et al., 2008). Restorative yoga can be used as a therapeutic tool that helps cultivate the internal conditions needed for healing to occur.

The inclusion of ethical considerations and guidelines are imperative in using any modality outside of a traditional scope, however, many ethical exclusions can be seen as protective measures for professionals but also as additional ways to conform treatment. Literature further supports the need of the MBM, as more psychotherapists begin to integrate movement modalities into treatment, increasing the need to aid clinicians in ethically integrating the approached into therapeutic work (Kamradt, 2017). According to the American Psychological Association (APA), when an area of complementary and alternative medicine (CAM) treatment is still in development, [professionals] are required to take reasonable steps to ensure competence and protect their clients (Kamradt, 2017). This includes formalized training, coaching and guidance, and individually continued education. The MBM as a training guide, provides the information and guidance on the necessary competencies, as well as supports for continued education, and training to

integrate yoga into psychotherapy. Relevant ethical considerations include appropriate competence, minimizing harm, boundaries and preventing multiple relationships, and overall consent. There are growing numbers of psychotherapists integrating CAM modalities, like yoga into their work, and with specific guidelines and considerations, it can be an ethical approach to achieving positive treatment outcomes (Kamradt, 2017). Specific ethical guidelines may include respect for patient autonomy and choice, recognition and honoring of medical pluralism, which is the acknowledgment that multiple healing practices are valid, and commitments to personal and public benevolence and protection. (Institute of Medicine (US) Committee on the Use of Complementary and Alternative Medicine by the American Public, 2005). Additional practices include the use of informed consent, which the MBM includes for professional understanding and use with clients and patients. The MBM is informed by these guidelines and provides various supports and recommendations for professionals to stay within ethical parameters of application.

Therapists are also encouraged to integrate their preferred psychotherapeutic modality into the reflective processing portion of the session. As emotions and thoughts are brought into the session, the therapist's treatment responses can be guided by psychotherapeutic modality of their choice, i.e., CBT, motivational interviewing, or attachment theory, to process and work with the client based on the current experience in the room. This allows for adaptations to be made to address a variety of mental health issues applicable to multiple units of treatment. The MBM gives variations for all engagement levels, for example, those who may not be able or willing to physically write

may continue with verbally processing. More flexibility and variety in application translates to applied use in diverse populations and increased access across groups.

Section III of the MBM, Introspection, includes a reproducible journal containing the reflective processing prompts suggested for use during the sessions, allowing clients to have a tangible item to refer to and build upon throughout the therapeutic journey. These writing prompts have been created to complement the somatic practices of the Mind-Body Protocol and encourage movement awareness and deep introspection. This component is optional in its use, but a strongly encouraged, component. Journal processing can be done through art or with written words. The MBM includes therapeutic journaling to serve as an additional processing tool and a consistent reminder of the work that is being done with the therapist and client. This provides an additional option for those clients who are more visual or kinesthetic in their processing or those who want a tangible takeaway from their work.

Section IV of the MBM, Instruments, provides treatment planning supports and progress tracking templates, evaluation measures and suggested readings for further understanding. It supports professionals with identifying treatment planning goals and measurement tools to be used and the frequency at which each will be administered. Proficiency time is a significant consideration, as professionals in the field often experience excessive caseloads, role conflicts, service waiting lists, lack of resources, and must strategically find the time for continued education, contributing to field burnout and increased stresses (Morse et al., 2011). The MBM is designed to be a follow-a-long guide, used in real time when implementing the intervention. Proficiency time for each session is estimated between 30-120 minutes, varying depending on therapist expertise,

and the individual prep time that is needed. It is strongly recommended that professionals completely read through the instructions for facilitation of an entire session before its implementation, to consider any systemic and cultural influences that may affect treatment. Additional implementation support for the MBM can increase proficiency and decrease proficiency time. Additional supports include consultations and scheduled training sessions in which professionals using the MBM can participate in yoga-sessions modeled after the modules in the manual. This provides users an opportunity to observe the intervention being implemented, gain first-hand understanding of the client experience, and engage in professional self-care and reflective practices aimed at supporting “the professional” in their work. This also supports professionals with addressing counter transference, challenges, and strengths in the intervention application, managing vicarious trauma, and using yoga as self-care for the healing professional. One study examined coping strategies to help professionals manage professional burnout and included self-care activities like movement and mindfulness, along with receiving support with work skills and resources and found that these resources decreased work related emotional exhaustion and repeated burn out (McCormack et al., 2018). Teaching professionals therapeutic yoga skills provides them with a coping tool to use with clients and for themselves. This can be viewed as systemic mental health care, as it directly treats the professional facilitating the treatment of a client. Ultimately the mental health of the professional impacts the mental health care of the client.

Systems theory informs these components of the MBM as it helps guide practical application of the intervention. Marital Family Therapy, being a field of relational systems, addresses individual mental health as a micro level, in relation to the macro

systems to which the individual is related. Systems include family, friends, society, culture etc. The MBM is designed to work with multiple units of treatment, to include as many systemic elements as is therapeutically possible and clinically recommended. With partner, and group guidance options, it be used in a variety of settings. CRT informs this component as it is the primary intervention addressing negative perceptions and mistrust about traditional psychotherapeutic interventions.

CRT encourages the acknowledgment of how oppressive systems impact mental health treatments and why nontraditional interventions should be considered. Guidance on building culturally attentive rapport along with frequent Session Rating Scales (SRS) on therapist attunement, cultural responsiveness and intervention application help practitioners become more aware of these cultural nuances in clinical practice and can provide opportunities for corrective experiences with the awareness from evaluation scales. Although the MBM was birthed from research conducted on mental health service engagement in the Black community, it is designed to be inclusive of all groups and communities, regardless of personal identity or cultural intersectionality. The inclusion of CRT as a guiding theory in needs, purpose, and intervention of the MBM supports its use specifically in Black and African American groups. The use of yoga as an intervention is meant to be an approach that builds trust, implies inclusivity, and increase access to healing modalities that the group might otherwise not have access to.

Additionally, the use of yoga as a social justice tool makes it appropriate for use in marginalized groups and fitting as a psychotherapy strategy and sustainable coping strategy for Black American. Social Justice principles inform these components as the MBM is an intervention designed and encouraged to be used across primary care settings

and as an intervention to address the injustices in access to mental health treatment. Its use provides more equal opportunities for marginalized groups to engage in yoga as a health intervention.

Logic Model: The Mind-Body Manual

Problem	Contributing Factors	Resources/Input	Program Activities	Process Outcomes	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes/ Vision
Inadequate training on the use and application of integrative mental health practices.	<p>The colonization of mental health practices, specifically psychotherapy, including assessments, diagnostic criteria, and treatment.</p> <p>The influence of colonization on mental health education and training, treatment, and access is largely responsible for the under-utilization of integrative mental health treatments.</p>	<p>Examine the structure of education and training standards as well as licensing requirements for psychotherapists.</p> <ul style="list-style-type: none"> Buy in from governing education and licensing boards. Funding needed to facilitate specialized training. <p>Increase access to integrative care methods in the primary care setting.</p> <ul style="list-style-type: none"> Buy in from primary care settings and providers. <p>Encourage MH professionals to become proficient in multiple modalities of care.</p>	<p>Increase options for treatment specialties and emphases in complementary treatment modalities, within traditional education settings for therapists, social workers, psychologist, psychiatrists, and other mental health professionals.</p> <p>Increase training opportunities for MH professionals to acquire certifications and licenses in complimentary practices for integrative use in therapeutic treatments.</p>	<p>Increase in therapist knowledge and understanding of how to incorporate complimentary approaches into psychotherapeutic interventions.</p> <p>At least 75% of mental health professionals using the Mind-Body Manual will be proficient in the use of one complementary practice and offer this intervention as an integrative mental health treatment.</p>	Increased overall use of integrative mental health treatments among licensed mental health professionals.	<p>Integrative mental health interventions and complementary treatments will be generally offered in the primary care setting.</p> <p>A larger variety of mental health treatments will be offered to clients and patients, empowering client choice (especially within minority communities) and increase client/patient trust in the mental health care system.</p>	<p>Increased use of mental health services among ethnic minority populations.</p> <p>Decolonization of psychotherapy.</p>

Figure 1. Logic Model: The Mind-Body Manual

Theory of Change

Shifts in paradigms must foundationally begin through second-order change, requiring new learning and shifting perspectives about the type of care given across all medical settings. Second-order changes are best initiated in parts of the system that create and maintain the standards of homeostasis (Hall, 2011). Information theory can inform us of the ways that psychotherapist standards and protocols are created and transmitted, and in this case with impressions from early colonization (Brown, 2003). In the field of mental health, the influences of colonization are continually transferred through training programs, assessment protocols and intervention standards, all of which influence client perspectives on treatments. Furthermore, all the previously mentioned considerations impact how often individuals access mental health services and how inclined they are to engage in services.

Ongoing colonialist standards and practices rooted in mental health care may implicitly perpetuate relationships of dominance and subordination between cultures, impacting the access to and quality of care. Many clients would rather pursue alternative treatments independent of their current care providers for fear of judgment and lack of support, as the traditional model is often held as the most respected and efficient practice (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). This further validates the maintenance of the problem. Without addressing these continued systemic limitations, gaps between minority groups and mental health care will continue to grow, adding to the growing number of individuals, largely minority, who are not accessing mental health treatments. Some clients find it difficult to connect to mental health care practices and providers who work from a solely

traditional modality (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). Unfortunately, systemic limitations sustain this problem, as they are rooted in education and training standards that determine if and how psychotherapists provide mental health care. Information theory can again help us to understand the ways that information is passed along in networks, reinforcing the functioning of homeostasis. An effective and systemic way to approach this problem is to incorporate integrative psychotherapy techniques into therapist training and education requirements.

Systemic changes are often difficult to establish, as these types of second-order changes take time and continued efforts. Support for the utilization of integrative practices would need to be interlaced deep within the systemic structure of the American health care system, the formal education system, and licensing boards and organizations. Current education standards and training requirements for psychotherapists have limited opportunities for certifications in alternative specialties and complementary treatments. Few therapeutic training schools offer specialties in integrative approaches to counseling and psychotherapy (Jones-Smith, 2016). This further supports the problem, as many complementary therapies prove efficacious but are not included in healing paradigms identified in traditional psychotherapy. This theoretical framework is systemically reinforced throughout research, standards, and practices in traditional psychotherapy.

Based on the theories used to conceptualize why barriers to mental health services exist in communities of color, The MBM's implementation helps to shift the types of services offered in the primary care setting, while expanding treating professionals' knowledge, skills, and abilities in integrative methods. Engaging clients in the

psychotherapeutic component of the MBM helps professionals and clients explore colonization's impacts on mental health treatment while focusing implementation energy on approaches steeped in social justice, and equitable healthcare. Systems Theory, Critical Race Theory and Social Justice principles are all widely applicable to varying aspects of culture including race and ethnicity, gender, sexual orientation, and ability. This makes its applications align even more so with focusing on equitable practices and supporting a decolonizing framework, as these dimensions of culture often impact attitudes about mental health services and service engagement. Consistent implementation of the MBM and its decolonizing principles, can contribute to changing trends and perspectives about what mental health support 'should' look like while giving clients practical tools to use for social, emotional, and mental self-care even after termination of treatment. It is the intention of the MBM to both challenge current treatment practices and expands professional training on treating mental health issues among marginalized groups, ultimately decolonizing mental health in the Black community.

Target Population

The MBM can be used by a wide variety of mental health professionals with all types of credentials, and inclusion criteria supports more independent learning and facilitation with opportunities for support as needed. Inclusion criteria for users of the manual include mental health therapists with experience and confidence in facilitating psychotherapy. A therapist with a background in marriage and family therapy, social work or other healing disciplines can most appropriately utilize the MBM content for

application alongside other therapeutic practices. However, because the MBM is to be used as an integrative complement to a therapist's already established practice, those using this manual must have confidence and experience with facilitating a traditional therapeutic session. This manual is meant to be used by mental health professionals at least one year post licensure. Additionally, users are expected to submit proof of licensure to demonstrate the minimum competencies needed to successfully utilize the MBM. Provisions can be made for marriage and family therapists and social workers who are registered and obtain clinical supervision from a licensed professional who is also trained in the Mind-Body Protocol. While the MBM can be used by therapists working with clients at any stage of treatment, it is best applied when there is already rapport cultivated and a strong therapeutic alliance exists.

The MBM is applicable for therapists working with an array of treatment units. It includes modules for working with individuals, couples, family, and group units of treatment. In addition to being treatment-unit specific, various chapters outline a distinct process focusing on the reduction of negative mental health symptoms such as depression, anxiety and the effects of trauma; while other chapters are focused on regenerating self-love, building relationships, processing trauma, regulation of emotions and self-study. The MBM was intended to use in conjunction with a therapist's modality of choice, for example, narrative therapy or emotion-focused therapy. The MBM includes optional directives for exclusive use as a trauma-informed practice such as avoiding touch, management of environmental cues, and encouraging client choice throughout every stage of the process. The MBM is easily accessible for use with clients of many body types and abilities including those who experience chronic pain. The MBM includes

modifications that meet the needs of any body and can be done with or without yoga props. The MBM can be offered to most clients and utilized with clients who are interested in mind-body integrative mental health care. Based on therapeutic goals, and the capacity of the client to engage in the modules, exclusions are considered at the therapist and client's discretion. Therefore, importance is placed on users being qualified and experienced with psychotherapy and the psychotherapeutic relationships. The MBM was created with focused variability so that exclusionary criteria were few and its applications could be applied to various professionals and clients. The MBM was created as an all-encompassing intervention for therapists to utilize, therefore it includes directives and options that hope to limit as many exclusions as possible. It is not recommended for use with mental health professionals who are not licensed and have not provided direct service one year post licensure. The MBM is not recommended to use with clients who are not open to using mindfulness and somatic approaches. The MBM provides supportive templates and assessments to help professionals screen for appropriateness, including informed consent and gathering intake information, even if a client has been working with the professional prior to the use of the intervention. Client readiness is significant to consider with any trauma informed approach, but particularly with integrating mindful body awareness. Continued development in therapeutic rapport may be necessary. Ultimately, the MBM can be used as a treatment for any mental health condition or experience that traditional psychotherapy would typically be appropriate for. The MBM is least appropriate for mental health professionals without psychotherapeutic training and experience.

Evaluation Methods

The use of manuals can be used as a primary initial phase intervention, to address the issue of underutilization of integrative psychotherapeutic methods (American Psychological Association, 2012). According to the Division of Clinical Psychology of the American Psychological Association, the use of manual-based interventions tends to improve client outcomes and promote replicability (2012). In order to evaluate if the efficacy of using the MBM, outcome and process goals, pre, mid and post-assessments will be administered. These assessments will include qualitative data gathered from clients' reports indicating the presence and severity of problematic symptoms and quantitative measurements from psychological assessments. Positive outcomes, reduction of symptoms and improved coping and functioning are among some of the indicators of treatment efficacy. The measures and assessments used to evaluate MBM effectiveness, vary depending on client treatment plan, severity of symptoms and impacts and the clinical expertise of the mental health professional. For example, when using the MBM with participants struggling with depression, professionals might choose the Patient Health Questionnaire 9 (PHQ-9), the World Health Organization Quality of Life Scale (WHOQOL), or the Center for Epidemiologic Studies Depression Scale (CES-D). When working in families or groups, assessment measures may include the McMaster Family Assessment Device (FAD), The Dyadic Adjustment Scale for Couples (DAS) or any of the Gottman Method Assessment tools if applicable to the assessors training and expertise. Other examples of measurement tools that can be used for pre and post evaluation include The Trauma Symptom Checklist for adults and children, the Difficulties in Emotional Regulation Scale (DERS-S), The Gratitude Questionnaire (GQ-

6) Or Hopelessness Scale (HS), Suicide Behaviors Questionnaire (SBQ-R) and Session Rating Scales (SRS). The MBM is designed to be integrated into most treatment plans using standardized mental health and family systems assessment measurements. Additionally, in order to evaluate whether the use of the Mind-Body Manual increased therapist's overall use of yoga-psychotherapy, each manual program comes with two, two-hour integrative mental health care clinical consultations facilitated by a qualified mental health professional who has been trained on and had extensive experience with the use of the MBM. Clinical consultations mirror the supervision process that many licensed mental health professionals go through when working towards clinical licensure. It is a critical support to assist with MBM clinical interventions and the overall professional development of the manual users.

These clinical consultations further support the growth in professional knowledge and training on integrative mental health interventions, specifically yoga-psychotherapy. Consultations also support users with data collection methods and continued use of the manual to support therapeutic treatments and increase positive outcomes. Clinical consultations are scheduled quarterly throughout the year. Additional fees may be required for further consultation session but can be arranged on an as needed basis. Due to the adaptability and versatility of the MBM, it is available for therapists to use for a flat fee. This includes all three components of the manual with registration for one person's attendance at two MBM consultation sessions. The MBM also includes an appendix with relevant assessment measures, and reproducible tools to share with clients during treatment.

Evaluation of whether professionals using the manual find the MBM helpful and are increasing implementation of the integrative intervention is significant to program continuation and research data. Survey evaluations on the implementation and understanding of the MBM are administered to mental health professionals quarterly at each included consultation. The primary measurement tool that will be used to evaluate the effectiveness of the MBM's application with mental health professionals is a Job Task Analysis (JTA). The JTA consist of 10 closed ended questions and the opportunity to include comments or questions at its conclusion. The JTA data can be gathered electronically or manually through survey interviews. This measurement tool directly assesses the effectiveness and performance of a procedure or a specific task (Adams, Rogers, & Fisk, 2013). The use of a task analysis questionnaire will identify whether therapists find the MBM useful and if the MBM increases their knowledge of how to use the interventions within the manual. This tool is specific to measuring the knowledge, skills, and abilities of individuals performing a specific job task, and can be used to determine whether therapists who use the MBM have increased knowledge on how to use this intervention.

CHAPTER FIVE
PROJECT OUTCOME

MIND-BODY

MANUAL

Nicole Taylor, DMFT



A guide to help mental health professionals
integrate the *Mind-Body Protocol*,
a yoga-psychotherapy approach for
working with communities of color

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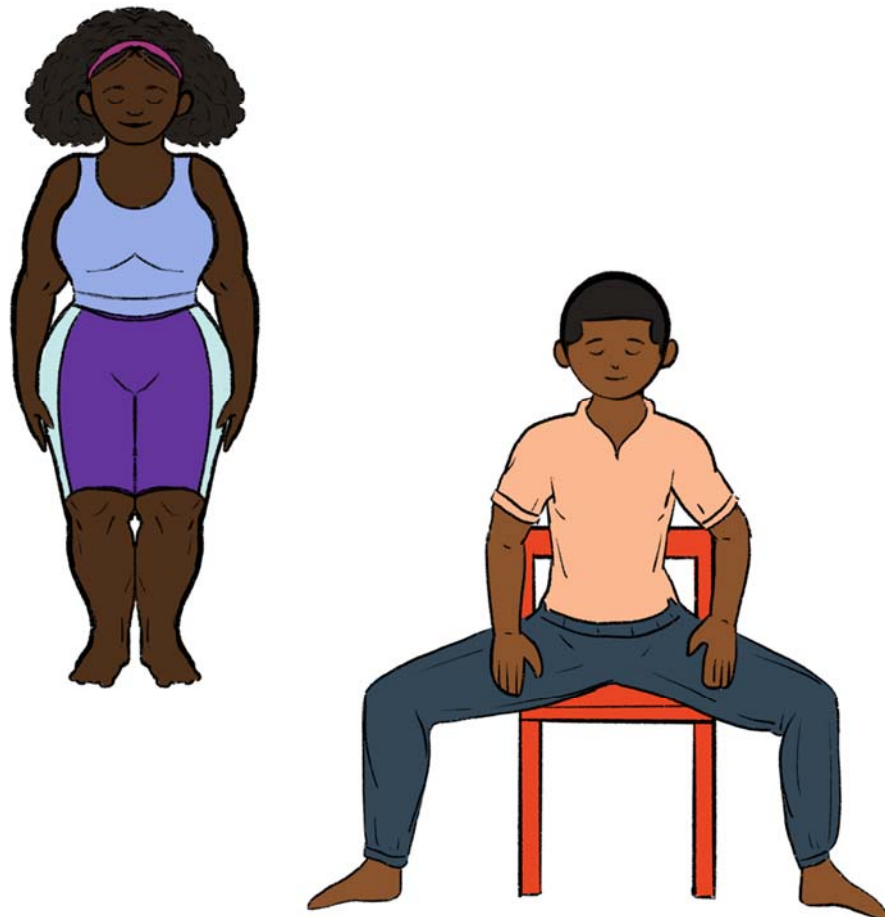
Overflowing gratitude.

In community,
Dr. Nikki

SECTION I: INTENTION

Author's note: The intention of this manual is to do more than provide you with guidance on how to use this intervention. It was created to encourage your further inquiry about the ways that we can integrate indigenous, ancestral, natural, holistic, expressive, somatic, and non-traditional approaches into our primary mental health care options and the ways we can make psychotherapy feel more inclusive in often excluded communities. I hope this manual leaves a positive impression on both you and the people you work with.

-Nicole Taylor, LMFT, DMFT



1. USING THIS MANUAL

DISCLAIMER

The **Mind-Body Manual (MBM)** is designed to support mental health and wellness professionals with implementing the **Mind-Body Protocol** as a yoga-psychotherapy treatment plan intervention informed by the cultural nuances and needs of people of color. While the Mind-Body Protocol can be used with all ethnicities, races, groups, and identities, it may be particularly helpful when used with marginalized, silenced, and overlooked groups. These groups include racial minorities, women, LGBTQ+, individuals with disabilities, refugees, economically disadvantaged people, and first-generation families, amongst others.

The Mind-Body Protocol can be used with adolescents and adults who experience a wide spectrum of mental health symptoms. The MBM is intended to complement psychotherapy practices and should not be used as a replacement for training, skills, and experience in psychotherapy, or clinical supervision.

No prior experience or knowledge of these interventions is needed. Each section of the MBM provides important psychoeducational information to help with implementing the interventions that follow.

Section 1- INTENTION: The Foundations of Yoga-Psychotherapy

Section 2- IMPLEMENTATION: The Mind-Body Protocol

Section 3- INTROSPECTION: Body Fluency: A Reflective Journal for Yoga Therapy

Section 4- INSTRUMENTS: Assessment and Treatment Planning Resources

While we attempt to thoroughly address relevant areas of education and practice, it is not possible to include comprehensive discussions on everything related to these interventions and practices.

It is suggested to begin with a thorough reading of the manual to obtain a complete understanding of how mind-body practice fits into psychotherapy and ways to ethically implement the interventions into your current work. Users of the Manual must utilize their own independent skills and clinical judgment as well as seek appropriate professional support, supervision, and training relevant to body-based therapies and yoga-psychotherapy when unsure. With appropriate supervision and consultation, this manual should provide clinicians with the range of skills needed to plan and implement yoga-psychotherapy, as well as somatic body-oriented work, in the clinical setting.

The MBM will use the terms Client and Patient interchangeably. We will also use the term Professional to refer to those utilizing this manual and implementing a yoga-psychotherapy intervention. Please translate the terms to words you would use to describe the individuals or folx you work with or the ways you describe yourself as a mental health professional. Recommended supplementary texts are included in the manual appendix.

ETHICAL GUIDELINES

Become familiar with the ethical guidelines related to your credentialed practice, for example, the American Association of Marriage and Family Therapists, the National Association of Social Workers, or American Psychological Association Codes of Ethics. Follow the code of ethics applicable to psychotherapy in your practice and integrate these yoga-psychotherapy guidelines into your practice as well.

This manual is meant to be used by mental health professionals at least one year post licensure. Additionally, users are expected to provide proof of licensure to demonstrate the minimum competencies needed to successfully utilize the MBM. More information on these guidelines can be found at mbyogapsych.com.

Provisions can be made for marriage and family therapist interns and social worker interns who are registered in the appropriate licensing jurisdictions, for example, registered MFT interns with the California Board of Behavioral Sciences, and who receive clinical supervision from a licensed professional who is also trained in the Mind-Body Protocol.

Below are suggested overarching ethical guidelines for yoga-psychotherapy practice.

- 1. Competence.** Provide services within the boundaries of your scope of competence and practice. Consider your education, training, supervision, consultation, and professional experience. Be sure to follow ethical guidelines concordant with your specified credentials of practice.
- 2. Continued Education.** Continued learning is key. Prioritize continuous engagement in the development and maintenance of yoga-psychotherapy competence in practice, field developments, continuing education, research, consultation, and study. This includes considering somatic therapy training, yoga teacher and yoga therapy programs.
- 3. Avoiding Harm (the yogic principle of *Ahimsa*).** Professionals using yoga-psychotherapy must take reasonable steps to avoid causing harm to clients, other practitioners, supervisees, and themselves, and to minimize harm when it is unavoidable.
- 4. Non-Discrimination.** Employing non-discriminatory practice and ideology based on age, culture, gender identity, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or other bases.
- 5. Sexual Harassment.** Sexual harassment may involve sexual solicitation, physical, and/or nonverbal advances between the professional and the client. Do not engage in any sexual harassment or physical touch without the explicit and informed consent of the client. Avoid comments regarding body shape, size, or other individual features of body presentation.

It is best ethical practice to provide documented informed consent when integrating body-based practices into psychotherapy. Providing informed consent allows an opportunity to have additional conversations with clients about the information included in Section I of this manual. A sample informed consent is included in the *Appendix* of the manual and can be downloaded at www.mbyogapsych.com.

SUPPORT FOR THE PROFESSIONAL

Proficiency time is a significant consideration, as professionals in the field often experience excessive caseloads, role conflicts, service waiting lists, lack of resources, and must strategically find the time for continued education, contributing to field burnout and increased stresses. Several supports are offered to help alleviate the stressors that often accompany implementing a new therapeutic skill.

For assistance with implementing the material in the manual and to access additional clinician supports visit www.mbyogapsych.com.

Here you can access documents and forms to support your work, as well as access the included clinical consultation, consult with other yoga-psychotherapy practitioners, and attend live and recorded consultation training to help with the implementation of the interventions in this manual.

2. WHY WAS THIS MANUAL CREATED?

THEORETICAL FOUNDATION

Systems Theory, Critical Race Theory, and the principles of Social Justice have significantly influenced the creation of this manual. Having awareness of these theories and principles may support you in guiding the movement of every intervention and implementation of the protocol in each session.

Systems Theory

Systems Theory identifies a system as being greater than the sum of its parts, including information systems, consistently sending, and receiving data (Bertalanffy, 2015). This way of looking at mental health problems and treatment options encourages professionals to consider the micro and macro systems that influence our clients' presenting issues, from the largest contexts to the most subtle in each and every session. This acknowledges the interconnected ways that family, friends, society, culture, and community impact each client in every moment of the therapeutic work.

Through Systems Theory, we can also explore how the education and training systems for mental health professionals impact the perceptions of such services within overlooked, marginalized, and minoritized communities. Formal education and training serve as the foundations for how services are provided and often are not culturally inclusive of diverse populations.

Traditional psychotherapy methods have often been antagonistic to the lived experiences of populations of color (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). Traditional psychology training stresses the importance of cultural competence, but few resources are detailed enough to help many professionals move beyond cultural competence to a more powerful and necessary focus: **cultural responsiveness**. Research continues to show that traditional Eurocentric methods of psychotherapy are not landing positively in communities of color, and steps to respond to this matter can and should be taken at a systemic level (Shim et. al, 2009).

Critical Race Theory

Critical Race Theory (CRT) can be used to conceptualize the issue of mistrust in mental health care within the Black and Brown communities. CRT explores actual and perceived discrimination and racism on both individual and group levels. It identifies the functions of racism as institutional and systemic, purposefully enacted as a part of white supremacy culture to subjugate and oppress communities of color. CRT uses a sociological lens to explore the experiences of people and how those experiences largely contribute to their perspective of the place they hold in the world. CRT can be used to examine how race, along with gender, class, sexuality, disability, and more impact relationships, behavior, and ultimately, one's mental health and wellness (Brown, 2003).

It can also be used to examine the transmission of race-related information causing negative impacts in relationships and attitudes or beliefs, within and across racial groups. Recognizing and understanding a critical race lens further inspires and encourages the creation of systems and interventions that counteract cultural biases, creating space for multiple narratives, experiences, and beliefs to be honored and observed in mental healthcare. Researchers in psychology and sociology can use CRT to explore how the standards of mental health, construction of psychiatric disorders, and appropriateness of treatment are connected to race, mental health, and access to care (Brown, 2003). According to the National Council of Psychological Association for the Advancement of Ethnic Minorities, people of color continue to feel marginalized by cultural exclusion in the types of mental health services that are offered.

Perhaps if more treatments reflected healing and wellness practices outside of what the dominant culture has identified as appropriate, then more Black and Brown ethnic groups would be more open to the mental health care system and utilize mental health services more readily.

Social Justice

Striving for equitable mental health services and access for ethnic minorities and other diverse groups is one way to approach this larger issue from a social justice perspective. Social justice places a general emphasis on addressing disparities and increasing equal access to liberties, rights, and opportunities for the least advantaged members of society, including in healthcare (Manderscheid, 2020).

At the intersection of mental health and social justice is decolonization. Decolonization is the process of deconstructing colonial ideologies of superiority and privilege of Western thought and approaches. Decolonization includes dismantling systems that maintain this implied status quo while also validating and valuing indigenous knowledge and ancestral practice from their communities of origin (Biin et al., 2018).

Work in the field of mental health cannot exist in the absence of a social just perspective, as it influences managed care for services, determines access, and is a primary contributing factor to the physical and mental health of individuals from marginalized groups.

Mental health professionals can begin making direct social justice impacts by seeking education and training on ways to integrate more culturally affirming and inclusive practices and doing so in their work. This manual was created to help meet that need.

WHY THIS MANUAL WAS CREATED

The Mind-Body Manual is designed to support mental health professionals, primarily psychotherapists, with integrating holistic approaches into their work. It was created to provide mental health and wellness interventions, self-care practices, and culturally responsive care beyond the Western, White, Cissexist, and Ableist practices deemed most practical and accepted in mental healthcare. This manual is a supportive complement to healing practices focusing on anti-oppression, marginalization, discrimination, race-based stress, and trauma. The hope of the Mind-Body Manual is to increase comfort with and utilization of mental healthcare in Black and Brown communities by offering interventions that are considered “alternative,” although Indigenous, intuitive, and cultivated with thousands of years of cultural history and traditional knowledge. This manual is a cultural offering in itself; a reminder that mental, emotional, and spiritual healing comes from various places, none being more superior than another, answering the urge to give all practices a seat at the table. Empowerment in choice is a healing tool.

Section I of the MBM sets the intentions and lays the foundation for using the protocol. Section II focuses on The Mind-Body Protocol with step-by-step instruction on how to incorporate yoga philosophy, mindfulness, movement, breathwork, and other somatic practices in the treatment of cultural, emotional, and mental health-related challenges. Section III provides a complete list of reflective prompts to accompany your Mind-Body practice. The last Section IV outlines instruments, tools, and treatment planning support to help track your progress while using the protocol.

In this manual you will find:

- Background and history on yoga
- Session directives for individuals and families
- Specific interventions for common mental health disorders and presenting challenges
- Diversity/cultural considerations
- Reflective therapeutic prompts
- Assessment and treatment planning tools
- Handouts for the professional and client

Each treatment module provides guidance on ways to facilitate a yoga-psychotherapy session, including an explanation of how each intervention supports treatment outcomes. The Mind-Body Manual is a fitting complement for licensed professionals experienced with facilitating psychotherapy and interested in incorporating non-traditional, somatic, and diverse interventions in the therapeutic setting. This treatment guide gives you everything you need to successfully incorporate basic yoga into your psychotherapy practice.

The Mind-Body Manual aims not just to serve as a psychotherapeutic tool, but as a foundation for making pivotal shifts within the field of mental and physical healthcare. In recognition of the ways that education and training programs have systematically created barriers preventing many groups from accessing efficacious healing practices, the MBM, informed by Social Justice

Theory, provides training tools and direct guidance to help mental health professionals with utilizing more integrative, and often non-traditional, mental health interventions.

THE PROFESSIONALS' REFLECTION

As you begin to deepen into this manual, I encourage you to consistently question your intentions and study your responses and behaviors. It is important to acknowledge the self-of-the-therapist and how our authentic presence in this work can be either supportive, antagonistic, or both. Movement in the body can be unfamiliar, powerful, or connecting. Your essence is just as much present in the therapy space, as is the essence of who you are working with. It is a strength to be able to stay mindful of what is happening within you while staying attuned to what is happening for someone else. It takes practice.

Here are some reflections to help guide your self-study and strengthen your mindfulness in this work.

1. What brought me here?
2. Why am I interested in doing this work?
3. In what ways are my therapeutic approaches growing?
4. How do I remain aware of my personal biases?
5. What can I do if I am activated during a session?

There are additional ways for you to explore your self-of-the-therapist while using the Mind-Body Protocol. Join an MBM consultation group or consult with peers or colleagues who use yoga-psychotherapy. You may also engage in your own movement and therapeutic practices.

Suggested readings to deepen these reflections can be found in Section III of this manual.

3. YOGA HISTORY + BACKGROUND

Traditional yoga discipline dates back to between 5,000 and 10,000 years ago to at least 2700 BCE, long before it reached the Western world. The word yoga means to unite or bring together, and consistent practice of yoga can truly highlight how interconnected so many parts of our world are, from our physical body and emotions to our environments, cultures, and social relationships. While yoga has gained popularity for its physical practice and postures (*asanas*), many introspective aspects of the practice make beautiful complements to healing approaches and can be gracefully and respectfully integrated into various wellness practices. Because yoga originated in India, many of its texts are delivered in Sanskrit, the ancient language of South Asia, India, and Hinduism. Many Western practices of yoga have translated Sanskrit terms, and sometimes this translation loses its original meaning and reverence. One notable reference is the use of the term '*Namaste*.' Nama- meaning to bow and -te meaning you, the literal translation is 'I bow to you.' Though *namaste* is a common greeting in many Indian cultures, Western yoga has adopted its use at the end of a yoga session as a closing ritual, although this is not accurate in traditional Indian yoga practice. With appropriate intentions, this statement may be used to acknowledge others in the practice and to thank each person for their participation, presence, and sharing of sacred space (Geno, 2021). Gross misinterpretations of language and culture have resulted in commercial sales of phrases like "Nama-slay" on mass-produced t-shirts or printed on the posterior of "yoga pants." It is therefore recommended to avoid the use of the word *namaste* in yoga-psychotherapy. Instead, it is appropriate to acknowledge the client's deep work, present attunement, engagement in the practice and offering gratitude for being able to guide them in this work.

Yoga has a long history of positive impacts useful for navigating our human experience. Its traditional practice is not just physical as many American societies have interpreted it to be. The intention of yoga is to develop a mind-body-spirit practice, addressing physical, mental, emotional, and spiritual dimensions of wellness.

Research on yoga has indicated that physical yoga postures have a positive influence on many physical conditions and diseases, as well as mental and emotional benefits supporting wellness (Caplam et al., 2013). It has been shown to calm the parasympathetic nervous system, helping to decrease depression and anxiety. Yoga psychotherapy has been effective in decreasing symptoms associated with schizophrenia and substance use disorders, and when done in pairs or larger groups, yoga may also help build self-awareness, compassion, and trust. Additional benefits include cultivating positive relationships with self, improving body image for those experiencing disordered eating, and assisting with processing and managing trauma (Caplam et al., 2013).

Application of post-Enlightenment evidence-based research methodologies have supported that yoga program participants experience improvements in emotional regulation, lessen anxiety-based symptoms like those from obsessive-compulsive disorder, and report decreased perceived stress, with overall effectiveness similar to cognitive-behavioral therapies (Gerber et al., 2018). The use of mindfulness in these yoga-based practices strengthens one's ability to sit with and work through the discomfort, increasing individuals' window of tolerance and aiding in psychological flexibility. The use of yoga within a larger suite of mindfulness activities simultaneously activate and downregulate certain neurological and limbic processes,

strengthening one’s ability to shift from utilizing the emotional ‘fight or flight’ system of the brain to a more thoughtful and less activated place enduring perceived crisis (Gerber et al., 2018).

THE 8 LIMBS OF YOGA

There are many different kinds of yoga practices, each one with specific benefits and uses. Some styles of yoga focus more on physical postures, others more on breathwork, and some are combinations of the two. Traditional yoga practice brings focus to yogic principles and philosophy, making it a fitting complement to psychology and psychotherapy. An example of this is found in the Yoga Sutras of Patanjali, a traditional text focused on the internal wisdom of yoga. Included in the Sutras are the 8 Limbs of Yoga, which provide guidance and a philosophical basis for mind-body-spirit integration. These eight limbs of yoga help guide the practice and process of self-discovery and are used literally and metaphorically. The metaphorical application of these limbs can be integrated into psychotherapy using reflective prompts and guided imagery, as they often parallel psychoanalytic processes and talk therapy foci (Judith, 2006).

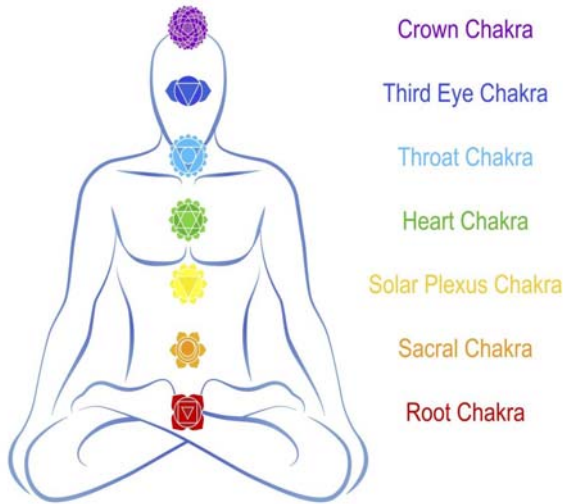
Here are the 8 Limbs of Yoga and how they translate metaphorically, as related to the Mind-Body Protocol.

Yamas	Examining one’s morals and values; how one treats the self and the world around them
Niyamas	Exploring influences on self-discipline and motivation
Asana	Experiencing posture practice and movement
Pranayama	Breathwork
Pratyahara	Exploring one’s relationship to external stimuli or triggers and finding the tools to turn inward
Dharana	Practicing healthy concentration and focused energy
Dhyana	Mindfulness and/or meditation
Samadhi	Increasing awareness, intuitive wisdom, and understanding

The Mind-Body Protocol combines the principles and postures of various styles of yoga, primarily, restorative, and therapeutic yoga (below) along with contemplation of the elements within the 8 Limbs of Yoga.

YOGIC CHAKRA SYSTEM

The yoga postures and movements used in the ‘Stage 3: Moving’ stage of the protocol target the nervous system to activate the sense of rest, restoration, and reflection. The postures are also aligned with the body’s Chakra system of Ayurvedic medicine. The Chakras refer to 7 energy



centers running throughout the body from the base of the spine up to the top of the head impacting a person’s physical, mental, and emotional health (Ferretti, 2021). Each energy system has specific impacts on our social-emotional attunement, and each can be used as a frame of contemplation and area of focus on the body. By focusing on these body locations alone, increased awareness of how the body responds when mental or emotional stimuli are introduced in a calm environment can transform how someone relates to their body and their experience. This is what makes mindfulness so powerful. While there are evidence-

based indications of increased physiological well-being with consistent yoga practice and the use of certain postures, no specific explanation of how the chakras positively impact psychological function has been completely accepted in the scientific community (Maxwell, 2009). This is an example of how organized systems can impact the accessibility and acceptance of a practice, modality, or intervention, since acceptance in scientific and academic communities often results in increased access to offerings, training, and use.

The practice of psychotherapy often includes metaphorical integrations, and the chakra system can be used as an influence to the psychotherapeutic practice. Through continued education, you can deepen your understanding of the chakra system and additional ways to integrate chakra acknowledgment in your yoga-psychotherapy practice, should you choose to do so. Suggested Readings are included in Section IV of the manual. Ultimately, the yoga Chakra system is used in the MBM in a metaphorical context to help guide and inspire reflective therapeutic action.

THE SEVEN CHAKRAS • AND THEIR MEANINGS •



The Mind-Body Protocol is primarily based on the restorative and therapeutic practices of yoga. In restorative yoga, there is more focus on finding stillness than there is on stretching and activating, significantly reducing the risk of injury. Blankets, Bolsters, Cushions, and other props are a significant component of restorative yoga, and no experience is necessary for the practice. People with various disabilities, chronic illness, pain, and other physical limitations can practice restorative yoga. It is a fitting practice for both the experienced yoga practitioner and the interested individual who has never been on a yoga mat. In fact, the yoga mat is not even necessary. Restorative yoga cultivates the space and energy for self-regulation and self-reflection, which are typically two significant goals and intentions in psychotherapeutic treatment as well as other healing modalities.

Therapeutic yoga is yoga practiced with the intention to heal the body and the mind. This includes easing physical, mental, emotional, spiritual pains or discomforts, with a focus on overall wellness. Therapeutic yoga often includes restorative yoga, gentle postures, breathwork, and guided visualizations or meditations. It offers a complementary perspective to Western approaches to treating psychological mental health conditions through a more holistic or whole-person perspective. Additionally, the use of holistic intervention models significantly supports embedding anti-racist and anti-oppressive practices in mental healthcare, making it particularly fitting to use with groups that experience discrimination or social, political, and economic exclusion. The use of therapeutic yoga by itself is sometimes referred to as Yoga Therapy.

Other relevant benefits of yoga and therapeutic movement include:

- Increased psychological and physical flexibility
- Improved balance and coordination
- Increased bone density
- Reduced stress
- Calming and focusing the mind
- Improved mental health and cognitive function
- Reduced pain
- Improved sleep

(Caplan, et.al, 2013; Corey et al., 2014)

AVOIDING CULTURAL APPROPRIATION

Given that yoga is not a native cultural offering for many of us engaging in the practice, it is important to understand its origins and intentions so that we can continue to use it with respect and positive intentions. Paying homage to the practice of yoga and its lineage, as well as acknowledging the ways in Western culture it has been used to enact white supremacy, capitalism, patriarchy, and oppression, are significant to avoid cultural appropriation (Cherid, 2021). Yoga has its own history in South Asian contexts of Hindu and Buddhist oppressive practices in culture, gender, and age. For example, *asanas* were traditionally reserved for male practitioners only, were not trauma-informed, and were guided with a strict authoritarian style. While modern practice has adapted some of these tenets, many culturally conscious communities and social justice approaches have shifted practice elements in order to cultivate a more inclusive, safe, felt environment in yoga practice. In non-South Asian cultures, it is important to practice yoga with positive intentions, reverence to its history and evolution, along with a commitment to education, inclusivity, and respectful implementation. A social justice perspective includes avoiding cultural appropriation.

Cultural Appropriation is:

- When a privileged group—a group that has economic, political, and institutional power—borrows or steals from an oppressed or marginalized group for personal gain (Grays, 2016)
- When a dominant culture takes from another culture, usually a minority or disadvantaged culture, without full regard for the context, respect, or acknowledgment of the culture it is being borrowed from (Yoga International)
- “The act of taking or using things from a culture that is not your own, especially without showing that you understand or respect this culture” (Cambridge Dictionary)
- When a privileged culture borrows or steals from a marginalized culture and strips elements of the culture to use it as a prop or for-profit (Cherid, 2021)

Here are some things that you can do to avoid cultural appropriation and instead emphasize an *appreciation* of yoga:

- Learn about and acknowledge the history of yoga
- Talk with clients about native yoga intentions and practice
- Take yoga beyond the physical practice
- Prioritize inclusivity and accessibility for all
- Avoid the use of yoga symbols or representation of deities
- Avoid the use of sacred languages like Sanskrit and terms like ‘*Namaste*’ or ‘*Yogi*’ as they are often misused
- Ask questions and stay curious about yoga and its lineage

Traditional yoga practice, although not religious, does include various spiritual principles, moral guidelines, and ancient texts such as those found in the *Bhagavad Gita* and *Patanjali’s Yoga*

Sutras that support its practice and the path to increased consciousness. Traditional yoga practice is considered part of daily lifestyle, whereas in the West it is most known for fitness and fashionable attire. It is important to note that Westernized yoga is practiced differently from Eastern societies' yoga, in the relationship and hierarchy of practitioners, the commercialization of the practice with yoga apparel, and the whitewashed nature of its implementation through Western yoga teacher training programs, as Western yoga depictions of instructors and practitioners are most commonly White. Additionally, popularized Western yoga practices often include misuse of sacred objects, symbols, and languages (Bartholomew, 2020). Still, much of this is shifting due to an increase in yogic education and conversations about cultural appropriation.

While it may not be possible to avoid cultural appropriation in its entirety, it should be a priority for those engaging in yoga practice and those using this manual to understand the background of yoga methods and share this information with clients and other practitioners. It may also be helpful to discuss, copy, print, or share this section, *Yoga History*, with clients for greater understanding in addition to exploring relevant literature.

Recommended readings are included in Section IV of this manual.

4. YOGA-PSYCHOTHERAPY

This manual uses mind-body psychology, 'bottom-up' interventions, some of the principles of yoga, and the theoretical perspectives of psychotherapy to provide trauma-informed directives to mental health professionals on including yogic breathwork, mindful movements, somatic awareness, and meditation into psychotherapy. More information on bottom-up approaches can be found in this section of the manual.

Considering bottom-up approaches supports professionals with facilitating a more holistic version of traditional psychotherapy, referred to as Yoga-Psychotherapy. Yoga is largely about attunement and connection (Gessel, 2018). Through Yoga-Psychotherapy, clients have the opportunity to discuss and explore feelings, learn new coping and self-care strategies, and problem-solve situations in a safe space that encourages mindfulness, creativity, and spirituality.

WHAT IS YOGA-PSYCHOTHERAPY?

Yoga-Psychotherapy is sometimes referred to as Yoga Therapy because of its healing and therapeutic components. However, there are some main distinctions between the two, and it is important to understand why. Yoga Therapy is a certified practice of yoga used to treat a variety of mental and physical conditions from chronic pain, neurological disorders, mental health issues, and serious medical illnesses like cancer, diabetes, and heart disease. It is a professional application of the principles and practices of yoga to promote health and well-being within a therapeutic relationship that includes personalized assessment, goal setting, lifestyle management, and yoga practices for individuals or small groups (International Association of Yoga Therapists, 2020).

Yoga therapy is done with a Yoga Therapy certified yoga practitioner. It can include practices aimed at addressing mental and emotional distresses but is not limited to these domains. The International Association for Yoga Therapists (IAYT) supports research and education in using yoga as therapy and serves as a professional resource for yoga therapists and yoga teachers. IAYT offers a competency-based certification for yoga therapists (C-IAYT).

In contrast, Yoga-Psychotherapy is also used to treat mental and emotional conditions but is more clinical in practice. It is a combination of psychotherapeutic interventions and theory, along with yoga principles and movement. Yoga-Psychotherapy is done with a trained and credentialed mental health professional. Yoga-Psychotherapy integrates yoga as a body-based approach for treating and managing mental health conditions. Although this approach incorporates yoga, it is not necessary to be yoga certified to facilitate basic yoga-psychotherapy. It is, however, recommended that the facilitating professional have some background and knowledge about body-based interventions and yoga practices that can complement the psychotherapy process. This manual sufficiently provides that, along with information and directives to support practicing mental health professionals with integrating basic elements of yoga into their work. Yoga-Psychotherapy can be considered a form of Yoga Therapy, but Yoga Therapy does not always translate to being Yoga-Psychotherapy.

Yoga-Psychotherapy incorporates mindfulness, breathwork, yoga philosophy, and yoga postures alongside psychotherapy processes. This may look like guiding an individual into a yoga posture

and supporting the person with using mindfulness, sitting with emotions, or using talk therapy to process the experience. The talk therapy portion of yoga-psychotherapy isn't much different from that in traditional therapy. Instead of individuals sitting in a chair or on a sofa and talking to the therapist, they may be lying down or in specific yoga postures while the talking occurs. Holding silence can also be useful in the postures, as it cultivates introspection, self-regulation, and mindfulness, all of which are common practices when psychotherapy is used alone. Talk therapy can then be used after concluding with a posture or movement to further process the experience and move into the next parts of the session or practice. Mindfulness is a significant part of therapeutic practices. Mindfulness practices focus on non-judgmental moment-to-moment awareness and are a fitting complement to any therapeutic approach (Jonsson et al., 2020). One of the most common integrations of mindfulness into psychotherapy is used in Mindfulness-Based Cognitive Therapy (MBCT), combining cognitive therapy with meditative practices and principles based on mindfulness. Additionally, other therapeutic modalities including mindfulness and body-based movements have emerged and produced beneficial results in clients, including reducing negative symptomology, increasing self-regulation, and improving quality of life (Fernos et al., 2008). Modalities like Somatic Experiencing, Hakomi, Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), movement, and dance therapies are increasingly used in private settings, but often remain limited in community mental health or primary care offerings.

TOP DOWN VS. BOTTOM UP

Yoga-Psychotherapy is an example of mind-body processing. Its clinical use can also be considered as an intervention under the somatic psychotherapy umbrella. In talk therapy, we activate the healing through top-down processing. Top-down neurocognitive processing is mostly mental and uses the prefrontal cortex to understand trauma and resolve emotional issues. The issue with only using top-down approaches arises when we consider treating mental issues rooted in trauma, as most are (SAMHSA, 2014). Trauma and acute stress often jeopardize prefrontal cortex reasoning and functioning, creating challenging blocks affecting perspective-taking, reason, problem, solving, and impulse control. Over-stimulation to this area impacts the nervous system and results in fight or flight response, even when the activator is no longer present (Shea, 2014). Top-down processing relies on knowledge, experiences, perceptions, and expectations, which can all be skewed during and after a traumatic event. This can also block psychotherapeutic work resulting in retraumatizing an individual without adequate coping or hitting a plateau in treatment progress.

Examples of top-down treatment includes:

- Cognitive Behavioral Therapy (CBT), including Trauma-Focused CBT
- Psychodynamic approaches
- Solution-focused therapy
- Some aspects of Dialectical Behavioral Therapy (DBT)
- Other talk-therapy modalities

(Reagan, 2021)

Bottom-Up neurophysiological processing refers to somatic and body-based interventions which rely on in-the-moment sensory information processing. Sensory practices have been found to regulate the nervous system and work against the fight or flight response (Taylor et al., 2010). Bottom-up processing is often beneficial because trauma symptoms in fight or flight, can make it hard to translate experiences to words, often impacting language and communication (Shea, 2014). Bottom-up processing often includes exercise, rhythmic movement, and deep relaxed breathing as coping strategies and ways to express and process experiences.

Examples of bottom-up treatment includes:

- Yoga Therapy
- Neurofeedback
- Somatic Experiencing
- Eye Movement Desensitization Reprocessing (EMDR)
- Brainspotting
- Hakomi and mindfulness practices
- Art Therapy
- Drama Therapy
- Dance Therapy
- Play Therapies
- Animal Therapies
- Other sensorimotor approaches

(Reagan, 2021)

YOGA-PSYCHOTHERAPY OUTCOMES

Yoga, deep breathing, and mindfulness meditation are among the ten most common complementary and alternative medicine therapies used with adults (National Center for Complementary and Alternative Medicine, 2007). It can be helpful to discuss the benefits of these approaches as part of treatment planning before starting to implement a yoga-psychotherapeutic protocol.

Benefits of Mindfulness and Breathwork

- Increased awareness of breath patterns (regulation)
- Decreased anxiety, depression, phobic behaviors, psychosomatic symptoms
- Improved heart rate variability (stimulates rest and recovery; works against fight or flight)
- Emotional stability
- Increased confidence
- Self-acceptance
- Increased alertness and focus
- Reduced severity of psychological disorders
- Energizing and calming
- Reconnection to self
- Grounding and presence

(Sweeton, 2019; Caplan, et.al, 2013)

Benefits of using Restorative Yoga and Therapeutic Movement

- Requires little physical exertion, resulting in limited injury
- Stillness minimizes stress and tension
- Soothes the nervous system by activating the parasympathetic system for rest & recovery
- Slows the heart rate, which is calming and works against trauma responses
- Encourages internal and external mindfulness, increasing self-awareness and acceptance
- Increases emotional and environmental awareness, without hypervigilance (especially for those experiencing chronic stress and trauma activation)
- Can be used as a free self-care tool (a coping strategy or self-regulation tool)
- Encourages internal resourcing instead of external stimulation as a coping strategy, which can be empowering, especially for those with trauma histories
- Flexibility in practice (can be done alone, with a partner, or in groups)
- When done in groups, strengthens community and sense of belonging
- Increases social attuning skills, and confidence

(Corey et al., 2014, Parker et al., 2020)

YOGA-PSYCHOTHERAPY AND COMMUNITIES OF COLOR

Yoga is a mind-body-spirit wellness practice with a significant body of research indicating benefits across diverse populations and in various settings. However, wellness practices outside of those offered in primary care settings are not always accessible to historically underserved groups and are often stigmatized, especially in communities of color. Integrating yoga into psychotherapy brings an element of wellness to the forefront in communities with high needs of mental health support that is more accepting and provides access to a healing tool that is much needed, as race-based stress and anxiety largely contribute to the mental health issues of Black and Brown individuals (Parker et al., 2020).

As more practitioners and mental health professionals begin to utilize yoga-psychotherapy as a mental healthcare intervention, communities can begin to increase comfort and acceptance of the practice. Limited experience and exposure to yoga as a practice in communities of color continues to contribute to perceptions about its practice, including assumptions that yoga will contradict religious ideologies, the taboo of mindfulness and meditation practices, and mistrust in unfamiliar care practices based on cultural histories of medical and societal mistrust (Woods et al., 2014). We can address this by talking to our clients about the histories and use of interventions before employing them. Including cultural and spiritual traditions and rituals into these new practices can also address stigmatization and can ease the feelings of disconnection that may be present when trying an unfamiliar wellness practice. It also includes receiving confident buy in from folks before moving into a practice or utilizing a new intervention. Continued discussion and psychoeducation are needed if someone doesn't feel open to trying an intervention. More guidance on facilitating this process can be found in Section III on implementation.

Continuously consider the collective cultural trauma histories of Black and Brown and how that may impact a community's perception of a new approach. Familiarize yourself with the facts of the matter. Black and Brown communities report higher levels of chronic psychological stress than their White peers, due to social and political power differentials, discrimination, and economic disparities which disproportionately impact communities of color (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003). Additionally, Black and Brown individuals are more likely to report multiple co-occurring stressors at one time (Williams, 2018). As repeated discrimination leads to chronic mental health issues and intergenerational trauma, racism and discrimination are sadly embedded into the fabric of white supremacist American culture. The exclusion of yoga as a mental health practice by managed care facilities and mental health clinics perpetuates barriers in provider bias and quality of care. Although more research and clinical practice are beginning to include yoga as a clinical intervention, it is not yet normalized or offered in most care settings. As more clinicians and professionals increase proficiency in yoga-psychotherapy as an intervention, it is more likely to be offered across care settings, public and private, and used collectively among more diverse groups.

Yoga cultivates an inner environment for self-study. It is a contemplative practice. Integrating it into psychotherapy provides an additional, holistic method to provide health and wellness support, while also providing tools that people can practically continue to use long after their relationship with a helping professional has ended. Providing clients with tools that prevent

them from over-relying on managed care systems and helping people access tools and coping strategies within themselves and in their communities is one way to empower individuals to acknowledge and treat mental and emotional difficulties in ways that can feel more accepting and engaging. This dynamic is often more intuitive and acceptable in communities of color than seeking external support, for various reasons (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2003).

5. TRAUMA-INFORMED CARE

"After trauma, the world is experienced with a different nervous system. The survivor's energy now becomes focused on suppressing inner chaos, at the expense of spontaneous involvement in their life. These attempts to maintain control over unbearable physiological reactions can result in a whole range of physical symptoms, including fibromyalgia, chronic fatigue, and other autoimmune diseases. This explains why it is critical for trauma treatment to engage the entire organism, body, mind, and brain."

-Bessel van der Kolk, M.D., *The Body Keeps the Score*

DEFINING TRAUMA

- Trauma is a distressing emotional response to a real or imagined event
- Trauma is a difficult or unpleasant experience resulting in long term negative mental or emotional responses
- Trauma can be described as the unique individual experience of an event or enduring conditions in which the individual's ability to integrate their emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to their life, bodily integrity, or that of a caregiver or family (Saakvitne et al., 2000)
- Trauma has no boundaries in relation to age, gender, socioeconomic status, race, ethnicity, geographic location, or sexual orientation (SAMHSA, 2014)
- A holistic approach to trauma defines trauma not as an event, but rather as a disruption and overwhelm to our body-minds capacity to adapt, thrive, and flourish (Lyons, 2022)
- Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness (The National Council for Behavioral Health)
- Trauma is the body's response to an event it perceives as life-threatening or terrifying. The body may have trauma responses to an event that it has directly experienced, witnessed, or learned about. Typically, the body's nervous system is overwhelmed and unable to cope in healthy ways (Gessel, 2018)
- Cultural trauma is generally defined as a condition or syndrome that occurs when a collective has been subject to an unbearable event or experience that undermines their sense of group identity, values, meaning, and purpose, or their cultural worldviews (Halloran, 2019)

It is important to remember that trauma is perceptual. People perceive trauma differently and may not consider events or situations as traumatic in the same way another person might. Trauma can be experienced anywhere, and all trauma is valid.

TRAUMA CAUSES AND TRAUMA RESPONSES

Common Causes of Trauma:

- Emotional or verbal abuse
- Physical or sexual abuse
- Childhood attachment issues or neglect
- Adverse Childhood Experiences (ACEs)
- Spiritual or religious abuse
- Accidents or natural disasters
- Attacks and assaults
- Witnessing or threatened abuse, violence, or death
- Community violence
- War and terrorism
- Natural disasters
- Fear of harm
- Poverty
- High-stress environments
- Racism, discrimination, and oppression
- Generational trauma
- Non-threatening injuries
- Grief
- Bullying harassment
- Chronic stressors
- Chronic pain
- Medical interventions

Common Trauma Responses:

- Somatic symptoms- headaches, lightheadedness, muscle aches, stomach/digestion problems, restricted breathing, increased heart rate
- Emotional Symptoms- numbness, anxiety, fear, overwhelm, anger, shame, sadness, negative self-talk, rumination, low self-worth, memory issues, feeling powerless, helpless, mood swings, self-blame
- Social symptoms - isolation, loneliness, avoidance, attachment issues, difficulty maintaining relationships, issues with intimacy and trust
- Sleep issues
- Memory deficits
- Hypervigilance
- Hyperarousal
- Risky Behaviors
- Substance abuse
- Startling easily
- Nightmares and flashbacks
- Avoidance

TRAUMA-INFORMED CARE - How to?

This manual combines trauma-informed mental healthcare with trauma-informed yoga. More than 70% of Americans have experienced a traumatic event in their lifetime, and more than 90% of psychotherapy clients have experienced some type of trauma (National Council of Behavioral Health). That number increases when we consider how trauma impacts people of color; stigma, and mistrust of healthcare and managed care systems affect the accuracy at which traumatic experiences are reported, suggesting that reported numbers are actually much higher. Additionally, those statistics further increase when bringing attention to the effects of generational traumas, racial traumas, and chronic race-based stress in Black and Brown communities. This is why it's important to understand the tenets of trauma-informed care and find ways to prioritize this in our services and practice

Trauma-informed care includes acknowledging the widespread reality of trauma, recognizing the signs and symptoms of trauma, integrating trauma knowledge into practices, planning, policies, and procedures, and believing in trauma recovery and survival. Central to trauma-informed care practices is the awareness to not re-activate traumas and avoid further traumatization (SAMHSA, 2014).

Trauma-informed yoga refers to the approach to guiding yoga where facilitators have knowledge of trauma and the symptoms of trauma, giving yoga instructions relative to managing trauma and trauma responses, as well as know-how to provide a safe and supportive yoga environment with the intention of reducing harm, and preventing re-traumatization of the individuals practicing (Cook-Cottone et al., 2017). Each professional facilitating yoga-psychotherapy should engage with trauma-informed presence.

Common themes of trauma-informed mind-body treatment include:

- Safety
- Trust and Transparency
- Community
- Collaboration
- Empowerment/Choice
- Cultural, Historical, and Gender Inclusivity
- Mindfulness
- Courage

(SAMHSA, 2014)

A Trauma-Informed Presence Includes:

- Understanding of the systemic, neurological, biological, psychological, and social effects of trauma
- Prioritization of safety, consistency, and offering choices
- Transparency in treatment
- Actively resisting re-traumatization and avoidance of such activators or triggers
- Learning and practicing self-regulation strategies
- Collaboration with the client/patient
- Acknowledgment of cultural, historical, and gender influences
- Providing consistent encouragement
- Practicing and encouraging non-judgment
- Practicing and encouraging curiosity
- Promoting predictability (e.g., keep a routine or system, verbally front load directives before moving into them, announce how long a pose or posture may be held, directly share what comes next in a practice sequence)
- Use of trauma-informed language
- Encouraging clients to engage in intuitive movement and non-directed practice
- Inviting the option to close the eyes if it feels comfortable, but never requiring it or commanding clients
- Offering blankets in postures where the hips, legs, or chest open. Laying a blanket over clients in open poses can reinforce safety and comfort

TRAUMA-INFORMED LANGUAGE

Trauma-informed language prioritizes choice, comfort, and empowerment. Facilitate safe exploration with continued informed consent by offering choices, suggestions, and variations, rather than prescribing what must be done. Be sure to always include the choice to opt-out. Invite movement, breath, and reflection throughout the practice. Reinforce that there are no right or wrong ways to do yoga- or yoga-psychotherapy; *what is most important is that you pay attention to what feels right in the present moment while observing how you respond when you notice a particular sensation, thought, or emotion.*

Try using phrases like:

- “When you’re ready...”
- “If you’d like...”
- “If you haven’t already...”
- “If it feels right go ahead and...”
- “You can always try different options to suit your experience”
- “You can choose...”
- “Please bring this exercise to an end whenever you feel ready”
- “Feel free to come out of the posture or practice at any time”
- “I invite you to...”
- “I invite you to meet your body and breath wherever it is today”
- “You are always in control of your practice”
- “Everything is optional”
- “Try this option” (try not to use the wording ‘modification’)

Examples of keywords and phrases to encourage awareness and a deepened practice

- “Notice “
- “Feel”
- “Explore”
- “Experiment”
- “Maybe”
- “Stay present in this moment”
- “Pay attention to any shifts that occur”
- “Pay attention to how you feel”
- “What is needed most right now?”

When speaking about the body and directing movement, use terms that are anatomically proper. Become familiar with naming body parts and have collaborative discussions with clients

about their sensitivity to attending to certain body parts or usage of language for body parts. Be mindful about using body language directives for clients with varying degrees of ability. Some examples are included in Section II of this manual.

When suggesting modifications or making changes, use the language:

- “Does this feel better, worse, or the same?”

Sometimes, trauma activation is unavoidable. It may also be the intention in some therapeutic scenarios to use bottom-up processing to activate and rework experiences of trauma. If and when clients become activated or triggered in session, be sure to validate their experience, respond with empathy, and offer choices and options to empower the client to decide what happens next. Examples may include:

- Grounding breathwork
- Pausing and practicing self-regulation
- Compassionate silence. Sit together and hold space.
- Offer to talk through the experience using mindfulness and noticing as guidance
- Encourage intuitive movement in the body that feels safe and comforting

USING TOUCH

Hands-on assistance and the use of touch are not suggested for this practice, particularly because it is a trauma-informed approach. However, we do acknowledge the power of ethical touch when used therapeutically and with consent. If you are a trained yoga practitioner with experience and knowledge of hands-on yoga assists, you may draw upon your education and experience to integrate supportive touch into your practice with clients. For mental health professionals who are not trained in somatic modalities, it is suggested to continue whatever practices you currently follow related to the use of touch in your psychotherapeutic practice. If choosing to use touch, ALWAYS get permission (consent) and always announce yourself before initiating the gesture.

6. MIND-BODY PROTOCOL BEST PRACTICES

Scope of Practice

- Follow the ethical guidelines relevant to your area, scope of practice, and licensing credentials. For questions regarding ethical decisions in yoga-psychotherapy, consult with colleagues practicing in the field or seek Mind-Body Manual Consultation Support for further direction. Additional information on consultation support is provided in Section IV.
- Be mindful of body limitations and modify practices as best as possible to continue engaging the client. Inclusivity is key in yoga practice. Seek consultation if support in this area is needed.
- Talk to your clients about the anticipated benefits of each part of the practice, pose, or directive.
- Be familiar with the purpose of different yoga-psychotherapy activities and be prepared to answer questions regarding why they may benefit the client in this particular moment.

Prioritize Safety

- Have discussions about what clients need to feel safe in the practice and prioritize these elements. You can also identify areas of the body that feel safe or strong, and have the client bring their attention to these parts if dysregulation occurs.
- Always get your client's buy-in or permission to begin an exercise or body-mind intervention. Additionally, it is important to remember that informed consent becomes part of the ongoing professional relationship and should be obtained consistently throughout individual exercises and sessions as necessary.
- Demonstrate postures, movements, and breathwork to your clients first before leading them into the exercises to increase the sense of safety and familiarity of what the client might anticipate.
- Do your best to stay physically level with your client. If your client is on the floor, move to the floor as well. If your client is sitting in a chair, in a wheelchair, or on a couch, then it is appropriate to also sit in a chair or couch. If they are standing, stand as well. Avoid standing above or hovering over clients. An embodied sense of safety is supported when body positioning and language are matched. Do not stand behind clients or make sudden movements. Announce yourself often and stay within their line of sight. The practice of yoga and psychotherapy can become vulnerable; be mindful of your presence as a supportive guide in a client's process of healing.
- Always encourage clients to consult with their primary care doctor about any individual health cautions prior to starting a yoga program. It may also be helpful for the professional to consult with a client's physician to clarify any concerns or limitations.

Leading the Session

- Remain present, keeping your eyes open. Pay attention to the client's response to your guidance and interventions. If you are met with resistance or uncertainty, provide more information about the intervention process and address any discomforts by meeting the client where they are.
- Tone of voice is important. Do your best to keep a steady, melodic, consistent tone of voice. Strive to be soothing and directive, rather than commanding or harsh.
- Take your typical pace of speech and movement and slow them down slightly. Therapeutic yoga is a slow, reflective practice; match this energy in your sessions.
- Ask about what the client is experiencing. Use trauma-informed language to invite exploration into the client's experience. Section 1.5 of this manual provides examples of ways to incorporate more of this language.
- Allow clients to settle into the practices for a moment before beginning any psychotherapeutic discussion. Silence and Pause are significant parts of yoga-psychotherapy practice.
- Focus more on the client's experience, awareness, and response than the shape or look of each pose or movement.
- Keep track of time, just as you would stay mindful of the time in a typical therapy session.
- Integrate ritual into practice. Clients might add personal elements, items with special sentiments, or rituals from their personal spiritual wellness practices. Examples may include lighting a candle, saying a prayer, including sensory items, having tea, including a photo of a loved one, etc. The more personalized the interventions become, the more body-mind integration and healing can occur.

Tracking Progress

- Section IV of this manual provides options for standard measurement instruments, forms, and tools for tracking progress. This is critical in terms of treatment planning and determining whether this particular mind-body intervention is working for your client.
- It can also support advancement in the field, as we grow the Western scientific evidence base supporting the use of mind-body practices in mental healthcare settings.

YOGA-PSYCHOTHERAPY SET UP

The following are materials that are suggested to have on hand before beginning a yoga-psychotherapy practice. Though not all materials are required, consider discussing some of these resources during the informed consent process with your client, as well as having additional materials available to accommodate arising needs during sessions.

- **Space.** Quiet confidential space, conducive to facilitating psychotherapy. Lighting can be soft and gentle without being dull and dim, or too bright. Find room to allow movement of arms and legs. If you and your client choose to include music, limit selections to instruments, as they are less likely to contain activating elements. Also, consider the cultural background of selected music and its relevance to the practice.
- **Surface.** A sturdy surface or comfortable mat. If engaging in MBM outside, collaborate with the client to determine their needs for temperature, thinking about the weather, availability of shade or drinking water, what other environmental noise might be anticipated, etc. Using a yoga mat, having a blanket available, and/or wearing layers of clothing may help support comfort and thermal regulation in any environment, whether inside or outside.
- **Props.** Blankets, Towels, Bolsters, Pillows, Yoga blocks, Blankets, Eye pillows, and Mats are some suggested props that may support yoga-psychotherapy. See below for more information on each of these tools.
- **Comfortable clothing.** Clothes that are loose-fitting and movable. Consider how with more activating postures, a client is more likely to become warm through the course of the practice, versus with stillness where one might be more likely to become chilly. It is customary to practice yoga barefoot as this adds an element of grounding and greater balance and stability for most people. However, based on the needs of your client, their comfort, and the length of the yoga practice, your client may choose to keep their shoes on. Allow your client to choose what feels best for their body and comfort. You will likely demonstrate some movements and postures, so make sure you are dressed comfortably, too!

Yoga Props

1. **Bolsters**. Bolsters are cushions that provide a gentle, malleable place to rest the body and are used mostly in restorative postures. A traditional rectangular yoga or movement bolster, a pillow, or a folded blanket/towel can all be used as Bolsters. It is ideal to have at least two bolsters available per person.
2. **Blocks**. A yoga block can be used to figuratively bring the floor or mat closer to a specific body part, increasing the sense of feeling grounded and bringing the Earth closer. It can also be used for added stability and support. In some postures, blocks are used to make postures more challenging. Blocks are an important element of making yoga accessible and safe. It is ideal to have at least two blocks available per individual.

Optional but Recommended

1. **Mat**: Yoga mats help to cushion the space beneath the body, especially in kneeling, seated, or prone poses. Think about the use of a mat particularly for those who might have joint pain or stiffness, for example, in the hands, knees, or hips. Using a mat can also help mark a dedicated space for practice in a yoga session. Yoga mats and exercise mats can both be used for the interventions in this manual but are by no means necessary as long as the space feels comfortable for movement by the practitioner. Blankets can also be used as mats, and carpet, grass, or dirt can also be plenty comfortable! A mat is not necessary, but many people prefer its comfort. You can encourage clients to bring their own or have one handy for client use.
2. **Yoga Blankets**: Yoga blankets are typically thin, heavy, and sturdy. They are often used in restorative postures to help support the head, lower back, and knees. In restorative postures, stillness along with deactivating the nervous system can decrease the body's temperature. Covering with a blanket can help with warmth. For various reasons, clients may feel uncomfortable and want to be covered in certain postures, like Royalty Pose or Child's Pose. Think about offering a blanket if someone is lying prone, appears chilly, or is exposing a sensitive area such as the stomach or groin. Offering a blanket is an additional way to cultivate safety and trauma-informed care. The addition of a blanket can add an element of gentleness and comfort. Weighted blankets can also be used if both you and

your client have experience with their use. You can use multiple blankets during one posture. In addition to having clean blankets available for practice, a client can also be encouraged to bring in their own special blanket if they would prefer.

3. **Chair:** A folding chair can help make postures more accessible as it can often replace the use of multiple yoga props. If another chair or sofa is not available in the room, a folding chair is often light and easy to move but sturdy enough to maneuver bodies around it. Chairs also allow those who need or prefer to sit to engage in yoga-psychotherapy and enjoy the benefits of yoga practice. Some postures and positions require a seated position, and a folding chair provides a solid base allowing fluid movement of the body. Typically, one chair per person is sufficient.
4. **Eye Covers:** Eye covers can help block out light stimuli when in restorative and reflective postures. The additional gentle pressure in the eye area can also be calming and grounding. If you and your client choose to use eye covers, it is best practice to use those which come in washable enclosures or to have your client bring their own.



It is an important practice to keep your shared yoga props clean and fresh. If clients prefer to bring and use their own, encourage them to do so.

More information on the Mind-Body Protocol Setup can be found in the next section *Mind-Body Protocol*.

SECTION II: IMPLEMENTATION

The following sections provides implementation guidance and support, including directives on how to set up, facilitate and process a mind-body session. Thorough understanding of this section is suggested before moving on to actual implementation.



7. MIND-BODY PROTOCOL: SESSION SEQUENCING

OVERVIEW

The Mind-Body Protocol begins with an initial setup stage (Stage 0) before beginning the yoga-psychotherapy session. After informed consent for a yoga-psychotherapy practice has been obtained, each session thereafter typically includes 4 stages. Each of the stages are described in detail below. It can be helpful to reference the Mind-Body Protocol Treatment Planner (*Appendix*) to support your conceptualization of how to implement each stage into your therapeutic practice.

Stage 0. Set-Up (before beginning a yoga-psychotherapy protocol)

- a. Psychoeducation + Consent
- b. Treatment Planning (*Appendix*)

Mind-Body Protocol Session [Session Length: approximately 75 mins]

Stage 1. Opening [15-20 minutes]

- a. Check-in
- b. Mind-Body Symptom Checklist (*Appendix*)
- c. Specific Measurement Tool (*Appendix*)

Stage 2. Grounding [5-10 minutes]

- a. Breathwork
- b. Meditation
- c. Visualization

Stage 3. Moving [30-45 minutes]

- a. Yoga Poses
- b. Reflective Prompts
- c. Psychotherapy

Stage 4. Processing [5-10 minutes]

- a. Debrief
- b. Action Steps
- c. Closure

Use these stages as guidance to help you and your client intuitively determine what happens next, at every moment in the process.

It is expected that professionals who are new to yoga and somatic practices may approach this protocol in a technical, by-the-book manner. However, as the material becomes more familiar, professionals should be able to implement the Mind-Body Protocol as a flexible, collaborative, and integrated framework.

STAGE 0: SET-UP

In this initial stage, the professional and client set the foundation for mind-body practices including obtaining informed consent, providing psychoeducation, assessing symptoms, and treatment planning.

Psychoeducation: Begin by providing your client with psychoeducation on the background, history, and use of yoga within and outside of a clinical context. An easy way to do this is to download and share or discuss the information in Section I on yoga history and yoga-psychotherapy. Facilitate a conversation with your client about this information and use this opportunity to assess your client’s readiness to begin mind-body interventions. Never push your client to begin mind-body interventions. Instead, provide psychoeducation, discuss concerns and resistance, and provide resources for your client if they are interested in learning more. Recommended texts for the professional and the client are included at the end of the manual.

Consent: In addition to verbal consent, it is best practice to obtain documented consent prior to using the Mind-Body Protocol in clinical practice. This can be done by downloading and sharing the Mind-Body consent forms in Section IV of this manual.

Treatment Planning: To begin treatment planning with your client, you will need to gather baseline data. This data gives both the professional and the client present levels to reference when assessing treatment progress and identifying treatment outcomes for the Mind-Body Protocol. Use the Symptom Checklist (*Appendix*) along with any other applicable clinical assessment instrument. Examples of these instruments include the Patient Health Questionnaire (PHQ-9), the Generalized Anxiety Disorder Assessment (GAD-7), or the World Health Organization Quality of Life Scale (WHOQOL). Other assessment options can be found in Section IV of this manual. If your clinical practice includes the diagnosis of clients, you will use this stage to assess diagnostic criteria so that you can track changes in symptomology and confirm the documented diagnosis. Just as you would in traditional clinical practice, identify treatment plan goals and objectives. Include your client in this process and make it as collaborative as possible.

Sample treatment goals appropriate for yoga-psychotherapy include:

- Increase distress tolerance
- Increase healthy coping strategies
- Improve stress management skills
- Improve concentration and focus
- Increase productivity
- Manage chronic pain
- Decrease rumination
- Learn emotional regulation
- Decrease negative symptomology
- Stabilize mood
- Set boundaries
- Improve sleep
- Create healthy habits, routines, rituals
- Increase a sense of well-being
- Increase perceived quality of life
- Increase relationship satisfaction
- Identify and explore feelings
- Improve self-awareness
- Increase self-compassion
- Increase positive esteem and self-worth
- Empower choice/ self-advocacy

Use the Mind-Body Protocol Treatment Planner (*Appendix*) to document and track these details, identify other useful interventions, therapeutic orientations, or details significant to the treatment planning process throughout your clinical work with the client.

You, the professional, and your client will choose the appropriate Mind-Body Postures based on the symptoms your client reports on the Mind-Body Symptom checklist, other reported symptomatology, diagnosis (if applicable), and identified treatment goals.

Stage 0 can be completed in one session or across several sessions, depending on your client's understanding and readiness as well as your clinical assessment process. It is recommended that you revisit Stage 0 frequently throughout your therapeutic relationship to help with focused treatment planning, supporting continuous consent and encouraging fluid communication about the intervention as it is used, and addressing any questions or concerns which may emerge.

STAGE 1: OPENING [15-20 minutes]

By now, you've received informed consent to start the Mind-Body Protocol. During your session opener, you have the opportunity to assess your client's present state and discuss any emerging material or themes since the last time you've met.

If this is your first session with a client, your focus may be on providing psychoeducation on the process of the Mind-Body Protocol, exploring the symptom checklist, and any other relevant diagnostics of the treatment. We will call these elements the Narrative Assessment.

The Narrative Assessment at the beginning of a yoga-psychotherapy session provides the time to follow up with your client about assigned between-session tasks, thoughts, and feelings about the current session, assess safety if applicable, or answer and ask any pertinent questions before moving into your yoga-psychotherapy practice. This is where your psychotherapeutic skills will emerge, as you will likely utilize practices similar to how you would start a typical client session.

The following should also be included in the Session Opener:

- a. Have the client complete the **Mind-Body Symptom Checklist**, to help determine the appropriate yoga postures and movements for the session (See *Appendix*).
- b. Administer the appropriate assessment tool for the client's presenting symptoms or clinical diagnosis (See *Appendix*). Depending on the severity of your client's symptoms and the course of your treatment planning, it may be appropriate to administer the measurement tool at the beginning of each session, biweekly in sessions, or even monthly. Use your clinical judgment to decide which assessment frequency is required for your client's treatment planning.

The Mind-Body Protocol is designed to be integrated into most traditional psychotherapy treatment plans using standardized mental health and family systems assessment measurements. It may even be helpful to have clients complete the Symptom Checklist and any assessments before the session begins, if possible, to allow time to review symptom trackers and adjust the intervention for the day according to your client's needs. This is also an applicable time to incorporate rating scales like the SRS and ORS, which can also be facilitated at the end of each section. More information about the SRS and ORS can be found in Section IV of this manual.

This is also the time at which the professional begins to prepare the space, bringing together any mats and props necessary and helping the client settle in to begin the practice. More information about props is provided in Chapter 1, *Using this Manual*.

STAGE 2: GROUNDING [5-10 minutes]

The Grounding exercises in this manual are used to promote mindfulness by encouraging the observation of what happens in the client's experience. Grounding helps to focus a busy mind on the here-and-now experience. It can help clients bring positive, focused intention into the session before the therapeutic work begins. The Mind-Body Protocol cultivates grounding through breathwork and visualizations. There are many benefits of breathwork, some of which are enumerated in Section I of the manual. Perhaps you are familiar with a breathwork practice or have been using guided breath or visualization in your therapeutic work already. Feel free to utilize them with your client here. For your reference, there are guided breathing exercises in the next chapter that you can include in your practice and treatment planning.

Before beginning breathwork exercises, share the name of the practice with your client. Guide them to sit or lay in a position that feels comfortable such that they can sustain the physical posture and practice stillness throughout the duration of the exercise. However, keep in mind that this is just practice. It is okay if clients need to move or change positions during the breathwork. Allow them to make any adjustments necessary, and then guide the client's focus back to continuing with the breathwork practice.

It is recommended that the professional become familiar with the exercise prior to introducing it to the client. This is achieved through practice.

After you and your client finish the grounding/breathwork exercise, follow up with an inquiry to your client about the exercise. Below are sample processing questions. Additional prompts can also be found at the end of the manual (*Appendix*).

1. How was that for you?
2. What emotions, stories, or narratives came up for you during the practice?
3. What did you notice?
4. What is this moment asking of you?
5. Do you need more time before we begin?
6. Are you feeling comfortable?
7. Do you need a blanket or other support?

It may be helpful to find the most fitting breathwork practice and to use the same exercise across Mind-Body sessions, as this helps strengthen trauma-informed presence through predictability, while the repetition of practice helps to reinforce the exercise and helps commit it to memory. This supports the client's ability to use the exercise outside of sessions, making it a coping and self-care tool that is easily accessible at any time.

This can also be an opportunity to use your clinical judgment or collaborate with the folk you are working with, to determine if one grounding exercise is fitting or if you may want to alternate between a selected few throughout your sessions.

Essentially, the role of the professional during grounding and breathwork includes:

- Holding an empathic and compassionate safe space for the client
- Verbally guiding the client through the exercise
- Observing the client in the experience
- Reflecting with the client about the exercise
- Preparing the body and mind for a yoga-psychotherapy session

For consistency in breathwork and the yoga practice, take note **that one breath cycle includes an inhale and an exhale**. Encourage clients to breathe slowly and with control as often as it feels comfortable for their bodies to do so.

Additional guidance on implementing breathwork into the session is included in Chapter 8, *Grounding + Breathwork Practices*.

STAGE 3: MOVING [30-45 minutes]

At this point in the protocol, you will begin incorporating yoga postures and gentle movements. You may choose between 2-4 postures and movements for each session, depending on the client's symptoms, the treatment goals, and perhaps those postures that a client requests directly. The Mind-Body Symptom Checklist is designed to provide helpful guidance on what postures can be chosen for each therapeutic session. You can also allow your client to choose postures throughout the session by sharing the options in this manual with them, as well as asking what type of movement their body might be yearning for. Once the yoga postures are chosen, follow the Mind-Body Posture Guide for specific directives on language to use for each pose, how long a posture can be held, and the expected benefits for using each.

Be mindful about the sequential order of postures being taken when possible. It is supportive to the nervous system to have a gentle and mindful flow when moving from one posture to another. While not always avoidable, try to cultivate smooth transitions by taking a pause, verbally processing, or mindfully moving into the next posture or movement.

Other options to encourage smooth transitions include:

1. Begin with the standing poses and movements and then transition to sitting or lying down poses as the session progresses.
2. Begin with all of the active poses and end with the restorative poses.
3. Use breathwork, visualization, or meditation as posture transitions.
4. Allow your client to choose each pose throughout the session.

Remember, flexibility and collaboration are key.

During the therapeutic movement portion of the protocol, you may speak with your clients while they are in postures or movements, or you may hold the space with silence, guiding attention to their breath and using the time after a posture is complete for verbal processing. Initially, you may have to ask your client what is preferred; go with that. Each pose or posture is paired with a reflective prompt, complementing the intention of the yoga posture as well as following the themes of the Eastern Chakra system. Feel free to use the reflective prompts corresponding to each yoga posture or mix and match prompts if others appear to be more fitting for the presenting issues or goals of the person you are working with.

The integration of psychotherapy comes from the talk-therapy element here. The professional is encouraged to determine the appropriate length of the communication or processing between the therapist and client. Additionally, professionals are encouraged to use whichever orientation of psychotherapy aligns with their current practice. For example, some therapists integrate narrative therapy while clients are in poses. Some professionals use Cognitive- Behavioral Therapy strategies once the client comes out of a certain pose or movement, identifying thought patterns and challenging and talking through relevant distortions that arise. And some professionals perform the entirety of the movements in silence, followed by Narrative Therapy

interventions. This portion of the protocol provides another opportunity to utilize your psychotherapeutic skills and make the practice individualized for the client's needs.

The following tips can help with setting up the mind-body session.

Setting up the Posture + Movement

1. Share the name of the pose you are practicing (Movement and Posture Guide).
2. Suggest directives on how to get into the pose or follow the movements (Movement and Posture Guide).
3. Demonstrate the posture or movement (*optional, but recommended, especially initially*).
4. Offer support to your client with positioning any props if necessary.
5. Provide the client with the context of how long the pose or movement will be engaged. For example, 6 minutes or 15 breath cycles.

Cultivating Reflection + Psychotherapy

6. Allow your client a quiet moment, providing roughly 1- 3 minutes to settle into the pose or experience the movement. You may help guide the client by counting or reciting their breaths (inhale, exhale) or (1 cycle, 2 cycle, 3 cycle). Once the position has been held for the allotted time, give your client the option to remain in position for longer if it feels comfortable, or return to a neutral seated or standing position.
7. Some postures involve movements and flows, which may affect a client's ability to talk, move, and breath freely at the same time. Ask clients to indicate whether talking during or after poses feels like a better practice.

If the client is engaged in the therapeutic movement or flow, and as the movement continues, encourage the client to pay attention to their thoughts, emotions, and body sensations throughout. At the conclusion of the movement's allotted time, verbally guide the client to relax their body and be still; verbally share one accompanying reflective prompt and/or any didactic talk therapy intervention, aiming for 15-20 minutes. It may be clinically appropriate to shorten or extend this time allotment. Use your clinical judgment and inquire with the client about whether it is best to transition or if more time is needed on whatever has come up.

8. To transition, verbally guide your client into a seated posture and a brief moment of stillness (about 1 minute) before moving on to the next posture or movement, if time allows.
9. If time does not permit moving on to another posture or movement, begin the session's closure and debrief.

****When using reflective prompts, give your client the option to mentally contemplate the prompt or to integrate it into talk therapy. Both are effective in the process.***

The professionals' clinical judgment is important here, as you may determine it clinically necessary to extend the dyadic portion of the session before moving on to the next posture.

It is also important to honor the intuition of your client and their preference when it comes to moving their body. If at any time a client requests to come out of a posture or stop with movement, guide them to come to an alert but supported seated position, and encourage the client to pay attention to their thoughts, emotions, and body sensations once they are still. Continue with providing the reflective prompt or other therapeutic intervention here.

STAGE 4: PROCESSING [5-10 minutes]

Debriefing is significant because it provides a safe container for folks to come back to baseline if activated, to review what was done in the session, or to follow up on the next steps. Once your client has come out of the postures and the psychotherapy component is complete, allow your client to return to a comfortable, upright, and alert posture for debriefing. It is best to allow the person you are working with to choose this posture.

Examples include:

- Seated in a chair
- Seated and propped onto floor pillows
- Back rested against a wall or other back support
- Standing

When your client feels settled, you can begin to debrief. If you have a practice of debriefing in your already established psychotherapy work, feel free to utilize it here. Otherwise, here are some sample debrief questions and prompts that are helpful to use:

- How was that for you?
- Do you have thoughts or feelings about today's session?
- What did you notice about today's session?
- Was there anything that stood out to you about today's practice?
- What might be helpful for you to remember as you continue in your day/week?
- How can you take what you explored in your postures into your everyday life?
- Thank the body and acknowledge the work that was done today.

You may also suggest that your client continues to engage with the poses and prompts between sessions. Clients can do this by incorporating a posture or an entire sequence into their daily routine or rituals, holding space to have their own yoga session before the next session, or using any of the poses and prompts as a self-soothing strategy when activated or unregulated.

Reference Section III of the Mind-Body Manual for a complete list of the prompts used. These prompts can be downloaded or copied at www.mbyogapsych.com and provided to your client as a reflective journal to complement the therapeutic practice.

8. GROUNDING BREATHWORK PRACTICES

PREPARATION FOR BREATHWORK

In preparation for breathwork, guide your client to begin with an upright and supported seat. Some clients may choose to sit in a chair, on the floor, or propped up against pillows. Whichever option is decided, give your client a moment to settle into a comfortable position with a moment or two (1 minute or less) of silence before beginning to guide them through the breath and visualization practices.

Here is a list of the breathwork exercises included in the Appendix of this manual.

1. Grounding Practice with Positive Thinking
2. Somatic Mindfulness- Body Awareness (eyes open)
3. Calming Mindfulness
4. Square Breathing
5. Alternate Nostril Breathing
6. Lion's Breath
7. 4-4-8 Breath
8. Reflective Pause
9. Three-Part Breath

ENDING THE BREATHWORK PRACTICE

Following breathwork exercises, it is best practice to inquire with the client about what they observed throughout the experience. Here are some examples of inquiries after the breathwork and grounding exercises. You may choose one of these or integrate others of your own.

1. How was that for you?
2. How did your belly, chest, and head feel during this practice?
3. What did you notice?
4. What emotions, stories, or narratives came up for you during the practice?
5. What part of you was most present there (is most present now)?
6. What might the next week be like if you had increased awareness in this area?
7. How can today's practice be applied in other areas of your life?
8. What is this moment asking of you?
9. Is gratitude present?
10. Is there anything you feel avoidant or resistant to?
11. When I listen to my body, what does it need? A deep breath? Movement? Nourishment? Rest?
12. What do you feel ready for?

1. GROUNDING PRACTICE WITH POSITIVE THINKING

Good for

- **Increasing confidence**
- **Self-identity exploration**
- **Reducing negative thinking patterns**
- **Help with controlling emotional responses**
- **Influencing the subconscious**
- **Rewiring the brain**

(Hay, 1987)

Intro

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Deeply inhale, lifting the shoulders to the ears; Completely exhale, melting away any physical, mental, or emotional tension that rests with you at this moment.

Affirmations

When you feel settled and ready, repeat the following to yourself:

I am here. (or other affirmation)

I am present. (or other affirmation)

I am safe. (or other affirmation)

I am alive.

I am present.

I am safe.

I am alive.

I am present.

I am safe.

Closing

And when you decide the time is right, end the exercise by gently open your eyes.

Take a moment to notice how you feel, and how your mind, body, and spirit are responding to your mindfulness practice.

(follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

2. SOMATIC MINDFULNESS- BODY AWARENESS (eyes open)

Good for

- Reducing stress and anxiety
- Releasing physical tension
- Relaxing
- Increasing body awareness
- Processing trauma

(Weintraub, 2012)

Intro

Find a comfortable position.

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Body Awareness

Deeply inhale, lifting the shoulders to the ears; Completely exhale, melting away any physical, mental, or emotional tension that rests with you at this moment.

With each inhale lengthen your spine and stretch taller in the body.

And with every exhale, release some energy, let something go, and sink further into the support beneath you.

Find the gentle wave in your breath, and follow that with your body. Lengthening up, (PAUSE)
and releasing down (PAUSE)

(PAUSE 2-5 BREATHS)

Gently open your eyes and slowly begin to look around yourself, starting from your toes and traveling up your body as far as you can observe. Become aware of each part of your body and acknowledge how it supports your existence. Give some silent gratitude for your body for how it has supported you this far, in all of its most beautiful and imperfect ways.

(Here is another option to create more energy)

On a big inhale, rise to stand, in no particular way.

Just move like you love yourself.

And if that feels hard, take this opportunity to practice gentle, loving movement. If possible, bring the arms up towards the sky and actively reach. With your next exhale, bring your arms down to your sides and plant your feet onto and into the floor.

Closing

As we come to a close, take a moment to notice how you feel, and how your mind, body, and spirit are responding to your mindfulness practice.

(follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

3. CALMING MINDFULNESS

Good for

- Reducing tension
- Increasing sense of calm
- Decreasing psychological distress
- Increasing clear thinking
- Increasing positive thinking
- Increasing perceived well-being
- Improving self-regulation

(Keng et al., 2011)

Intro

Find a comfortable position.

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Calming

I wonder if you would take a moment to imagine yourself being more calm, peaceful, and focused (PAUSE)

As you allow this imagery to form in your mind, consider what you might be seeing (PAUSE)

Hearing (PAUSE)

Or feeling (PAUSE)

That indicates you are calmer, at peace, and focused (PAUSE)

Maybe this imagery brings calmness into your present moment, and if not, notice what IS present in this moment, and acknowledge its place, with as little judgment as possible. As neutral as observation can be.

(PAUSE 2-5 BREATHS)

Take a deep inhale as you begin to bring your attention back into the room. (PAUSE)

With an audible exhale, listen in to the sound of the breath.

Inhale slowly and find gentle movements in the fingers and toes.

Exhale completely, pulling the shoulders back and down, lifting the chest forward and up.

Closing

And when you decide the time is right, gently open your eyes.

Take a moment to notice how you feel, and how your mind, body, and spirit are responding to your mindfulness practice.

(follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

4. SQUARE BREATHING

Good for

- Increasing efficiency
- Increasing focus/attention
- Decreasing tension
- Reducing anxiety
- Cultivating positive relationship to self
- Reducing stress response

(Ma et al., 2017)

Can also be done with a 4 or 5 count breath, depending on the level of comfort and experience with breathwork.

Intro

Find a comfortable position.

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Breathwork

Now bring your attention back to your breath. Slow it down and begin to control the ebb and flow into and out of your body. I invite you to place a hand on your belly or atop your chest so you can more completely experience the subtle rise and fall of your body with each breath that you take.

As you inhale, imagine pulling the breath deep down into your stomach, and when you exhale, visualize the air leaving your nostrils or mouth as a slow steady stream of your life's energy.

Do your best to follow along with me, and if you lose a beat or breath step, start over at whatever point feels most comfortable. The most important part of this practice is to continue noticing the breath and the movement of the body.

To begin this breathwork, slow down your inhale to 3 counts (COUNT 1,2,3)

Then hold your breath for a count of 3 (COUNT 1, 2, 3)

Breathe out slowly for a count of 3 (COUNT 1, 2, 3)

Arriving at the bottom, hold there for 3 counts (COUNT 1, 2, 3)

Stay with the pattern.

Inhale for 3. (PAUSE)

Hold for 3. (PAUSE)

Exhale for 3. (PAUSE)

Hold for 3. (PAUSE)

Inhale for 3. (PAUSE)

Hold for 3. (PAUSE)

Exhale for 3. (PAUSE)

Hold for 3. (PAUSE)

Once more on your own. (PAUSE)

Begin to bring your attention back to the room.

Relax any tension you are holding and return your arms to a comfortable and relaxed position.

Closing

When you decide the time is right, gently open your eyes.

Take a moment to notice how you feel, and how your mind, body, and spirit are responding to your mindfulness practice.

(Follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

5. ALTERNATE NOSTRIL BREATHING

Good for

- Quieting the mind
- Reducing anxiety and stress
- Decreasing heart rate
- Increasing lung capacity
- Creating balance within the body

(Yoga International, 2021)

Caution: If your client feels lightheaded during any part of this practice, instruct them to breathe normally through both nostrils until a sense of grounding returns.

Intro

Find a comfortable position.

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Breathwork

At the base of your next exhale, use your right thumb (or any convenient finger) to close your right nostril.

Inhale, through your left nostril, and then close the left nostril with your middle, ring finger, and /or pinky.

Open the right nostril, and exhale through it.

Inhale through the right nostril, and then close this nostril.

Open the left nostril, and exhale through the left side.

This completes one cycle of breathing.

Continue with this pattern. Notice where your mind and emotions go during the process. If your mind wanders too far away, gently bring it back to the breath and practice of the moment.

Counting the breaths may be a helpful anchor.

(PAUSE 3-5 CYCLES)

Relax the hands, and release both nostrils. Let the breath flow freely through your body

(PAUSE)

Closing

When you decide the time is right, gently open your eyes.

Take a moment to notice how you feel, and how your mind, body, and spirit are responding to your mindfulness practice.

(follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

6. LION'S BREATH

Good for

- **Moving emotions**
- **Stretching face and neck**
- **Encouraging communication/ expression**
- **Grounding in the present moment**

(Russel Bell, 2019)

Intro

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Deeply inhale, lifting the shoulders to the ears; Completely exhale, melting away any physical, mental, or emotional tension that rests with you at this moment.

Lion's Breathing

Return your breath to normal, releasing any specific focus on how it's moving. (PAUSE)

On the next inhale, slowly bring air in through your nose.

And on the exhale, breathe out through your mouth, allowing the sound "HA" to come out of the mouth.

Inhale, bringing the air in through the nose. (PAUSE)

On your exhale, open your mouth wider, letting out the "HA"

Last slow inhale through the nose. (PAUSE)

Through the mouth, let go audibly with your exhale. (PAUSE)

Bring your breath back to its resting pattern. (PAUSE)

Relaxing your face and body (PAUSE)

Notice how you feel. (PAUSE)

Closing

When you decide you are ready, gently open your eyes.

(follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

7. 4-4-8 Breathing

Good for

- Calming the nervous system
- Relieving stress
- Quieting the mind
- Reducing tension

(UC Berkeley, 2022)

Intro

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Deeply inhale, lifting the shoulders to the ears; Completely exhale, melting away any physical, mental, or emotional tension that rests with you at this moment.

Breathwork

Now we will focus the breath on the 4-4-8 pattern.

Breathe in through your nose down to your stomach for a count of 4 (COUNT 1, 2, 3, 4)

Then hold your breath for a count of 4 (COUNT 1, 2, 3, 4)

And release the breath through your mouth for a count of 8. (COUNT 1, 2, 3, 4, 5, 6, 7, 8)

Keep going, inhale for 4 (COUNT 1, 2, 3, 4)

Then hold your breath for a count of 4 (COUNT 1, 2, 3, 4)

And release the breath through your mouth for a count of 8. (COUNT 1, 2, 3, 4, 5, 6, 7, 8)

Repeat pattern 2x more

Bring your breath back to its resting pattern. (PAUSE)

Relaxing your face and body (PAUSE)

Notice how you feel. (PAUSE)

Closing

When you feel ready you can end this practice by gently open your eyes. (PAUSE)

Notice the breath as you finish the breathing practice.

(follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

8. REFLECTIVE PAUSE

Good for

- Self-reflection
- Increasing mindfulness
- Contemplation

Intro

Find a comfortable position.

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Reflect

I wonder what will come up today. What will you observe?

What is your gut-level feeling about how you are today?

Is there any part of the body that feels unusually tight, tense, or sore? What feelings are associated with this sensation?

Was there a difficult thought or emotion that came up for you today? How did you respond to this?

What are you most grateful for today? How can you express this gratitude?

Closing

When you feel your reflection is complete, gently open your eyes. (PAUSE)

Take a moment to notice how you feel, and how your mind, body, and spirit are responding to your mindfulness practice.

(follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

9. THREE-PART BREATH

Good for

- Emotional Regulation
- Increasing mindfulness
- Grounding

Intro

Find a comfortable position.

I invite you to close your eyes or soften your gaze.

Take a moment and bring yourself to a place of stillness. (PAUSE)

Take notice of your breath.

Is it fast or slow? (PAUSE)

Is it deep or shallow? (PAUSE)

How does it feel in your body? (PAUSE)

How does it fill into your body? (PAUSE)

Take notice of your posture and straighten your back if possible. (PAUSE)

How does realigning your posture feel to your body? (PAUSE)

Is there any tension, heaviness, or stiffness? (PAUSE)

Breathwork

Use this time as an invitation to inhale into your lower abdomen. Paying attention to how the air fills your core. (SHORT PAUSE)

Continue inhaling into your mid core (PAUSE)

Into your upper abdomen (PAUSE)

And into your upper chest (PAUSE)

Exhale slowly, extending your breath long until there is no more to exhale from your body.

If it feels right, repeat this breath pattern. If not, return to your normal breathing rhythm.

Inhale into your lower abdomen.

Inhale into your middle core.

Bring the breath into your upper chest.

And exhale as slowly as possible.

Continue with this pattern if it feels comfortable.

(PAUSE AND ALLOW FREE BREATHING)

Closing

Tune in to your body and stop your breathing practice whenever it feels right by gently open your eyes. (PAUSE)

Take a moment to notice how you feel, and how your mind, body, and spirit are responding to your mindfulness practice.

(Follow up with any of the 'wrap up' reflection questions or questions most relevant to your practice and work with the client)

9. MBM MOVEMENT AND POSTURE GUIDE

This guide is to help familiarize the professional, you, with the poses, movements, potential benefits, and uses. Poses may be combined in any sequence as appropriate, as this determination should be made in collaboration with your client. If you are familiar with yoga, you may notice some posture names are varied. Some posture names have been slightly adapted from traditional versions, in an effort to create a more inclusive, trauma-informed practice.

The postures below give variations and choices to fit a variety of abilities and bodies. Discuss posture options and choices with your client before beginning the session. Be mindful in choosing positions and postures that are accessible for your client. Note that most standing postures can also be done from a sitting position. If you have a background in yoga and feel comfortable offering other variations to your client, feel free to do so.

To exit each posture, reverse the movements that were taken to get into the posture. Always encourage slow, gentle movement, and the use of the hands to push one's body up and out of the postures.

Additionally, it may be helpful to understand some of the included yoga pose name prefixes.

Supine: lying face up, with your back down on the floor or mat

Prone: lying face down, with the front of your body on the floor or mat

Restorative or Supported: using a prop to support your body's rest in a posture

Partner: a posture using two people

Guidance on incorporating breathwork can be found in the last Chapter *Stage 2: Grounding + Breathwork*.

The following reminders can be revisited as often as necessary, for both the client and the professional.

Yoga posture and movement directives are only suggestions. It is ultimately the choice of your body to take any movement or change any position, to do what feels most comfortable and intuitive at that time.

It may take some maneuvering and readjusting to get settled into some postures. Eventually, you will find what works best for you.

Focus on how it feels, rather than how it looks.

Yoga for Depressive Disorders

Chakra Focus: Root, Heart, Solar Plexus, Sacral, Throat

These postures are energy-activating and include twists, side bends, heart openers, and standing postures. These postures and movements address the symptoms associated with mood disorders and difficulties from the MBM Symptom Checklist. These postures can also be used as coping strategies for the depressive symptoms associated with psychotic spectrum disorders and substance use disorders.

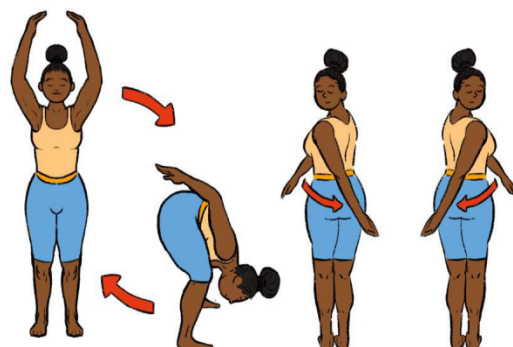
The included reflection prompts are only suggestions. Feel free to incorporate reflections that align with the work you and your client are doing as well as the themes present in your treatment planning.

Arm Swings

(up to 5 minutes)

Chakra Focus

-  Root
-  Solar Plexus



Benefits

- > Energizing
- > Activates Core
- > Brings focus to the body
- > Relieves low back tension

Directions

- > Stand, feet as far apart as feels stable and good
- > Keep a slight bend in your knees
- > Standing upright, swing your arms up towards the sky
- > Bend your knees and fold forward, dropping your arms down behind your heels

Option:

- > Swing your arms left to right, only twisting in your core.
- > Allow your hands to gently tap the outside of your left and right hip as you swing.

Reflective Prompts

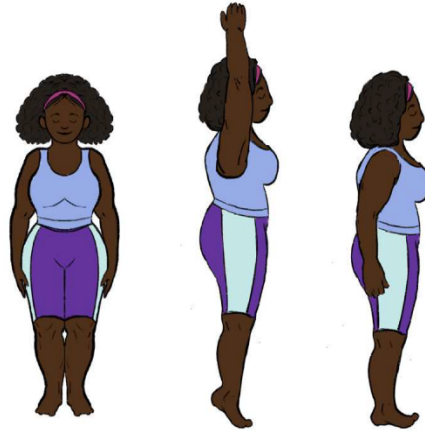
1. Is there something you need to act on?
2. What inspires you today?
3. What you feel grateful for?

Notes

Can also be used for anxiety and trauma symptoms.

Mountain Pose

(up to 5 minutes)



Chakra Focus



Benefits

- > Activates focus & concentration
- > Activates confidence
- > Encourages upright body posture

Directions

- > Stand with your feet parallel, as close or as far apart as comfortable
- > Pull your shoulders back and down
- > Press down into the ground with your feet
- > Rest your arms beside your body with your palms facing forward or towards your body.

Option:

- > Inhale, come up onto your toes, bring your arms up towards the sky.
- > Exhale, lower onto your heels, resting your arms beside your body. Repeat.
- > Clasp your hands behind your back for a heart opener.

Reflective Prompts

1. What are you reaching for?
2. What keeps you grounded?
3. Where might you be playing small?

Notes

Can also be used for anxiety and trauma symptoms.

Supported Bridge

(up to 5 minutes)



Chakra Focus

-  Root
-  Sacral
-  Heart

Benefits

- > Calming to the nervous system
- > Reduces symptoms of anxiety and depression
- > Counteracts forward hunched body posture
- > Opens the chest and heart space

Directions

- > Lay down with your knees bent and your feet parallel and flat on the floor
- > Place your palms down on the floor, reaching towards your heels
- > Press down with your feet and lift your hips high
- > Place a bolster, block, pillow, or towel underneath your lower back, allowing it to rest gently on the prop

Reflective Prompts

1. Where do you feel most supported?
2. What changes do you feel ready to embrace?
3. How can you be gentler with yourself?

Notes

Can also be used for trauma symptoms.

Supported Seated Forward Fold

(up to 10 minutes)

Chakra Focus



Benefits

- > Reduces symptoms of depression and anxiety
- > Calming to the nervous system
- > Can also be used for anxiety and trauma symptoms
- > Encourage contemplation

Directions

- > Sitting upon a bolster, block, pillow, or towel, bend your body forward at your waist.
- > Place a bolster, using up to 2 or 3 as needed, and place them across your lap.
- > Bend forward at your waist, bringing your head towards the bolster
- > Support your forehead against the bolster

Option:

- > Additional blocks may be stacked in front of you, giving your forehead a place to rest forward on.

Reflective Prompts

1. What have you accomplished recently?
2. Where are you growing?
3. What do you appreciate about yourself?

Notes

Can also be used for anxiety symptoms and self-study.

Downward Dog w/ movement

(up to 5 minutes)



Chakra Focus



Benefits

- > Energizing
- > Increases blood flow to the brain
- > Encourages concentration and focus
- > Reduce symptoms of depression and anxiety
- > Calming to the nervous system



Directions

- > Standing, place your hands flat against a wall, pointing upward, holding onto the back of a chair, or palms planted in a chair's seat
- > Keep your feet as far apart as feels stable and good
- > Walk back until your body is arms-length distance from the wall or chair
- > Bend at your waist and lower your head and torso
- > Legs remain straight or with a slight bend
- > Aim to bring your torso parallel to the floor
- > Keep the shape of the natural curve of your spine
- > Take any movement that feels good for your body. Pay attention to how your body naturally

Reflective Prompts

1. Are you holding onto any tension, grief, or fear?
2. Where can you soften?
3. Does any part of your body feel like it wants to move or shift?

Notes

Can also be used for anxiety symptoms.

Seated Forward Fold - chair

(up to 10 minutes)

Chakra Focus



Benefits

- > Calming
- > Reduces the symptoms of anxiety and stress
- > Can also be used for anxiety symptoms
- > Encourages contemplation



Directions

- > From a seated position in a chair, place a bolster across your lap.
- > Bend forward at your waist bringing your head to rest on the bolster, and arms to rest down towards the floor.
- > Use your hands to push on your seat or bolster when coming out of the Posture.

Reflective Prompts

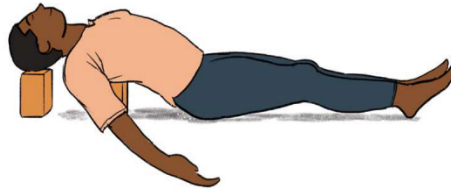
1. What's weighing you down?
2. Where can you let go?
3. How are you perceiving the world today?

Notes

Can also be used for self-study.

Supported Fish Pose

(up to 7 minutes)



Chakra Focus



Benefits



- > Calming to the nervous system
- > Reduces symptoms of anxiety and depression
- > Increases metabolism
- > Supports upright body posture
- > Opens the heart and chest space

Directions

- > Place a bolster, block, folded blanket or pillow on the floor or mat
- > Lay resting your shoulder blades on top of the prop
- > Position the prop, or add another, to help the head rest back, opening your throat and chest
- > Allow your shoulder blades to wrap around the prop
- > Bring your arms down to your sides, palms resting up or down

Reflective Prompts

1. What uplifting truth will you choose to embrace?
2. Where do you feel brave?
3. What does your heart want to say?

Notes

Not recommended for those with high blood pressure.

Butterfly Pose

(up to 5 minutes)



Chakra Focus



Benefits

- > Grounding
- > Calming to the mind and nervous system
- > Helpful for digestion
- > Can relieve some of the mental-emotional effects of menstruation and menopause

Directions

- > From a comfortable upright seated position, bend your knees and bring the bottoms of your feet to touch
- > If you are seated in a chair, place your feet atop two or more blocks to find comfort
- > If seated on the floor, place one block underneath each knee for added support
- > Allow your knees to fall open to your sides.
- > Sit up tall and pull your shoulders back and down away from your ears
- > Try to stay alert and pay attention to how your muscles relax slowly over time

Reflective Prompts

1. How are you caring for yourself today?
2. How are you caring for others?
3. How are you caring for your community?




Notes

Standing Back Bend

(10-30 seconds, up to 5 times)



Chakra Focus

-  Root
-  Heart
-  Solar Plexus

Benefits

- > Relieves muscle tension
- > Opens the chest and heart space
- > Strengthens the respiratory and cardiovascular system
- > Increases body awareness

Directions

- > Stand with your feet parallel, as close or as far apart as comfortable
- > Pull your shoulders back and down
- > Press down with your feet into the Earth
- > Place your hands on your hips with your palms on your low back, or extend your arms up towards the sky, palms either touching or remaining parallel
- > Press your hips forward and arch your lean your torso slightly backward
- > Raise your chin upward or keep your head and neck neutral
- > Press into the ground firmly for stability and balance

Reflective Prompts

1. What brings you joy?
2. Where do you feel expansive?
3. Who inspires you?

Notes

Shoulder Rolls

(up to 5 minutes)



Chakra Focus



Benefits

- > Relieves muscle tension
- > Calming
- > Increases body awareness

Directions

- > From a comfortable seated or standing position, pull your shoulders down and away from your ears
- > Begin to roll your shoulders forward, up, and back, repeating this motion as if you are making circles with your shoulders.
- > Continue for as long as feels good
- > Pause, then take your shoulder circles in the opposite direction, pulling your shoulders down and away from your ears
- > Roll your shoulders up forward, down, and back

Reflective Prompts

1. Where can you let loose?
2. Where can you invite peace?
3. How can you be of service to yourself or others today?

Notes

Can also be used for anxiety and trauma symptoms.

Star Hug

(up to 10 times)



Chakra Focus



Benefits

- > Energizing
- > Improve Balance
- > Increased body awareness
- > Activates focus and concentration
- > Comforting
- > Self-soothing

Directions

- > Sit comfortably or stand with your feet facing forward, as far away from each other as comfortable while retaining balance
- > Stretch your arms evenly outward, parallel to the floor
- > Face your palms forward with your fingers stretched wide, Pull your shoulders back
- > Press down with your feet and legs
- > Stay in Star position, or bring your arms inwards, hugging around your chest, reaching your hands toward your shoulders.

Option:

- > Inhale when your arms stretch outward. Exhale when you bring your arms in.

Reflective Prompts

1. Where can you take up more space?
2. What are your core values?
3. What lights you up?

Notes

Can also be used for anxiety and trauma symptoms.

Resting Pose

(10- 15 minutes)

Chakra Focus



Benefits



- > Calming to the nervous system
- > Relieves symptoms of stress, anxiety, and depression
- > Reduces fatigue
- > Decreases heart rate
- > Encourages mindfulness

Directions

- > On the mat, floor, or a blanket, lie on your back with your legs extended long
- > Allow your arms to rest alongside your body with your palms facing up
- > For added stability, tuck your shoulder blades underneath your body
- > Allow yourself to sink deeper into the surface beneath you

Consider placing one hand over your heart and one on your core to bring loving attention to your body

Reflective Prompts

1. When you visualize your best self, how does it feel in your body?
2. Can you be open to the present moment completely?
3. Where is your sense of center?

Notes

Can also be used for anxiety and trauma symptoms, and self-study.

Yoga for Anxiety Disorders

Chakra Focus: Sacral, Throat, Third Eye

These postures and movements are **calm, soothing, and mindfully slow**. Options include hip openers, twists, folds, balancing, left, and right body focusing, and breath flows. These postures and movements address the symptoms associated with anxiety disorders and related difficulties from the MBM Symptom Checklist.

Restorative Child's Pose

(up to 15 minutes)



Chakra Focus



Root

Benefits

- > Calming
- > Restorative
- > Relieve stress and fatigue
- > Relieves back and neck pain
- > Can also be used for depression and trauma symptoms
- > Encourages contemplation



Directions

- > Sit back on your heels, bring your big toes together
- > Knees a little wider than hip-width apart
- > Position a bolster vertically in front of your body on the floor
- > Bring your torso forward over the bolster
- > Rest your arms beside the bolster
- > Rest your head on the bolster, one ear down, then turning your head and switching ears halfway through the remaining time

Reflective Prompts

1. Where do you notice tension?
2. Where can you release fear?
3. Where can you slow down?

Notes

Can also be used for self-study.

Seated Forward Fold- Rested Head

(up to 15 minutes)

Chakra Focus



Benefits

- > Calming the nervous system
- > Grounding
- > Helpful for digestion



Directions

- > Sitting up on a bolster, block, pillow, or towel, bringing your torso forward, bend at your waist
- > Rest your forehead against a bolster or chair seat

Reflective Prompts

1. What are your sources of support?
2. How do you utilize your supports?
3. What other support might you need?

Notes

Can also be used for depression and trauma symptoms and self-study.

Legs Up the Wall

(up to 10 minutes)



Chakra Focus

-  Root
-  Solar Plexus

Benefits

- > Relaxing
- > Calming to the nervous system
- > Improves circulation
- > Decreases symptoms of stress and anxiety

Directions

- > Sit on the floor with your right or left side against a wall
- > Bring your legs up the wall as you turn to lie flat on your back
- > A blanket or pillow can be used to support your low back or head if needed
- > Find a comfortable position with your hips close or slightly away from the wall
- > Relax your arms, palms facing up or down

Option:

Laying comfortably on your back, bring your legs up and over the seat of a chair.

Reflective Prompts

1. What do you appreciate about my environment?
2. What supports you in staying grounded?
3. What do you feel hopeful about?

Notes

Can also be used for depression and trauma symptoms.

Resting Bound Angle

(up to 15 minutes)

Chakra Focus



Benefits

- > Releases emotions
- > Decreases symptoms of anxiety, stress, and depression
- > Can relieve some of the mental-emotional effects of menstruation and menopause

Directions

- > Sit upright with the base of your spine up against a bolster, folded blankets, or pillow
- > Bend your knees and allow them to fall open to your sides
- > Place folded blankets or additional bolsters underneath your knees to encourage your body to relax more deeply
- > Bring the bottoms of your feet together
- > Using your hands for support as you lower your upper body and torso back and down to rest on the prop you are using or onto the mat or floor
- > Allow your arms to rest beside your body in whatever ways feels comfortable and restful

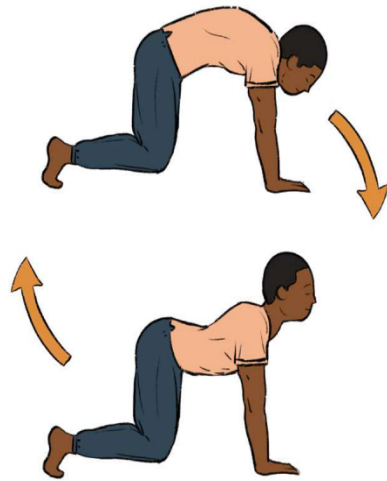
Reflective Prompts

1. How do you feel when you're out of your comfort zone?
2. When do you feel most connected to yourself?
3. How does compassion show up in your life?

Notes

Cat – Cow

(up to 10 minutes)



Chakra Focus



Solar Plexus

Benefits

- > Calming and grounding
- > When paired with breathwork, is mindful and relaxing
- > Reduces symptoms of stress and anxiety
- > Strengthens upright body posture and counteracts forward hunched shoulders
- > Supports spine health

Directions

- > Place a folded blanket or mat underneath your knees for comfort
- > Start on your hands and knees, with your wrists underneath your shoulders and your knees underneath your hips.
- > Pause once your spine finds a neutral position
- > Tilt your pelvis, pull your lower core in and up, arching your back like a cat
- > Push into the mat or floor with your hands and knees
- > Drop your head as if looking down and through your core
- > Pause before shifting to Cow
- > Relax your core and tilt your pelvis, allowing your core to drop down towards the mat or floor
- > Pull your shoulders away from your ears and push into the mat or floor
- > Lift your chin as if looking up towards the sky

Repeat, alternating between Cat and Cow

Option:

Pair the breath- inhale into cow, exhale into cow.

Notes

Reflective Prompts for CAT- COW on next page.

Can also be used for depression and trauma symptoms and self-study.

Seated Cat – Cow

(up to 10 minutes)

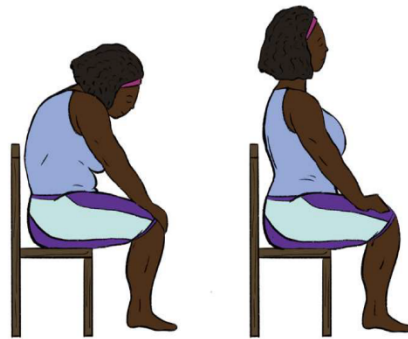
Chakra Focus



Solar Plexus

Benefits

- > Calming and grounding
- > When paired with breathwork, is mindful and relaxing
- > Reduces symptoms of stress and anxiety
- > Strengthens upright body posture and counteracts forward hunched shoulders
- > Supports spine health



Directions

- > Find a comfortable seated position where your back and spine are able to move freely
- > Pause once your spine finds a neutral position, perhaps with hands on the knees or chair
- > Tilt your pelvis, tuck your tailbone underneath your body and round your spine to arch your back like a cat
- > Pull your core up and in
- > Round your shoulders and drop your chin to your chest as if looking down and into your core
- > Tilt your pelvis back, untucking your tailbone. Pull your shoulders down and back
- > Lift your chin as if looking up to the sky
- > Drop your core down like a cow

Option:

- > Pair the breath- inhale into cow, exhale into cow.

Reflective Prompts

1. What have you moved past?
2. What are you moving toward?
3. What moves you?

Notes

Can also be used for depression and trauma symptoms and self-study.

Restorative Open Arm Twist

(up to 7 minutes on each side)

Chakra Focus



Benefits

- › Opens the heart and chest space
- › Encourages good posture
- › Helpful for digestion
- › Reduces symptoms of stress and anxiety
- › Supports spinal health
- › Relieves muscle tension

Directions

- › Lie faceup on the mat or floor
- › Allow your arms to open out to your sides, bending your elbows and resting your arms similarly to cactus arms, palms facing upward
- › Bring your knees up towards your chest, bending at 90 degrees
- › Twisting at your core, to drop your knees to the left, resting your legs atop a bolster or the floor for support

When complete, gently raise the legs, return to your laying on your back and repeat on the other side

Reflective Prompts

1. What's working in your favor?
2. Where are you being brave?
3. How are you growing?

Notes

Can also be used for trauma symptoms and self-study.

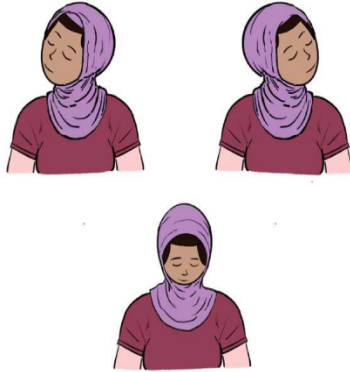
Victorious Nod

(up to 10 minutes)

Chakra Focus



Throat



Benefits

- > Calming to the nervous system
- > Encourage mindfulness
- > Relieves muscle tension

Directions

- > From a comfortable upright position, begin to pull your shoulders back and down
- > Lower your head, bringing your chin to the center of your chest
- > Pause
- > Slowly lift your chin up and to the right as far as it feels comfortable to hold
- > Moving slowly, drop your chin, returning back to the center of your chest
- > Pause
- > Slowly lift your chin up and to the left, as far as it feels comfortable to hold
- > Pause
- > Slowly, drop your chin, returning back to the center of your chest
- > Repeat

Option:

Inhale when your head lifts. Exhale when your head drops.

Reflective Prompts

1. How do you use your voice?
2. Is there anything you need to say?
3. Is there anything you need to hear?

Notes

Can also be used for depression and trauma symptoms.

Downward Dog

(up to 5 minutes)



Chakra Focus

-  Sacral
-  Solar Plexus

Benefits

- › Activates focus and attention
- › Encourages mindfulness
- › Increases blood flow to the brain
- › Supports spinal health

Directions

- › Place a bolster or a few blocks in the seat of a chair.
- › Standing in front of the seat, bend at your waist and lower your head and torso towards the chair's seat
- › Place your palms face down on the back of the chair and rest your forehead on the bolster or block
- › Walk back until your legs are straightened and your head rests comfortably on the prop or chair
- › Keep your feet as far apart as feels stable and good
- › Keep the natural curve of your spine and bend your knees as much as feels comfortable
- › Settle your body, bringing your heels to the floor, staying up on the balls of your feet or your toes.
- › Notice what happens when you keep still.

Option:

Remove the prop if it feels uncomfortable and place your palms directly in the chair seat, taking steps back to accommodate for additional space.

Reflective Prompts

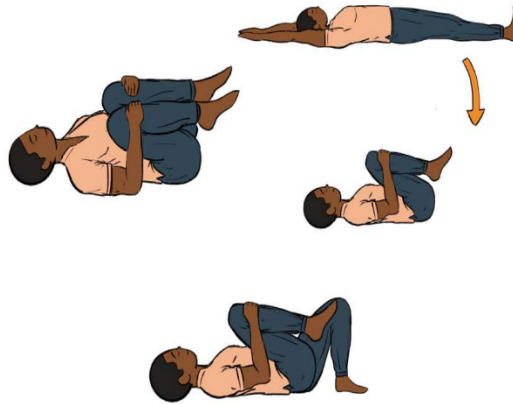
1. Are you holding onto any tension, grief, or fear?
2. Where can you soften?
3. Does any part of your body feel like it wants to move or shift?

Notes

Can also be used for depression symptoms.

Supine Knee to Chest Hug

(up to 5 minutes)



Chakra Focus



Solar Plexus

Benefits

- > Supports spinal health and good digestion
- > Calms the nervous systems
- > Relieves symptoms of stress and anxiety
- > Encourages contemplation

Directions

- > From the mat or floor, lie down on your back
- > Hug your knees to your chest
- > Wrap your arms around your knees, holding on to opposite elbows, forearms, wrists, or fingers, OR hold your knees in place with your hands at arm's length
- > Allow your knees to find comfort either together or slightly apart
- > Tuck your chin into your chest

Options:

1. Inhale while extending your arms and legs long for a full-body stretch. Exhale, hugging your knees back into your chest.
2. Bend your knees keeping your feet planted on the floor or mat. Hug one knee into your chest at a time.

Reflective Prompts

1. How can you show yourself loving-kindness?
2. How do you nourish yourself?
3. What do you appreciate about your body?

Notes

Can also be used for depression and trauma symptoms and self-study.

Stonehenge

(up to 20 minutes)

Chakra Focus



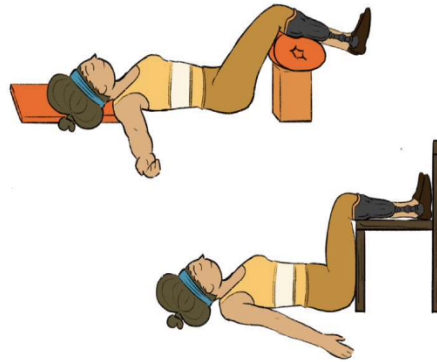
Root



Solar Plexus

Benefits

- > Calming to the nervous system
- > Decreases heart rate
- > Encourages mindfulness
- > Relieves low back muscle tension
- > Encourages contemplation



Directions

- > Sit two blocks parallel to each other on the mat or floor. Adjust blocks to be the same height.
- > Place a bolster or pillow atop the blocks, adjusting the blocks to allow a steady base for the bolster or pillow
- > Lie down, bringing your knees to your chest, in a way that would allow you to rest your calves on the top of the bolster or pillow
- > Adjust your hips until you find a comfortable position
- > Place a blanket underneath your head or roll behind your neck for support

Option:

Use a chair instead of the blocks and bolster.

Reflective Prompts

1. What can you make peace with right now?
2. Where can you release judgment?
3. What are you open to receiving?

Notes

Can also be used for depression and trauma symptoms and self-study.

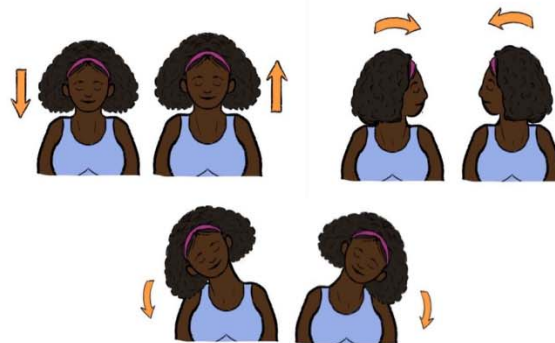
Yoga for Trauma and Stress-Related Disorders

Chakra Focus: Root, Sacral, Solar Plexus, Heart

These postures and movements are designed to **release muscle tension** while being soothing, mindful, and focused on client choice and intuition. Some are active and energetic, while others are restful and still. Options include hip openers, heart openers, left and right body focusing, twists, and give attention to the core, neck, and shoulders. These postures and movements address the symptoms associated with trauma and stress-related difficulties from the MBM Symptom Checklist.

Slow Neck Stretch

(up to 5 times)



Chakra Focus



Throat

Benefits

- > Encourages mindfulness
- > Improves flexibility and range of motion
- > Relieves muscle tension
- > Calms the mind

Directions

- > From a comfortable upright position, relax your neck and shoulders, allowing your chin to drop to your chest - Pause for 1-2 deep breaths
- > Lift your chin up to the sky, allowing your head to drop back as far as feels comfortable - Pause for 1-2 deep breaths
- > Bring your head to a neutral position
- > Turn only your head to the right as possible, aiming to look over your right shoulder
- > Return to a neutral position looking forward - Pause for 1-2 deep breaths
- > Turn only your head to the left, aiming to look over your left shoulder - Pause for 1-2 deep breaths
- > Come back to a neutral forward-facing position
- > Tilt your head and bring your right ear to your right shoulder. Pull your shoulder down and back - Pause for 1-2 deep breaths
- > Come back to a neutral forward-facing position
- > Tilt your head and bring your left ear to your left shoulder. Pull your shoulder down and back - Pause for 1-2 deep breaths
- > Come back to a neutral forward-facing position

Repeat sequence if needed.

Reflective Prompts

1. Is there anything you need to express?
2. Where do you feel safe?
3. Who can you turn to in times of need?

Notes

Can also be used for anxiety symptoms.

Seated Spinal Twist

(up to 1 minute on each side)



Chakra Focus

-  Root
-  Solar Plexus

Benefits

- > Good for balance
- > Supports left and right brain neuro-emotional processing
- > Supports upright posture

Directions

- > Find a comfortable seated position either on the floor or in a chair
- > Bring one hand behind you and twist your core towards the right
- > Hold the back of a chair or anchor your hands on the floor for stability
- > On an exhale, twist slightly more
- > Pause
- > Unravel and return to a forward-facing neutral position
- > Repeat on the opposite side, twisting your core to the left
- > Deepen your twist as you exhale
- > Pause

Repeat up to 3 times

Reflective Prompts

1. Is there anything you can choose to see from a different angle?
2. Where can you be flexible?
3. Who is looking out for you?

Notes

Can also be used for depression and anxiety symptoms.

Mountain Brook

(up to 20 minutes)

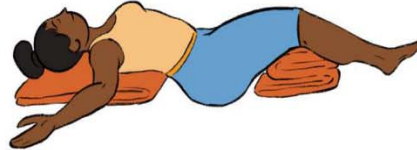
Chakra Focus



Root



Crown



Benefits

- > Supports spinal health and upright posture
- > Opens the heart and chest space
- > Calming to the nervous system
- > Reduces fatigue
- > Lifts mood
- > Encouraged contemplation

Directions

Option:

You may place an open blanket down first for additional comfort. Consider the use of an eye cover or closing the eyes.

- > Lie down on the mat or floor
- > Place a folded blanket or two underneath your shoulder blades, laying with your back against the blanket to open your heart and chest space
- > Place a bolster underneath your legs behind your knees
- > Support your head with an additional blanket, folded or rolled, whatever feels most comfortable
- > Allow your hands to rest at your sides, arms outstretched, or at a 90-degree angle

Reflective Prompts

1. What brings you peace?
2. What are your sources of support?
3. What happens when you ask for support?

Notes

Can also be used for depression and anxiety symptoms and self study.

Forward Folded Butterfly

(up to 10 minutes)

Chakra Focus



Benefits

- > Activates focus
- > Calming to the nervous system
- > Reduces fatigue
- > Reduces the symptoms of stress, anxiety, and depression
- > Good for digestion
- > Can relieve some of the mental-emotional effects of menstruation and menopause
- > Encouraged contemplation



Directions

- > From the floor, sit atop a folded blanket
- > Bend your knees and bring the bottoms of your feet to touch one another
- > Pull your feet in as close to your body as feels good
- > Place a block vertically in front of you on the floor
- > Place 1-2 bolsters as needed on top of the block, adjusting the height and angles so that your head can comfortably rest on the bolster
- > Bend forward at your waist, bringing your head and chest down to rest on the bolster

Reflective Prompts

1. What challenge are you facing today?
2. How can you be gentle with yourself?
3. What do you feel grateful for?

Notes

Can also be used for anxiety symptoms and self-study.

Happy Baby Pose

(up to 10 minutes)



Chakra Focus



Root

Benefits

- › Calming to the nervous system
- › Grounding
- › Comforting and self-soothing
- › Lowers heart rate
- › Supports spinal health

Directions

- › Lie on your back on the mat or floor
- › Place a bolster along your torso and core
- › Pull your knees to your chest and wrap your ankles around the bolster
- › Hug your arms around the bolster or allow your arms to fall comfortable beside your body

Reflective Prompts

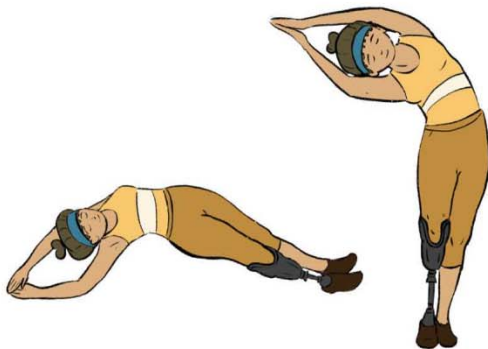
1. How do you show appreciation toward yourself?
2. What brings you joy?
3. Where can you invite more playfulness?

Notes

Can also be used for anxiety symptoms and self-study.

Supine Side Bend

(up to 5 minutes on each side)



Chakra Focus



Benefits

- > Increase body awareness
- > Supports good digestion
- > Releases muscle tension
- > Calming to the nervous system
- > Encourages contemplation

Directions

- > Lie on your back on the mat or floor, with your arms stretched overhead and legs stretched out long
- > Keeping your core and tailbone in place, bring your feet as far to the right side of the mat as comfortably as possible. You might cross your left ankle over the right ankle.
- > Bring your upper arms as far over to the right as comfortably possible
- > Hold your left wrist with your right-hand
- > Pause
- > Return to a neutral position

Repeat on the left side.

Option:

Can be done standing for a more energizing effect

Reflective Prompts

1. What are you making space for?
2. What are you no longer allowing into your space?
3. What does your heart want you to hear?

Notes

Can also be used for depression and anxiety symptoms and self-study.

Side Lying Resting Pose

(up to 15 minutes)

Chakra Focus



Sacral



Solar Plexus

Benefits

- > Calming to the nervous system
- > Lowers blood pressure and heart rate
- > Relieves fatigue
- > Supports digestion



Directions

- > From the floor or mat, lie down on your most comfortable side
- > Place a folded blanket underneath your head and between your knees for support
- > Rest your top arm on a bolster or folded blanket to support your shoulder
- > Roll your top hip forward just a bit so that your hips are not stacked one on top of the other.

Reflective Prompts

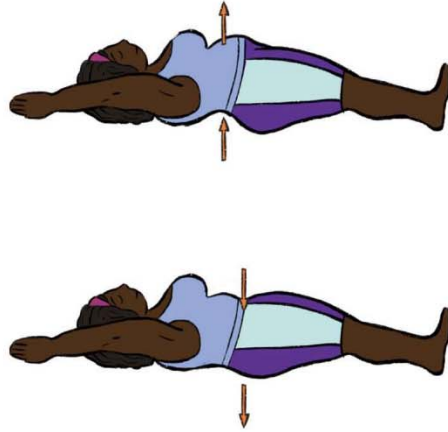
1. What can you lay to rest?
2. Where can you slow down?
3. What are you learning about yourself?

Notes



Can also be used for depression and anxiety symptoms and self-study.

Pond Pose

(up to 3 minutes at a time)



Chakra Focus

-  Root
-  Crown

Benefits

- > Energizing
- > Relieves muscle tension
- > Reduces stress and fatigue
- > Opens the heart space and chest
- > Calming to the mind

Directions

- > Lie on your back on the mat or floor, with your arms stretched overhead and legs stretched out long
- > Keep your arms wide enough to allow your chest to stay open
- > Actively reach your arms upwards, stretching your rib cage and torso

Option:

- > As you inhale, relax and notice how your belly rises and fills with air.
- > As you exhale, pull your core down and into the mat or floor.

Reflective Prompts

1. Who sees you at your best?
2. What are you open to receiving?
3. What qualities inspire you?

Notes

Can also be used for depression symptoms.

Yoga for Self-Study

Chakra Focus: Root, Sacral, Heart, Throat, Third eye, Crown

These postures and movements are designed to create **quiet, reflective mental and emotional space** to encourage mindfulness. These slow and still practices include folds, slow movements, restorative postures, side bends, and reflections to cultivate self-exploration, creativity, and intuitive connection. These postures and movements, along with other positions identified in this manual with contemplative benefits, can be used to support elements of self-study. These postures can be used as support to address any of the symptoms reported on the MBM Symptom Checklist or to increase insight into therapeutic work.

Neck Circles

(up to 10 circles on each side)



Chakra Focus

-  Throat
-  Crown

Benefits

- > Encourages mindfulness
- > Improves flexibility and range of motion
- > Calms the mind
- > Relieves muscle tension
- > Encourages contemplation

Directions

- > From a comfortably seated or standing position, relax your neck and shoulder muscles, allowing your chin to drop to your chest and look down
- > Pause
- > Use your nose to “draw” a circle, look towards one side of your neck with your head and eyes
- > Slowly shift to look towards the sky
- > Continue rolling your head slowly towards the other side
- > Complete the circle by looking down
- > Continue with this motion, taking any intuitive movements that feel right

Repeat the neck roll in reverse.

Reflective Prompts

1. What are you noticing?
2. How are you being creative?
3. What questions do you have?

Notes

Can also be used for depression, anxiety, and trauma symptoms and self-study.


Prone Resting Pose

(up to 10 minutes)

Chakra Focus

 Solar Plexus

 Heart

 Third Eye



Benefits

- > Grounding
- > Calming to the nervous system
- > Supports good posture
- > Encourages contemplation

Directions

- > Lie down on the mat or floor, with your torso touching the floor
- > Stretch your legs long
- > Bend your elbows and bring your hands to rest underneath your forehead

Option:

1. Lay on a blanket to provide a cushion
2. Drape a blanket over your body

Reflective Prompts

1. What feels effortless in your daily life?
2. What feels challenging in your daily life?
3. What are your resources?

Notes

Pregnant clients should avoid this posture.
Can also be used for anxiety and trauma symptoms and self-study.

Supported Child's Pose

(up to 7 minutes)

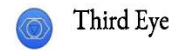
Chakra Focus



Root



Heart



Third Eye



Benefits

- > Grounding
- > Calming to the nervous system
- > Relieves stress and fatigue
- > Helpful for digestion
- > Encourages contemplation

Directions

- Sit back on the heels, bring your big toes together with knees a little wider than hip-width apart
- Bend your body forward
- Bring your forehead to a block on the floor
- Extend your arms forward, resting your hands on the floor to a level that feels comfortable

Option:

Roll a blanket and place it between your calves and the back of your thighs for comfort.

Reflective Prompts

1. Is there anything your inner child wants you to know? Or say?
2. Where can you soften or surrender?
3. How can you deepen your peace?

Notes

Can also be used for depression, anxiety and trauma symptoms and self-study.

Royalty Pose

(up to 15 minutes)



Chakra Focus



Root



Heart

Benefits

- > Calming to the nervous system
- > Relieves stress and fatigue
- > Lowers blood pressure and heart rate
- > Relieves muscle tension
- > Good for sleep issues
- > Encourages contemplation

Directions

- > Place one yoga block on the mat for floor, on its tallest length and another one about 6 inches in front of it on its lower side
- > Place a bolster on top of the blocks
- > Sit with the base of your spine up against the edge of the bolster and lower your torso back to rest on the bolster
- > Bend your knees, let them fall open and bring the bottoms of your feet to touch
- > Place blocks, bolsters, or pillows underneath your knees for support

Options:

1. Use additional pillows or blocks to support your arms and head in the most comfortable way
2. Straighten your legs and place a bolster or pillow underneath your knees.

Reflective Prompts

1. How would you describe your relationship with yourself?
2. What are your basic rights?
3. What messages are you receiving from your body?

Notes

Can also be used for depression, anxiety, and trauma symptoms and self-study.

Seated Fierce Angle Pose

(up to 4 minutes)

Chakra Focus



Benefits

- > Energizing
- > Improves balance
- > Activates focus and concentration
- > Stretches the pelvis
- > Improves digestion

Directions

- > Sitting or standing, step your feet as wide as comfortable and angle your feet outwards
- > If standing, bend your knees, keeping them stacked above your ankles
- > Pull your core in, encouraging an active upright posture
- > If seated, place a block behind the lower back and slightly lean backward onto it for more support
- > Bend your elbows at a 90-degree angle, or place your hands on your thighs

Reflective Prompts

1. How are you taking up space?
2. What are you building toward?
3. What anchors you?

Notes

Can also be used for depression, anxiety and trauma symptoms and self-study.

Partner Yoga for Relational Issues

Chakra Focus: Sacral, Heart

These postures and movements are designed to **cultivate opportunities to connect with another** or reflect on one's relation to other people and situations. These poses are also designed to balance the push and pull energies of different relational elements. Partner practices include hip openers, backbends, and partner supporting movements, focused human connection to address the partner, friend, and family dynamics, and relationship symptomology reported on the MBM Symptom Checklist. Unless silence is indicated, verbal communication in the dyad is strongly encouraged for these postures. For example, encourage partners to check in with each other to make sure they are breathing steadily and feeling comfortable.

The goal of these postures is to increase communication, attunement, and collaboration between partners. This is done by practicing these skills in a safe, contained space while incorporating movement, supporting self-regulation through mindfulness. Self-regulation is key in navigating interpersonal dynamics. The Professional's role includes observing the verbal and nonverbal communication patterns demonstrated in session, observing each partner's physical and emotional relationship to the other, identifying relevant themes that arise while trying postures, and the partners' demonstrated relationship skills and coping strategies. These themes are an appropriate complement to Marriage and Family Therapy work and can be integrated into approaches like Emotion Focused Therapy, The Gottman Method, Discernment Counseling, Attachment-Focused Therapy, and Structural and Strategic Family Therapies.

Back-to-Back Pose

(up to 10 minutes)



Chakra Focus



Root

Benefits

- > Grounding
- > Supports spinal health and upright posture
- > Encourages intimacy and trust
- > Encourages mindfulness
- > Calming to the nervous system
- > Reduces stress and anxiety symptoms

Directions

- > Find a comfortable back-to-back seated position
- > Let your hands rest on top of your thighs
- > Pull your shoulders back and down
- > Notice any sensations as your partner's breath moves throughout their body

Options:

1. Without speaking, try to mirror your partner's breathing. Continue this rhythm for up to 10 breaths.
2. Without speaking, try to alternate your breathing with your partner's. Sync your inhale with the exhale of your partner. Continue this rhythm for up to 10 breaths.
3. Try this while standing.

Repeat up to 3 times

Notes

Can also be used for depression and anxiety symptoms.

Partner Grounding Pose

(up to 5 minutes)

Chakra Focus



Root



Heart



Benefits

- › Grounding
- › Encourages mindfulness
- › Encourages intimacy, trust, and compassion

Directions

- › Find a comfortable seat, facing your partner, close enough for your knees and hands to touch.
- › Look into your partner's eyes. Try to mirror their breathing.
- › If consistent eye contact is not comfortable, try alternating between holding eye contact and bringing your gaze down
- › Return to eye contact as many times as feels right throughout the remainder of the posture
- › You may place your hands on your partner's knees or hold their hands

Options:

1. Focus your eyes on your hands, whether grasped or on the knees, instead of making direct eye contact.
2. Wrap your legs around your partner's hips from the seated position.

Notes

Start with the amount of time that eye contact feels tolerable. Increase the time with each practice to build up to 5 minutes.

Can also be used for grounding and breathwork practices.

Double Tree Pose

(up to 7 minutes)



Chakra Focus



Root



Crown

Benefits

- > Grounding
- > Encourages intimacy and trust
- > Encourages mindfulness
- > Improves balance

Directions

- > Stand side by side with your partner, with your hips as close as possible. You may adjust this distance as it feels comfortable.
- > Wrap your arm around your partner's waist to increase stability for both partners
- > Bend your outside leg and your knee, bringing the bottom of your foot to your ankle, to your shin, or just above your knee as feels comfortable. Avoid resting your foot directly on the side of your knee.
- > Bring your outside hand to join your partner's in the front, centered between your bodies

Option:

- > Instead of wrapping an arm around your partner's waist, extend your inside hand up toward the sky
- > Bring your palms to touch or hold anywhere on the inside of your partner's arm

Notes

Seated Partner Forward Fold

(up to 4 minutes)

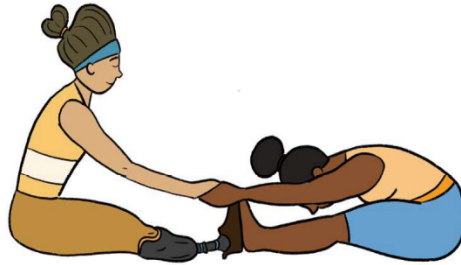
Chakra Focus



Root



Sacral



Benefits

- > Grounding
- > Encourages communication and trust
- > Calming to the nervous system
- > Reduces stress and anxiety symptoms

Directions

- > From the mat or floor, sit upon a bolster or block and find a comfortable wide-legged seated position, facing your partner
- > Bring the bottoms of your feet to touch your partner's feet
- > Extend your arms towards each other, holding on to your partner's forearms, wrists, or hands.
- > One partner will fold forward at the waist, while the other partner sits back, keeping the spine and the arms straight
- > Work with your partner to find a comfortable balance between your bodies
- > Place a bolster under your torso and head for added support

Switch positions with your partner, alternating who is bending and who is supporting the other's stance

Notes

Can also be used for depression, anxiety and trauma symptoms and self-study.

Seated Partner Twist

(up to 2 minutes on each side)



Chakra Focus

-  Root
-  Solar Plexus

Benefits

- › Encourages intimacy and trust
- › Supports spinal health and upright posture
- › Supports left and right brain neuro-emotional processing

Directions

- › Find a comfortable seated position on the mat or floor
- › Sit back-to-back with your legs crossed
- › Each partner will place your right hand on your partner's left knee, and your left hand on your own right knee
- › Sit upright with a tall spine
- › On an exhale, twist together to the right
- › Hold your twist
- › Untwist and return to a neutral spine
- › Each partner will now place your left hand on your partner's right knee, and your right hand on your own left knee
- › Sit upright with a tall spine
- › On an exhale, twist together to the left
- › Hold your twist
- › Untwist and return to a neutral spine

Notes

Arch Pose

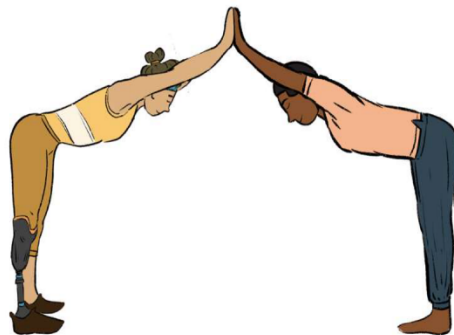
(up to 4 minutes)

Chakra Focus



Benefits

- > Supports spinal health and upright posture
- > Encourages mindfulness
- > Encourages communication and trust



Directions

- > Stand or sit facing your partner, a little closer than an arm-distance apart
- > Stretch your arms up towards the sky
- > Bend forward at your waist until your hands and your partner's hands meet
- > Continue to lean forward until you find a place of balance between you and your partner's body, balancing the weight between you both
- > Hold a position where your hands, forearms, and/or elbows rest against each other
- > Relax your neck and keep your gaze down towards the floor

Notes

Double Dancer

(up to 4 minutes)



Chakra Focus

-  Root
-  Heart
-  Crown

Benefits

- > Encourages intimacy, trust, and compassion
- > Encourages mindfulness
- > Improves balance

Directions

- > Stand facing your partner
- > Both you and your partner will extend your right arm up towards the sky
- > Bend your left knee and pull your foot back towards your tailbone
- > Grab your foot with your left hand
- > Find a steady balance between you and your partner's bodies

Option:



- > Try to mirror your partner as you come out of the pose, dropping your legs and your arms simultaneously.

Notes

Lean on Me

(up to 4 minutes)

Chakra Focus

-  Root
-  Solar Plexus
-  Heart



Benefits

- > Encourages communication
- > Encourages intimacy and trust

Directions

- > Find a comfortable back-to-back seated position on the floor or mat, legs extended or crossed, sitting on a folded blanket if desired
- > One partner, bending at your waist, bringing your torso forward into a fold
- > The other partner, lean back onto your partner as they fold forward.

Option:

- > Use bolsters or pillows to support your torso or head in the forward fold.




Notes

Connected Resting Pose

(10- 20 minutes)



Chakra Focus

-  Root
-  Heart
-  Crown

Benefits

- > Encourages mindfulness
- > Encourages intimacy and trust
- > Cultivates co-regulation
- > Calming to the nervous system
- > Relieves symptoms of stress and anxiety

Directions

- > On the mat, floor, or a blanket, lie on your back, besides your partner, with your legs extended long
- > For added stability, tuck your shoulder blades underneath your body
- > Allow yourself to sink deeper into the surface beneath you

Option:

1. Place your hands palms down, hands stacked on top of each other's
2. Place one hand on your heart and use the other to hold your partner's hand

Notes

Can also be used for grounding and breathwork practices.

SECTION III: INTROSPECTION

The following section includes the reflection prompts that are included in the Movement and Posture Guide.

This list of reflective prompts can add a supportive element to your therapeutic work. You may choose to incorporate these prompts during yoga-psychotherapy alongside their paired movements or individually as a cognitive-emotional processing tool. Adaptations can easily be made for those who may not be willing to or able to write, or those that prefer to processes using other methods, like art, song, imagination, etc. You may provide the prompts to your client after your sessions for continued contemplation and awareness until your next meeting. The complete journal can also be downloaded at www.mbyogapsych.com or photocopied from the physical manual to provide to your clients as a final take-a-way-tool at the termination of your work together.

This journal was created by The Regenerative Writing Institute specifically to complement the somatic practices in the Mind-Body Protocol. The Regenerative Writing Institute is a creative support hub for game-changers: wordsmiths, healers, teachers, artists, activists, builders, makers, and movers with offerings focused on art, eco-literacy, writing and community building.

'Body Fluency: A reflective Journal for Yoga Therapy' is reproduced with permissions for the Mind-Body Manual.



10. BODY FLUENCY: A REFLECTIVE JOURNAL FOR YOGA THERAPY

Gina Tang
The Regenerative Writing Institute

Reflective Prompts for Depressive Disorders

1. Is there something I need to act on?
2. What inspires me today?
3. What do I feel grateful for?
4. What am I reaching for?
5. What keeps me grounded?
6. Where might I be playing small?
7. Where do I feel most supported?
8. What changes do I feel ready to embrace?
9. How can I be more gentle with myself?
10. What have I accomplished recently?
11. Where am I growing?
12. What do I appreciate about myself?
13. Am I holding onto any tension, grief, or fear?
14. Where can I soften?
15. Does any part of my body feel like it wants to move or shift?
16. What's weighing me down?
17. Where can I let go?
18. How am I perceiving my world today?
19. What uplifting truth do I choose to embrace?
20. Where do I feel brave?
21. What does my heart want to say?
22. How am I caring for myself today?
23. How am I caring for others?
24. How am I caring for my community?
25. What brings me joy?
26. Where do I feel expansive?
27. Who inspires me?
28. Where can I let loose?
29. Where can I invite peace?
30. How can I be of service to myself or others today?
31. Where can I take up more space?
32. What are my core values?
33. What lights me up?
34. When I visualize my best self, how does it feel in my body?
35. Can I open to the present moment completely?
36. Where is my sense of center?

Reflective Prompts for Anxiety Disorders

1. Where do I notice tension?
2. Where can I release fear?
3. Where can I slow down?
4. What are my sources of support?
5. How do I utilize them?
6. What other support might I need?
7. What do I appreciate about my environment?
8. What supports me in staying grounded?
9. What do I feel hopeful about?
10. How do I feel when I'm out of my comfort zone?
11. When do I feel most connected to myself?
12. How does compassion show up in my life?
13. What have I moved past?
14. What am I moving toward?
15. What moves me?
16. What's working in my favor?
17. Where am I being brave?
18. How am I growing?
19. How do I use my voice?
20. Is there anything I need to say?
21. Is there anything I need to hear?
22. Am I holding onto any tension, grief, or fear?
23. Where can I soften?
24. Does any part of my body feel like it wants to move or shift?
25. How do I show myself loving-kindness?
26. How do I nourish myself?
27. What do I appreciate about my body?
28. What can I make peace with right now?
29. Where can I release judgment?
30. What am I open to receiving?

Reflective Prompts for Trauma and Stress-Related Disorders

1. Is there anything I need to express?
2. Where do I feel safe?
3. Who can I turn to in times of need?
4. Is there anything I might choose to see from a different angle?
5. Where can I be flexible?
6. Who is looking out for me?
7. What brings me peace?
8. What are my sources of support?
9. What happens when I ask for support?
10. What challenge am I facing today?
11. How can I be gentle with myself?
12. What do I feel grateful for?
13. How do I show appreciation toward myself?
14. What brings me joy?
15. Where can I invite more playfulness?
16. What am I learning about myself?
17. What am I making space for?
18. What am I no longer allowing into my space?
19. What does my heart want me to hear?
20. What can I lay to rest?
21. Where can I slow down?
22. Who sees me at my best?
23. What am I open to receiving?
24. What qualities inspire me

Reflective Prompts for Self-Study

1. What am I noticing?
2. How am I being creative?
3. What questions do I have?
4. What feels effortless in my daily life?
5. What feels challenging in my daily life?
6. What are my resources?
7. To the inner child: Is there anything you need me or want me to know?
Is there anything I want you to know?
8. Where can I soften or surrender?
9. How can I deepen my peace?
10. How would I describe my relationship with myself?
11. What are my basic rights?
12. What messages am I receiving from my body?
13. How am I taking up space?
14. What am I building toward?
15. What anchors me

SECTION IV: INSTRUMENTS

The following instruments are included to help you with obtaining consent, clinical assessment, treatment planning, tracking changes, identifying outcomes, and evaluating your use and understanding of the Mind-Body Protocol. Feel free to reference any treatment planning tools that you already use in your therapeutic practice. It is also fine to incorporate your own tracking systems and assessment tools.



11. TREATMENT PLANNING, PUTCOME TRACKING, AND EVALUATION

The following tools are included to help you and your client with treatment planning.

- a. Mind-Body Protocol- Informed Consent
- b. MBM Symptom Checklist
- c. MBM Treatment Planner
- d. MBM Treatment Planner (sample filled)
- e. Measurement and Assessment Tools

For your reference handouts and resources can be downloaded and printed at www.mbyogapsych.com.

Mind-Body Protocol - Informed Consent

Please read the following statements carefully:

I _____ (print name) understand that I will be participating in Mind-Body Yoga-Psychotherapy sessions that are designed to meet my individual needs. The yoga session will include low-level physical movement and various adaptations will be offered. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and/or ask for support from the professional. If at any point I feel overexerted or fatigued, I will respect my body's limitations and I will rest before continuing the yoga practice.

I understand that regular and consistent yoga may result in physical benefits such as improved muscle strength, greater muscular endurance, and increased flexibility, as well as mental benefits such as better relaxation, stress reduction, and cultivation of self-care and compassionate practice. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that I am exposed to certain risks of injury while participating and that these injuries may result from my own actions, the actions of others, or a combination of both.

It is my responsibility to consult with a physician prior to my participation in the Mind-Body sessions if there are concerns about limitations and abilities. If I am accidentally injured during a session, I will be responsible to seek further medical attention. If at any time, for any reason I no longer want to utilize the Mind-Body Protocol, I agree to inform the professional immediately.

All information gathered in the yoga-psychotherapy session is considered confidential, with few exceptions including ordered legal testimony, and actions are taken to protect the client or others from harm. Additional mandated guidelines include child and elder abuse reporting.

No identifiable information will be released or revealed to any other party without my written consent. I will bring any concerns or questions about confidentiality to the professional immediately.

Yoga is an individual experience and I agree to voluntarily participate in this Mind-Body approach. I acknowledge that I have read this form in its entirety, or it has been read to me, and I understand my rights and responsibilities. I accept the risks, rules, and regulations set forth and hereby release my Yoga-Psychotherapy provider from any and all liability, negligence, or other claims arising from or in any way connected with my participation in Yoga-Psychotherapy.

Client Name:		D.O.B or ID #	
Client Signature:		Date:	
Provider Signature:		Date:	

MIND-BODY SYMPTOM CHECKLIST

Column A	Column B	Column C	Column D
<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Avoidance	<input type="checkbox"/> Guilt	<input type="checkbox"/> Difficult partner communication
<input type="checkbox"/> Chronic pain or throbbing	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Muscle tension	<input type="checkbox"/> Lack of intimacy in a relationship
<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Restlessness	<input type="checkbox"/> Negative thoughts about self	<input type="checkbox"/> Mistrust in relationship
<input type="checkbox"/> Sadness	<input type="checkbox"/> Feeling on-edge	<input type="checkbox"/> Emotional dysregulation	<input type="checkbox"/> Relationship distance
<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Over-thinking or rumination	<input type="checkbox"/> Emotional distress	<input type="checkbox"/> Relationship defensiveness
<input type="checkbox"/> Irritability	<input type="checkbox"/> Consistent worry	<input type="checkbox"/> Flashbacks	<input type="checkbox"/> Confusion about relationship
<input type="checkbox"/> Frustration	<input type="checkbox"/> Fear	<input type="checkbox"/> Hypervigilance	<input type="checkbox"/> Feeling disconnected in a relationship
<input type="checkbox"/> Lethargy	<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Dissociation	<input type="checkbox"/> Decreased relationship satisfaction
<input type="checkbox"/> Low motivation	<input type="checkbox"/> Increased heart rate	<input type="checkbox"/> Shame	<input type="checkbox"/> Relationship anxiety
<input type="checkbox"/> Chronic fatigue	<input type="checkbox"/> Trembling	<input type="checkbox"/> Relationship issues	<input type="checkbox"/> Decreased compassion and empathy in relationship
<input type="checkbox"/> Extreme mood shifts	<input type="checkbox"/> Stomachache	<input type="checkbox"/> Emotional Numbness	
<input type="checkbox"/> Isolation	<input type="checkbox"/> Sweating	<input type="checkbox"/> Anger	
<input type="checkbox"/> Feeling heavy	<input type="checkbox"/> Anxiety		
<input type="checkbox"/> Feeling stuck	<input type="checkbox"/> Manic mood		
	<input type="checkbox"/> Panic		

Mostly Column A Symptoms

Choose movements & postures from the Depressive Disorders list

Mostly Column B Symptoms

Choose movements and postures from the Anxiety Disorders list

Mostly Column D Symptoms

Choose movements and postures from the Trauma and Stress Disorders

list

Mostly Column D Symptoms

Choose movements and postures from the Relational Problems list

Blue text = Co-occurring symptoms

Mind-Body Yoga-Psychotherapy Treatment Planner

Client: _____ DOB: _____
 Start Date: _____ Close Date: _____

Presenting Themes/ Experiences

Presenting Problem(s):	
Diagnosis (if applicable):	
Goal(s):	
Objective(s):	
Psychotherapy Approach(es)/ Interventions:	
Yoga Posture(s)/ Sequence:	
Frequency of Yoga Sessions:	
Notes:	

Progress Monitoring

Measurement Tool(s):			
3-Month Score			
6-Month Score			
9-Month Score			
12-Month Score			

Mind-Body Yoga- Psychotherapy Treatment Planner

Client: Hope Day **DOB:** March 11, 1981

Start Date: February 5, 2021 **Close Date:**

Presenting Themes/ Experiences

Presenting Problem(s):	Client reports increased symptoms of anxiety, including thought rumination, chronic muscle tension, avoidance, and increased anxiety attacks. Anxiety is impacting the client's social relationships and isolation has become a coping strategy. Symptoms increase in social situations and when social events are anticipated. Client reports symptoms of anxiety most days, even when the social stressors are not present. Client reports lower self-esteem in comparison to peers and attributes this to increased anxiety and isolation.
Diagnosis (if applicable):	F41.1 - Generalized anxiety disorder
Goal(s):	1. Practice and implement an anxiety coping strategy once per day to decrease the frequency of panic attacks to no more than 2 times per week. 2. Identify and process sources of anxiety, fears, and concerns at least once per therapy session.
Objective(s):	Client will identify yoga movements and postures to use as self-soothing strategies and practice these at least once per day. Client will also use strategies including relaxation exercises, deep breathing, and guided visualizations. Client will practice CBT thought challenging exercises, positive affirmation exercises, and journaling in and outside of sessions.
Psychotherapy Approach(es)/Interventions:	Cognitive Behavioral Therapy
Yoga Posture(s)/ Sequence:	-Yoga for Anxiety Disorders -Alternate Nostril Breathing
Frequency of Yoga Sessions:	Biweekly (alternating between talk therapy sessions and yoga-psychotherapy sessions)
Notes:	Avoid child's pose, it is triggering for the client currently.

Progress Monitoring

Measurement Tool(s):	GAD-7	Rosenberg Self Esteem Scale	
3-Month Score	14- moderate anxiety	12- low self-esteem	
6-Month Score	11- moderate anxiety	10- low self-esteem	
9-Month Score	8- mild anxiety	16- low self-esteem	
12-Month Score			

MEASUREMENT AND ASSESMENT TOOLS

Below are some assessment instruments that can be used to collect baseline data during the initial treatment planning in Stage 0 and to track progress throughout the therapeutic relationship. Use the most relevant and familiar instruments to you and your clinical practice. This is not an exhaustive list, and other instruments should also be considered.

1. Outcome Rating Scale (ORS)
2. Session Rating Scale (SRS)
3. SUDS Activation Scale
4. Schedule of Racist Events
5. Index of Race-Related Stress
6. American Psychological Association Somatic Symptom Scale
7. Trauma Symptom Checklist
8. The Racial Microaggression Scale
9. Coping Efficacy Scale
10. Readiness to Change Scale
11. Outcome Questionnaire- 45
12. Satisfaction with Life Scale
13. World Health Organization Quality of Life Scale (WHOQOL)
14. Generalized Anxiety Scale (GAD-7)
15. Patient Health Questionnaire (PHQ-9)
16. Rosenberg Self Esteem Scale
17. Center for Epidemiologic Studies Depression Scale for Children (CED-DC children)
18. Couples Satisfaction Index
19. Dyadic Coping Inventory
20. Perceived Stress Scale
21. Self-Compassion Scale
22. Self-Compassion Scale for Youth
23. Body Appreciation Scale

12. PROGRAM EVALUATION METHODS

The most significant evaluation measures for the MBM include the Session Rating Scale (SRS), the Outcome Rating Scale (ORS), and the assessment tool you've chosen to use for your client's presenting issues. The results of these assessments, when data is continually gathered over time, can indicate whether this intervention is proving to be beneficial to your client. The SRS also gathers data on the quality of your therapeutic relationship, which is foundational in working with communities of color. Also, consider using assessment measures that have been normed for the particular culture of the person you are working with. Such assessments may include influences of education, awareness or perception of racism, appreciation of spirituality or religion, cultural family norms, and other relevant areas of focus. Use this data to make adjustments to your approach and treatment planning, and always discuss assessment results with your client to promote collaborative outcome monitoring.

Reference the MBM Treatment Planner for support on how to document progress over time.

Additionally, evaluating the usefulness of the manual with professionals who use it in clinical practice helps to improve and increase support offerings, including adding MBM volumes, increasing training, and offering more specialized implementation support. A Job Task Analysis (JTA) helps us to gather that data. The JTA consists of 12 closed-ended questions and the opportunity to include comments or questions at its conclusion. This tool is specific to measuring the knowledge, skills, and abilities of individuals performing a specific job task. It will identify whether therapists find the MBM useful and if the MBM increases their knowledge of how to use the interventions within the manual. A JTA will be conducted at the conclusion of the supporting consultations and training sessions. It can also be used as a self-assessment tool to help professionals explore the value that the manual adds to their clinical practice and what areas they need additional support with.

The following evaluations methods are included in this manual.

- a. Session Rating Scale
- b. Outcome Rating Scale
- c. MBM Task Analysis Evaluation
- d. MBM Clinical Consultation

For your reference handouts and resources can be downloaded and printed at www.mbyogapsych.com.

SESSION RATING SCALE

Session Rating Scale (SRS)

Name: _____ Age (Years): _____ Sex: M F

ID #: _____ Session #: _____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

I did not feel heard, understood, and respected.	Relationship	I felt heard, understood, and respected.
We did not work on or talk about what I wanted to work on and talk about.	Goals and Topics	We worked on and talked about what I wanted to work on and talk about.
The therapist's approach is not a good fit for me.	Approach or Method	The therapist's approach is a good fit for me.
There was something missing in the session today.	Overall	Overall, today's session was right for me.

OUTCOME RATING SCALE

Outcome Rating Scale (ORS)

Name: _____ Age (Years): _____ Sex: M F
Session #: _____ Date: _____

Who is filling out this form? Please check one: Self Other

If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Attention clinician: To insure scoring accuracy, print out the measure to insure the item lines are 10 centimeters in length. Alter the form until the lines print to the correct length, then erase this message.

Individually
(Personal well-being)

|-----|

Interpersonally
(Family, close relationships)

|-----|

Socially
(Work, school, friendships)

|-----|

Overall
(General sense of well-being)

|-----|

MIND-BODY MANUAL TASK ANALYSIS EVALUATION

1	Did your knowledge about this yoga-psychotherapy intervention increase?	Yes	or	No
2	Are you more comfortable with utilizing this intervention with clients/patients?	Yes	or	No
3	Are you likely to use this intervention again?	Yes	or	No
4	Would you suggest this intervention to colleagues?	Yes	or	No
5	Did the Mind-Body Manual provide appropriate resources to support your implementation of this intervention?	Yes	or	No
6	Did you use this intervention with clients/patients under 18?	Yes	or	No
7	Did you use this intervention with any diverse populations? (i.e., physically disabled, ethnic minority, LGBTQ+, elderly, etc.)	Yes	or	No
8	Did your client/patient appear engaged in this intervention?	Yes	or	No
9	Did the use of this intervention yield positive client/patient outcomes? (i.e., reduction of symptoms, reaching treatment goals, decrease in the severity of a diagnosis)	Yes	or	No
10	From your clinical perspective, did your clients find this intervention useful?	Yes	or	No
11	Are you satisfied with your use of the Mind-Body Manual?	Yes	or	No
12	Does the Mind-Body Manual increase the accessibility and ease of implementation of yoga-psychotherapy in your work?	Yes	or	No

MBM, 2022

MBM TRAINING AND CLINICAL CONSULTATION

Training courses and live group consultations are held virtually on a quarterly basis for implementation support. This manual is an essential element of that training. A licensed mental health professional, certified in using the Mind-Body Protocol, and as a trainer will be available to support professionals, at all levels, with using the Mind Body Protocol as a therapeutic intervention. Individual consultations can also be arranged on a case-by-case basis.

With your manual, you will receive:

- Live instruction and training
- Demonstrations of poses and movements
- Demonstrations with mock clients
- Practice with fictional and real case studies (can also bring your own)
- Feedback on theories, implementation, and evaluation processes
- Answers to your specific questions
- Telehealth application
- Downloadable documents
- Support with evaluation methods

To download and print handouts and access your two, 2-hour consultation/ training sessions, video recorded demonstrations, and other implementation supports, please visit **www.mbygapsych.com**.

13. SUGGESTED READING LIST

Books Racism and Mental Health Equity

1. The Color of Hope: People of Color Mental Health Narratives **by Iresha Picot**
2. My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies **by Resmaa Menakem**
3. Post Traumatic Slave Syndrome **by Joy Degruy**
4. Eliminating Race-Based Mental Health Disparities: Promoting Equity and Culturally Responsive Care Across Settings
by Monica T Williams, Daniel C. Rosen, and Jonathan W. Canter
5. Black Mental Health Matters: The Ultimate Guide for Mental Health Awareness in the Black Community **by Aaren Snyder**
6. Willing to Work Forward **by Gina Tang**
7. Care Work: Dreaming Disability Justice **by Lakshmi Piepzna-Samarasinha**
8. How to Be an Antiracist **by Ibram X. Kendi**
9. Black Pain: It Just Looks Like We're Not Hurting **by Terrie M. Williams**
10. Sacred Instructions: Indigenous Wisdom for Living Spirit-Based Change
by Sherri Mitchell
11. Decolonizing Trauma Work **by Renee Linklater**

Books on Mindfulness and Somatic Practice

12. Restorative Yoga for Ethnic and Race-Based Stress and Trauma **by Gail Parker**
13. Meditations from the Mat: Daily Reflections on the Path of Yoga **by Rolf Gates**
14. The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma
by Bessel van der Kolk
15. Yoga Skills for Therapists: Effective Practices for Mood Management
by Amy Weintraub
16. Heal Your Body **by Louise Hay**
17. Overcoming Trauma Through Yoga: Reclaiming Your Body **by David Emerson**
18. Eastern Body, Western Mind **by Judith Anodea**
19. The Mindful Brain **by Daniel J. Siegel**
20. The Bhagavad Gita
21. Yoga Sutras of Patanjali **by Patanjali**
22. The Upanishads
23. The Heart of Yoga: Developing a Personal Practice **by TKV Desikachar**
24. Relax & Renew: Restful Yoga for a Stressful Time **by Judith Lasater**
25. The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling
Safe **by Stephen Porge**

Published Research and Academia Articles

1. Bennetts, A. (2022). How does yoga practice and therapy yield psychological benefits? A review and model of Transdiagnostic Processes. *Complementary Therapies in Clinical Practice, 46*, 101514.
2. Brown, T. N. (2008). Race, racism, and mental health: elaboration of critical race theory's contribution to the sociology of mental health. *Contemporary Justice Review, 11*(1), 53–62.
3. Cabral, P., Meyer, H. B., & Ames, D. (2011). Effectiveness of yoga therapy as a complementary treatment for major psychiatric disorders. *The Primary Care Companion for CNS Disorders*.
4. Caplan, M., Portillo, A., & Seely, L. (2013). Yoga psychotherapy: The integration of western psychological theory and ancient yogic wisdom. *The Journal of Transpersonal Psychology, 45*(2), 139–153.
5. Gerber, M. M., Kilmer, E. D., & Callahan, J. L. (2018). Psychotherapeutic yoga demonstrates immediate positive effects. *Practice Innovations, 3*(3), 212-225.
6. Kamradt, J. M. (2017). Integrating yoga into psychotherapy: The ethics of moving from the mind to the mat. *Complementary Therapies in Clinical Practice, 27*, 27–30.
7. Shim, R. S., Compton, M. T., Rust, G., Druss, B. G., & Kaslow, N. J. (2009). Race-ethnicity as a predictor of attitudes toward mental health treatment seeking. *Psychiatric Services, 60*(10), 1336–1341.
8. Sullivan, M. B., Erb, M., Schmalzl, L., Moonaz, S., Noggle Taylor, J., & Porges, S. W. (2018). Yoga therapy and polyvagal theory: The convergence of traditional wisdom

- and contemporary neuroscience for self-regulation and resilience. *Frontiers in Human Neuroscience*, 12.
9. Taylor, N. (2021). *The Impact of Offering Integrative Psychotherapeutic Methods on Service Seeking Attitudes within the Black Community*. Unpublished dissertation, Loma Linda University.
 10. Tibbitts, D. C., Aicher, S. A., Sugg, J., Handloser, K., Eisman, L., Booth, L. D., & Bradley, R. D. (2021). Program evaluation of trauma-informed yoga for vulnerable populations. *Evaluation and Program Planning*, 88, 101946.
 11. Wyatt, J. P., & Ampadu, G. G. (2021). Reclaiming self-care: Self-care as a social justice tool for Black wellness. *Community Mental Health Journal*, 58(2), 213-221.
 12. Zapata, K. (2020, March 1). *Decolonizing mental health: The importance of an oppression-focused mental health system*. Calgary Journal. Retrieved September 21, 2021, from <https://glyphy.com/2020/decolonizing-mental-health-the-importance-of-an-oppression-focused-mental-health-system/>

14. MIND-BODY MANUAL REFERENCES

- Baitmangalkar, A. (2021, February 26). How we can work together to avoid cultural appropriation in yoga. Home. Retrieved from <https://yogainternational.com/article/view/how-we-can-work-together-to-avoid-cultural-appropriation-in-yoga>
- Bartholomew, O. (2020). Investigation of the "cultural appropriation" of yoga. *International ResearchScape Journal*, 7(1). <https://doi.org/10.25035/irj.07.01.02>
- Bertalanffy, L. von. (2015). *General system theory: foundations, development, applications*. New York: George Braziller, Inc.
- Biin, D., Simcoe, J., Erickson, M., Antoine, A., Cull, I., Hancock, R., . . . Vedan, A. (2018, September 05). Decolonization and indigenization. Retrieved February 28, 2021, from <https://opentextbc.ca/indigenizationfrontlineworkers/chapter/decolonization-and-indigenization/>
- Brown, T. N. (2003). Critical Race Theory Speaks to the Sociology of Mental Health: Mental Health Problems Produced by Racial Stratification. *Journal of Health and Social Behavior*, 44(3), 292. doi: 10.2307/1519780
- Brown, T. N. (2008). Race, racism, and mental health: elaboration of critical race theory's contribution to the sociology of mental health. *Contemporary Justice Review*, 11(1), 53–62. doi: 10.1080/10282580701850405
- Caplan, M., Portillo, A., & Seely, L. (2013). Yoga Psychotherapy: The Integration of Western Psychological Theory and Ancient Yogic Wisdom. *Journal of Transpersonal Psychology*, 45(2).
- Center for Substance Abuse Treatment (US). *Trauma-Informed Care in Behavioral Health Services*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207191/>
- Cherid, M. I. (2021). "Ain't got enough money to pay me respect": Blackfishing, cultural appropriation, and the commodification of blackness. *Cultural Studies ↔ Critical Methodologies*, 21(5), 359–364. <https://doi.org/10.1177/15327086211029357>
- Cook-Cottone, C., LaVigne, M., Guyker, W., Travers, L., Lemish, E., & Elenson, P. (2017). Trauma-informed yoga: An embodied, cognitive-relational framework. *International Journal of Complementary & Alternative Medicine*. <https://doi.org/10.15406/ijcam.2017.09.00284>

- Corey, S. M., Epel, E., Schembri, M., Pawlowsky, S. B., Cole, R. J., Araneta, M. R., Barrett-Connor, E., & Kanaya, A. M. (2014). Effect of restorative yoga vs. stretching on diurnal cortisol dynamics and psychosocial outcomes in individuals with metabolic syndrome: the PRYSMS randomized controlled trial. *Psychoneuroendocrinology*, 49, 260–271. <https://doi.org/10.1016/j.psyneuen.2014.07.012>
- Cote, L. (2019). *Subtle Bodies*. Square One Yoga Teacher Training. Berkeley.
- Corneau, S., & Stergiopoulos, V. (2012). More than being against it: anti-racism and anti-oppression in mental health services. *Transcultural psychiatry*, 49(2), 261–282. <https://doi.org/10.1177/1363461512441594>
- Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. (2003). *Psychological treatment of ethnic minority populations*. Washington, D.C.
- D'Arrigo, C., & León Amanda. (2020). *Essential chakra yoga: Poses to balance, heal, and energize the body and mind*. Rockridge Press.
- Hay, L. L. (1987). *You can heal your life*. Santa Monica, CA: Hay House.
- Ferretti, A. (2021). *A Beginners Guide to the Chakras*. Yoga Journal.
- Fernros, L., Furhoff, A. K., & Wändell, P. E. (2008). Improving quality of life using compound mind-body therapies: evaluation of a course intervention with body movement and breath therapy, guided imagery, chakra experiencing, and mindfulness meditation. *Quality of life research: an international journal of quality of life aspects of treatment, care, and rehabilitation*, 17(3), 367–376. <https://doi.org/10.1007/s11136-008-9321-x>
- Finn, H., Warner, E., Price, M., & Spinazzola, J. (2017). The boy who was hit in the face: Somatic regulation and processing of preverbal complex trauma. *Journal of Child & Adolescent Trauma*, 11(3), 277–288. <https://doi.org/10.1007/s40653-017-0165-9>
- Geno, R. (2021). *The Meaning of Namaste*. Yoga Journal.
- Gessel, Nityda. (2018). *The Trauma Conscious Yoga Method*.
- Grays, J. (2016). *The Blurred Lines of Cultural Appropriation* Jaja Grays. Newmark Graduate School of Journalism.
- Halloran, M. J. (2019). African American Health and Posttraumatic Slave Syndrome: A Terror Management Theory Account. *Journal of Black Studies*, 50(1), 45–65.
- Ismaeilzadeh, N., & Akbar, B. (2019). Effectiveness of mindfulness-based cognitive therapy in sexual self-efficacy and marital satisfaction among couples with marital conflicts. *Avicenna Journal of Neuro Psycho Physiology*, 29–36. <https://doi.org/10.32592/ajnpp.2020.7.1.104>

- Jonsson, G., Franzén, L., Nyström, M. B. T., & Davis, P. A. (2020). Integrating yoga with Psychological Group-treatment for mixed depression and anxiety in primary healthcare: An explorative pilot study. *Complementary Therapies in Clinical Practice*, 41, 101250. <https://doi.org/10.1016/j.ctcp.2020.101250>
- Judith, A. (2006). *Eastern Body, Western Mind Psychology, and the Chakra System as a path to the self*. Alchemy.
- Lyons, S. (2022). 2022 EMBODIED SOCIAL JUSTICE SUMMIT. Ma, X., Yue, Z. Q., Gong, Z. Q., Zhang, H., Duan, N. Y., Shi, Y. T., Wei, G. X., & Li, Y. F. (2017). The Effect of Diaphragmatic Breathing on Attention, Negative Affect, and Stress in Healthy Adults. *Frontiers in psychology*, 8, 874. <https://doi.org/10.3389/fpsyg.2017.00874>
- Maxwell, R. W. (2009). The Physiological Foundation of Yoga Chakra Expression. *Zygon Journal of Religion and Science*, 44(4), 807–824. <https://doi.org/10.1111/j.1467-9744.2009.01035.x>
- Molajafar, H., Mousavi, S. M., Lotfi, R., Seyedeh Madineh Ghasemnejad, & Falah, M. (2015). Comparing the effectiveness of mindfulness and emotion regulation training in reduction of marital conflicts. *Journal of medicine and life*, 8(Spec Iss 2), 111–116.
- National Center for Complementary and Integrative Health. (2021, April). *Nationwide survey reveals widespread use of mind and body practices*. National Institute of Health. Retrieved from <https://www.nccih.nih.gov/news/press-releases/nationwide-survey-reveals-widespread-use-of-mind-and-body-practices>
- The National Council for Behavioral Health. (n.d.). How to Manage Trauma. How to Manage Trauma. Retrieved January 19, 2022, from <https://www.thenationalcouncil.org/wp-content/uploads/2013/05/Trauma-infographic.pdf?daf=375ateTbd56>
- Parker, G., Ross, J., Wheeler, A., & Raheem, O. F. (2020). *Restorative yoga for ethnic and race-based stress and trauma*. Jessica Kingsley Publishers.
- Quan, J. (2019). *Subtle Bodies*. Square One Yoga Teacher Training. Berkeley.
- Reagan, L. (2021, October 22). Trauma Treatment Modality Series: “Top-Down” and “Bottom-Up” Approach to Therapy [web log]. Retrieved from <https://traumatherapistnetwork.com/trauma-treatment-modality-series-top-down-and-bottom-up-approach-to-therapy/>.
- Saakvitne, K. W. et al., *Risking Connection®: A Training Curriculum for Working with Survivors of Childhood Abuse*, to be published by Sidran Press in January, 2000.
- Shea, N. (2014). Distinguishing top-down from bottom-up effects. *Perception and Its Modalities*, 73–92. <https://doi.org/10.1093/acprof:oso/9780199832798.003.0004>

- Shim, R. S., Compton, M. T., Rust, G., Druss, B. G., & Kaslow, N. J. (2009). Race-Ethnicity as a Predictor of Attitudes Toward Mental Health Treatment Seeking. *Psychiatric Services, 60*(10), 1336–1341. doi: 10.1176/ps.2009.60.10.1336
- Sweeton, J. (2019). Trauma treatment toolbox: 165 brain-changing tips, tools & handouts to move therapy forward. PESI Publishing Media.
- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Taylor, A. G., Goehler, L. E., Galper, D. I., Innes, K. E., & Bourguignon, C. (2010). Top-down and bottom-up mechanisms in mind-body medicine: Development of an integrative framework for Psychophysiological Research. *EXPLORE, 6*(1), 29–41. <https://doi.org/10.1016/j.explore.2009.10.004>
- UC Berkeley. (2022). *Breathing Exercises*. Berkeley, CA; Be Well at Work.
- Vale, D., Mullaney, S., & Hartas, L. (1996). Appropriation. In *The Cambridge Dictionary*. essay, Cambridge University Press.
- Weintraub, A. (2012). Yoga skills for therapists: Effective practices for mood management. W.W. Norton.
- Woods-Giscombé, C. L., & Gaylord, S. A. (2014). The Cultural Relevance of Mindfulness Meditation as a Health Intervention for African Americans: Implications for Reducing Stress-Related Health Disparities. *Journal of holistic nursing : official journal of the American Holistic Nurses' Association, 32*(3), 147–160. <https://doi.org/10.1177/0898010113519010>
- Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior, 59*(4), 466–485. <https://doi.org/10.1177/0022146518814251>
- Woodyard C. (2011). Exploring the therapeutic effects of yoga and its ability to increase quality of life. *International journal of yoga, 4*(2), 49–54. <https://doi.org/10.4103/0973-6131.85485>

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CHAPTER SIX

SUMMARY AND APPLICATIONS

The Mind-Body Manual is an intervention manual designed to support mental health and wellness professionals with integrating the Mind-Body Protocol, a yoga-psychotherapy intervention informed by the cultural nuances and needs of people of color. The Protocol integrates yoga philosophy and movement into psychotherapy and provides contextual conceptualization for working with individuals, families, couples, and groups in Black and Brown communities. The manual provides professionals with information, implementation guidance, and evaluation support while using the manual. A critical focus of the Mind-Body Protocol is emphasizing anti-oppressive therapy and reducing stigma, discrimination, and feelings of mistrust towards traditional therapeutic approaches. The practices that inform and shape the MBM and its individual interventions are particularly helpful when working with marginalized, oppressed, and overlooked groups, including racial minorities, women, LGBTQ+, economically disadvantaged, people with disabilities, refugees, and immigrants.

The MBM provides the necessary background information in an easy-to-understand format, providing professionals with the tools to successfully implement the protocol without any prior yoga knowledge or experience. The MBM also provides treatment planning tools to assist professionals with assessment, documentation, and progress tracking. These assessments can also be used as program evaluation measures and later included in fidelity measures. Professionals are also given access to additional components for learning including live consultations and training, recorded demonstrations, and case presentations. The use of this manual is meant to be a

complement to an already established clinical practice and builds on the independent skills and clinical judgment of practicing professionals.

The Mind-Body Manual offers an opportunity to consider pivotal shifts within the field of mental and physical healthcare. Informed by Systems Theory, Critical Race Theory, and the principles of Social Justice, the manual itself serves a cultural offering to encourage further inquiry about the ways that we can integrate indigenous, ancestral, natural, holistic, expressive, somatic, and non-traditional approaches into our primary mental health care options. These deserved acts of inclusivity can help to increase feelings of acceptance and shape a more positive perspective among typically excluded communities. These steps include learning and implementing more culturally responsive interventions beyond the Western, White, Cissexist, and Ableist practices deemed most practical and accepted in mental healthcare.

Addressing the Gaps in Literature

The MBM addresses the underutilization of mental health services in the Black community from a multidimensional systems approach. Incorporating non-traditional interventions into mental health care and increasing the training in non-traditional methods for mental health care professionals, sends implicit communications about and takes actionable steps towards increased inclusivity in healthcare approaches. Systemic limitations affect education and training standards as well as the availability of services and service implementation methods.

The use of primarily traditional psychotherapeutic methods is as significant a barrier to services as is the typical cost of mental health services (Thompson, et.al,

2004). However, finding marital and family therapy professionals using alternative methods can be challenging, as many do not have advanced training on complementary methods or lack the confidence to implement or offer such approaches (Jones-Smith, 2016). By offering professionals training and education tools to increase skills, competence, and confidence in culturally responsive and complementary interventions, increased offerings of such interventions across care settings is likely to occur.

In addition, to address professionals' readiness to offer these interventions, the MBM aims to de-stigmatize mental health engagement in communities of color by identifying interventions that do not feel antagonistic to communities with trauma histories around medical treatment and systemic practices. Research indicates that Black Americans, specifically, are more likely to choose to work with professionals using yoga psychotherapy than a traditional psychotherapist, simply due to cultural perceptions, beliefs, and attitudes toward traditional care offerings (Taylor, 2021). Because attitudes and beliefs are subjective and can change, this indicates the need for more strategies to help create long-lasting shifts in the cultural perceptions of mental health care engagement (Albrecht & Carpenter, 1976). The MBM provides an avenue for applied change and further theoretical conceptualizations of why these issues exist and how this manual continues to meet that need. Increasing the use of complementary and alternative mental healthcare approaches essentially honors typically marginalized voices through cultural inclusion. This decolonizing practice offers all cultures a space in mental health care and wellness spaces.

Limitations

In reviewing limitations, consideration was given to the elements of the manual's methodology that could influence the findings of further research and the deliverable manual offering. This includes looking at sample size, assessment measures and implementation data. The research conducted in the preliminary stages of designing the manual included a small sample size. Additionally, only one trial of the research was conducted (Taylor, 2021). Larger sample size can further represent the target population and provides a larger context of the issues presented in the assessment data and repeated measures can strengthen reliability of the data. This will be considered as research trials continue. Secondary limitations include the limited access to clinical assessments normed specifically for use in treating Marital and Family Therapy problems in Black communities. Because few measures addressing race-based stress and cultural microaggressions could be accessed, additional measurement tools are deemed necessary to measure the efficacy of this intervention in assessing and addressing the daily stressors and considerations present in the life of a person of color. This is also true for any marginalized demographic that may receive the interventions from the manual. For example, measures specific to the experiences of refugees, immigrants, or queer communities. Lastly, the manual's protocol has not been entirely implemented from start to finish and this limits the amount of efficacy data that has been collected. As the MBM continues to grow in implementation and data collection, additional limitations may be discovered. Limitations will be significant pieces of the evaluation measures and steps taken to improve the Mind-Body Protocol and Manual.

Modifications

The original MBM conceptualization was aimed at exploring the perceptions, attitudes and beliefs of people of color towards mental health and psychotherapy services. With the incorporation of a more intentional systemic lens, this vision expanded to an in-depth exploration of the barriers to mental health services in communities of color and how this could be addressed by examining the standards and norms of services set by the academic and training requirements of mental health professionals. Upon implementation, the MBM is expected to be recognized as a primary intervention to address deficiencies in psychotherapists' training on the use and application of yoga-psychotherapy, an integrative mental health practice.

Certain elements of the MBM have been removed and identified as more appropriate for inclusion in subsequent volumes. Volumes include specific psychotherapeutic protocols integrating various expressive art approaches, indigenous practices, and cultural offerings. Another initial element to be included in each volume of the MBM is an offering of practices for the professional. These practices are meant to support the professional's attunement and engagement in whichever practice that particular volume focuses on. Practices for the professional closely mirror whichever interventions are indicated for client use and help professionals to learn the protocols more experientially. Simultaneously this offers professionals an opportunity to use these skills in clinical practice to ground in self-of-the-therapist, recenter, and process professional bias or countertransference before or after client work. For those professionals who have only used a traditional talk therapy approach, using an unfamiliar modality like including cultural traditions and rituals, can potentially become activated in

a way that has not yet been experienced in the therapeutic space. It is important that our encouragements to include such personal elements into our work also encourage and teach care for the professional and personal self as they hold space for healing work.

To ensure appropriate scope of practice and competence, the Mind-Body Manual and subsequent volumes can be utilized as individual and group training curricula. Additionally, MBM trainees and users will be required to provide proof of licensure to demonstrate the minimum competencies needed to successfully implement the interventions. Online implementation videos and quarterly group consultations are included as part of the manual's training supports. Consultations are offered once per quarter. For complete certification, users must provide proof of minimum requirements, complete the live or virtual training course, and attend three group consultations.

Use of the MBM as a certification training can add to the inclusion and diversity of psychological care approaches and education standards for treating professionals. The MBM hopes to be considered as a training certification which qualifies towards continued education units (CEUs). CEUs are required for many mental health professionals to hold licensure, and support increased knowledge and skills in a variety of areas. These regulatory efforts support its inclusion in mental health practices, but also ensure that legal and ethical protections are in place for professionals and interventions participants.

This manual is meant to be used by mental health professionals at least one year post licensure. Additionally, users are expected to provide proof of licensure to demonstrate the minimum competencies needed to successfully utilize the MBM.

Provisions can be made for marriage and family therapist interns and social worker interns who are registered in the appropriate licensing jurisdictions to move forward with training on the Mind-Body Protocol. For example, registered MFT interns with the California Board of Behavioral Sciences, and who also receive clinical supervision from a licensed professional who is also trained in the Mind-Body Protocol. It is estimated that cost of the Mind-Body Manual and its training components are offered at \$1500.00- \$2000.00 per person/manual.

Marital Family Therapy Implications

The intervention of the MBM helps pave the path to systemic change and continued research. It encourages professionals in the field of marriage and family therapy to transparently examine the role of oppression and colonization on marriage and family therapy education and training programs, assessment protocols, treatment practices, and ways to conceptualize the presenting issues of the people we work with. Field professionals, governing boards, educational institutions, and licensing systems standards are all influenced by race, culture, and social influence and the presence of these impacts in our work cannot be overlooked (Areal, Saloner, & Walkup, 2016).

Professionals in the field have an ethical obligation to learn more about the continued effects of colonization and the institutional limitations it presents when using traditional psychotherapy models with certain populations (Taylor, 2021). These considerations can continue to grow the field of marriage and family therapy by increase

cultural responsiveness in systemic approaches and addressing the underutilization of services in marginalized communities (Jones-Smith, 2016).

With the distribution of training tools like the MBM, practitioners in the field can become more culturally attuned and offer a wider variety of approaches in the primary mental healthcare setting. Taking these measures will continuously move the field towards greater inclusivity, ultimately decolonizing psychotherapy.

REFERENCES

- Adams, A. E., Rogers, W. A., & Fisk, A. D. (2013). Skill components of task analysis. *Instructional Science*, *41*(6), 1009–1046. doi:10.1007/s11251-013-9270-9
- Adaway, D. (n.d.). What exactly is Critical Race Theory? Retrieved from <https://desireeadaway.com/critical-race-theory/>
- Agyemang, C. (2005). Negro, black, Black African, African Caribbean, African American or What? Labelling African Origin populations in the health Arena in the 21st century. *Journal of Epidemiology & Community Health*, *59*(12), 1014-1018. doi:10.1136/jech.2005.035964
- Albrecht, S. L., & Carpenter, K. E. (1976). Attitudes as predictors of behavior versus behavior intentions: A convergence of research traditions. *Sociometry*, *39*(1), 1. doi:10.2307/2786586
- Arean, P. A., PhD, Saloner, B., PhD, & Walkup, J. T., PhD. (2016). Access to mental healthcare is “question of social justice”. *Medical Ethics Advisor*, (January).
- Beltran, M., Brown-Elhillali, A., Held, A., Ryce, P., Ofeonedu, M. E., Hoover, D., Ensor, K., & Belcher, H. M. E. (2016). *Yoga-Based Psychotherapy Groups for Boys Exposed to Trauma in Urban Settings*, *22*(1).
- Bertalanffy, L. von. (2015). *General system theory: foundations, development, applications*. New York: George Braziller, Inc.
- Biin, D., Simcoe, J., Erickson, M., Antoine, A., Cull, I., Hancock, R., . . . Vedan, A. (2018, September 05). Decolonization and indigenization. Retrieved February 28, 2021, from <https://opentextbc.ca/indigenizationfrontlineworkers/chapter/decolonization-and-indigenization/>
- Brown, T. N. (2003). Critical Race Theory Speaks to the Sociology of Mental Health: Mental Health Problems Produced by Racial Stratification. *Journal of Health and Social Behavior*, *44*(3), 292. doi: 10.2307/1519780
- Brown, T. N. (2008). Race, racism, and mental health: elaboration of critical race theory’s contribution to the sociology of mental health. *Contemporary Justice Review*, *11*(1), 53–62. doi: 10.1080/10282580701850405
- Burnett-Zeigler, I., Schuette, S., Victorson, D., & Wisner, K. L. (2016). Mind–body approaches to treating mental health symptoms among disadvantaged populations: A comprehensive review. *The Journal of Alternative and Complementary Medicine*, *22*(2), 115–124. <https://doi.org/10.1089/acm.2015.0038>

- Caplan, M., Portillo, A., & Seely, L. (2013). Yoga Psychotherapy: The Integration of Western Psychological Theory and Ancient Yogic Wisdom. *The Journal of Transpersonal Psychology, 45*(2), 139–153.
- Cook, B. G., & Cook, L. (2008). Nonexperimental quantitative research and its role in Guiding Instruction. *Intervention in School and Clinic, 44*(2), 98-104. doi:10.1177/1053451208321565
- Cook-Cottone, C., LaVigne, M., Guyker, W., Travers, L., Lemish, E., & Elenson, P. (2017). Trauma-informed yoga: An embodied, cognitive-relational framework. *International Journal of Complementary & Alternative Medicine. https://doi.org/10.15406/ijcam.2017.09.00284*
- Cote, L. (2019). *Subtle Bodies*. Square One Yoga Teacher Training. Berkeley.
- Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. (2003). *Psychological treatment of ethnic minority populations*. Washington, D.C.
- Cuevas, A. (2000). Exploring Four Barriers Experienced by African Americans in Healthcare: Perceived Discrimination, Medical Mistrust, Race Discordance, and Poor Communication. doi: 10.15760/etd.615
- Elhai, J. D., Schweinle, W., & Anderson, S. M. (2008). Reliability and validity of the attitudes Toward seeking professional psychological Help Scale-Short Form. *Psychiatry Research, 159*(3), 320-329. doi:10.1016/j.psychres.2007.04.020
- Forbes, B., Akturk, C., Cummer-Nacco, C., Gaither, P., Gotz, J., Harper, A., & Hartsell, K. (2008). Using integrative yoga therapeutics in the treatment of comorbid anxiety and depression. *International Journal of Yoga Therapy, 18*(1), 87–95. https://doi.org/10.17761/ijyt.18.1.p8171x45n6328107
- Frank, J. L., Bose, B., & Schrobrenhauser-Clonan, A. (2014). Effectiveness of a school-based Yoga Program on Adolescent Mental Health, stress coping strategies, and attitudes toward violence: Findings from a high-risk sample. *Journal of Applied School Psychology, 30*(1), 29–49. https://doi.org/10.1080/15377903.2013.863259
- Gerber, M. M., Kilmer, E. D., & Callahan, J. L. (2018). Psychotherapeutic yoga demonstrates immediate positive effects. *Practice Innovations, 3*(3), 212-225. doi:10.1037/pri0000074
- Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*(1), 83–91. https://doi.org/10.1037/a0018441

- Graham, L., Brown-Jeffy, S., Aronson, R., & Stephens, C. (2011). Critical race theory as theoretical framework and analysis tool for population health research. *Critical Public Health*, 21(1), 81–93. doi: 10.1080/09581596.2010.493173
- Hall, J. (2011). Second-Order Change Through Principle Based Treatment. *Journal of Therapeutic Schools and Programs*, 1(5), 96–104. doi: 10.19157/jtsp.issue.05.01.08
- Harner, H., Hanlon, A. L., & Garfinkel, M. (2010). Effect of Iyengar yoga on mental health of incarcerated women. *Nursing Research*, 59(6), 389–399. <https://doi.org/10.1097/nnr.0b013e3181f2e6ff>
- Holman, D. A. (2020, June 20). Self-Care for Black Americans Amid Race-Based Traumatic Stress [web log]. Retrieved October 26, 2021, from <https://www.lyrahealth.com/blog/self-care-for-black-americans-amid-race-based-traumatic-stress/>.
- Institute of Medicine (US) Committee on the Use of Complementary and Alternative Medicine by the American Public. (2005). *Complementary and alternative medicine in the United States*. National Academies Press.
- Judith, A. (2006). *Eastern body, Western Mind Psychology, and the Chakra system as a path to the self*. Alchemy.
- Jones-Smith, E. (2016). *Theories of counseling and psychotherapy: an integrative approach*. Los Angeles: SAGE. Retrieved from <http://www.sisdca.it/public/pdf/Integrative-Psychotherapy.pdf>
- Kamradt, J. M. (2017). Integrating yoga into psychotherapy: The ethics of moving from the mind to the mat. *Complementary Therapies in Clinical Practice*, 27, 27–30. <https://doi.org/10.1016/j.ctcp.2017.01.003>
- Kearney, L. K., Zeiss, A. M., McCabe, M. A., Thistlethwaite, J. E., Chana, N., Chen, S., & Anton, B. S. (2020). Global approaches to integrated care: Best practices and ongoing innovation. *American Psychologist*, 75(5), 668–682.
- Keynejad, R., Semrau, M., Toynbee, M., Evans-Lacko, S., Lund, C., Gureje, O., Ndyabangi, S., Courtin, E., Abdulmalik, J. O., Alem, A., Fekadu, A., Thornicroft, G., & Hanlon, C. (2016). Building the capacity of policymakers and planners to strengthen mental health systems in low- and middle-income countries: A systematic review. *Biomed Central Health Services Research*, 16(1). <https://doi.org/10.1186/s12913-016-1853-0>
- Kolivoski, K. M., Weaver, A., & Constance-Huggins, M. (2014). Critical race theory: Opportunities for application in social work practice and policy. *Families in Society: The Journal of Contemporary Social Services*, 95(4), 269–276. <https://doi.org/10.1606/1044-3894.2014.95.36>

- Lake, J. (2008). Integrative Mental Health Care: From Theory to Practice, Part 2. *Alternative Therapies*, 14(1), 36–42.
- Lee, H. (2013). Yoga improves perceived stress and psychological outcomes in distressed women. *Focus on Alternative and Complementary Therapies*, 18(4), 217–218. <https://doi.org/10.1111/fct.12055>
- Loyola Marymount University. (2021, September 23). Master of science in yoga therapy: Yoga university. MUIH. Retrieved November 2, 2021, from <https://muih.edu/academics/yoga-therapy/master-of-science-in-yoga-therapy/>.
- Maisel, E. (2016, May 01). Leah Harris on mental health as a social justice issue. Retrieved from <https://www.psychologytoday.com/us/blog/rethinking-mental-health/201605/leah-harris-mental-health-social-justice-issue>
- Manderscheid, R. (2020, September 09). Take steps to address health inequity and other social justice issues. Retrieved February 28, 2021, from <https://www.psychcongress.com/article/take-steps-address-health-inequity-and-other-social-justice-issues>
- Martin, L. (2016). Q&A: Integrative Mental Health Care. *Psychiatric Times*. <https://doi.org/https://www.psychiatrictimes.com/view/qa-integrative-mental-health-care>
- McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and cause(s) of burnout among Applied Psychologists: A systematic review. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.01897>
- McDowell, T., Knudson-Martin, C., & J. (2018). *Socioculturally Attuned Family Therapy, Guidelines for Equitable Theory and Practice*.
- McLendon, B. D. M., & Scott, J. (2018). Namaste to Wellbeing? The Effect of Yoga on the Health of African American High School Students. *The Journal of Emerging Investigators*.
- Melchert, T. P. (2010). The growing need for a unified biopsychosocial approach in Mental Health Care. *Procedia - Social and Behavioral Sciences*, 5, 356–361. <https://doi.org/10.1016/j.sbspro.2010.07.104>
- Mental Health: Culture, Race and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville, Md, US Department of Health and Human Services, US Public Health Service, 2001.
- Mitchell, K. S., Dick, A. M., DiMartino, D. M., Smith, B. N., Niles, B., Koenen, K. C., & Street, A. (2014). A pilot study of a randomized controlled trial of yoga as an

- intervention for PTSD symptoms in women. *Journal of Traumatic Stress*, 27(2), 121–128. <https://doi.org/10.1002/jts.21903>
- MUIH. (2021, September 23). Master of science in yoga therapy: Yoga university. Maryland University of Integrative Health. Retrieved November 2, 2021, from <https://muih.edu/academics/yoga-therapy/master-of-science-in-yoga-therapy/>.
- Morrow, M., & Weisser, J. (2012). Towards a social justice framework of mental health recovery. *Studies in Social Justice*, 6(1), 27-43. doi:10.26522/ssj.v6i1.1067.
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2011). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 341–352. <https://doi.org/10.1007/s10488-011-0352-1>
- Ngui, E. M., Khasakhala, L., Ndetei, D., & Roberts, L. W. (2010). Mental disorders, health inequalities and ethics: A global perspective. *International Review of Psychiatry*, 22(3), 235-244. doi:10.3109/09540261.2010.485273
- Parker, G., & Ross, J. (2020). *Restorative yoga for ethnic and race-based stress and trauma*. Jessica Kingsley Publishers.
- Picco, L., Abdin, E., Chong, S. A., Pang, S., Shafie, S., Chua, B. Y., . . . Subramaniam, M. (2016). Attitudes toward seeking professional psychological help: Factor structure and socio-demographic predictors. *Frontiers in Psychology*, 7. doi:10.3389/fpsyg.2016.00547
- Pflueger, L. W. (2011). Yoga body: The origins of modern posture practice - by Mark Singleton. *Religious Studies Review*, 37(3), 235–235. https://doi.org/10.1111/j.1748-0922.2011.01543_4.x
- Potter, N. N. (2015). Reflections on things we don't want to think about: Intersections of colonialism, transgenerational trauma, and oppression within psychiatry. *Journal of Ethics in Mental Health*, 1.
- Price, P. (2015). *Research methods in psychology, 2nd Canadian Edition*. BCcampus. Purposive sampling: Lærd Dissertation. (n.d.). Retrieved April 20, 2021, from <https://dissertation.laerd.com/purposive-sampling.php#critical>
- Quan, J. (2019). *Subtle Bodies*. Square One Yoga Teacher Training. Berkeley.
- Quinones, N. (2021, April 14). Yoga, Social Justice, and Healing the Wounds of Violence in Colombia [web log]. Retrieved October 26, 2021, from <https://www.embodiedphilosophy.com/yoga-social-justice-and-healing-the-wounds-of-violence-in-colombia/>.

- Reio, T. G. (2016). Non-experimental research: Strengths, weaknesses, and issues of precision. *European Journal of Training and Development*, 40(8/9), 676-690. doi:10.1108/ejtd-07-2015-0058
- Russell Bell, V. (2018). Restorative Yoga Teacher Training Program. In Restorative Teacher Training Program. Berkeley.
- Schoenwald, S. K., Henggeler, S. W., Brondino, M. J., & Rowland, M. D. (2000). Multisystemic therapy: Monitoring treatment fidelity*. *Family Process*, 39(1), 83–103. <https://doi.org/10.1111/j.1545-5300.2000.39109.x>
- Shim, R. S., Compton, M. T., Rust, G., Druss, B. G., & Kaslow, N. J. (2009). Race-Ethnicity as a Predictor of Attitudes Toward Mental Health Treatment Seeking. *Psychiatric Services*, 60(10), 1336–1341. doi: 10.1176/ps.2009.60.10.1336
- Snowball sampling. (n.d.). Retrieved May 16, 2021, from <https://research-methodology.net/sampling-in-primary-data-collection/snowball-sampling/>
- Snowball sampling: Definition, method, advantages, and disadvantages. (2018, August 27). Retrieved May 16, 2021, from <https://www.questionpro.com/blog/snowball-sampling/>
- Taylor, N. (2021). *The Impact of Offering Integrative Psychotherapeutic Methods on Service Seeking Attitudes within the Black Community*. Unpublished manuscript, Loma Linda University.
- Taylor, T. R., Barrow, J., Makambi, K., Sheppard, V., Wallington, S. F., Martin, C., Greene, D., Yeruva, S. L., & Horton, S. (2017). A restorative yoga intervention for African-American breast cancer survivors: A pilot study. *Journal of Racial and Ethnic Health Disparities*, 5(1), 62–72. <https://doi.org/10.1007/s40615-017-0342-4>
- Tibbitts, D. C., Aicher, S. A., Sugg, J., Handloser, K., Eisman, L., Booth, L. D., & Bradley, R. D. (2021). Program evaluation of trauma-informed yoga for vulnerable populations. *Evaluation and Program Planning*, 88, 101946. <https://doi.org/10.1016/j.evalprogplan.2021.101946>
- The 8 limbs of Yoga explained*. Ekhart Yoga. (2021, April 1). Retrieved October 26, 2021, from <https://www.ekhartyoga.com/articles/philosophy/the-8-limbs-of-yoga-explained>.
- The Change Process. (n.d.). Retrieved from <http://www.mopl.org/the-change-process.html>

- Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans Perceptions of Psychotherapy and Psychotherapists. *Professional Psychology: Research and Practice*, 35(1), 19–26. doi: 10.1037/0735-7028.35.1.19
- Vorkapic, C. F., & Rangé, B. (1AD, January 1). Reducing the symptomatology of panic disorder: The effects of a yoga program alone and in combination with cognitive-behavioral therapy. *Frontiers*. Retrieved October 22, 2021, from <https://www.frontiersin.org/articles/10.3389/fpsy.2014.00177/full>.
- Weintraub, A. (2012). *Yoga skills for therapists: Effective Practices for mood management*. New York: W.W. Norton.
- Wilson, C., Deane, F., & Ciarrochi, J. (2005). Measuring Help-Seeking Intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling*.
- Woods-Giscombé, C. L., & Black, A. R. (2010). Mind-body interventions to reduce risk for health disparities related to stress and strength among African American women: The potential of mindfulness-based stress reduction, loving-kindness, and the NTU therapeutic framework. *Complementary Health Practice Review*, 15(3), 115–131. <https://doi.org/10.1177/1533210110386776>
- Wyatt, J. P., & Ampadu, G. G. (2021). Reclaiming self-care: Self-care as a social justice tool for Black Wellness. *Community Mental Health Journal*. <https://doi.org/10.1007/s10597-021-00884-9>
- Zapata, K. (2020, March 1). *Decolonizing mental health: The importance of an oppression-focused mental health system*. *Calgary Journal*. Retrieved September 21, 2021, from <https://glyphy.com/2020/decolonizing-mental-health-the-importance-of-an-oppression-focused-mental-health-system/>.

APPENDIX A

ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP ASSESSMENT (ATSPPH – SF)

Your gender: _____ Male _____ Female

Your race/ethnicity: _____ African Am
_____ Asian/Asian Am
_____ White/European A
_____ Latinx
_____ Arab/Middle Eastern
_____ Other: Please specify _____

Instructions:

Read each statement carefully and indicate your degree of agreement using the scale below.

In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

- _____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
- _____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
- _____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
- _____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
- _____ 5. I would want to get psychological help if I were worried or upset for a long period of time.
- _____ 6. I might want to have psychological counseling in the future.
- _____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
- _____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
- _____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

_____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

Scoring

Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores indicate more positive attitudes towards seeking professional help. Calculate a mean for males, for females, and for each of the ethnic groups to examine group differences. Discuss any observed similarities and/or differences between the groups with the class.

[Adapted from Whittlesey, V. (2001). *Diversity activities for psychology*. Boston: Allyn and Bacon, and Fischer, E., and Farina, A. (1995). Attitudes toward seeking psychological professional help: A shortened form and considerations for research. *Journal of College Student Development*, 36, 368-373.]

APPENDIX B

GENERAL HELP SEEKING QUESTIONNAIRE (GHSQ)

GENERAL HELP-SEEKING QUESTIONNAIRE – (GHSQ)

Question 1 = Personal or emotional
problems Question 2 = Suicidal
ideation

Note: In all questions, items a-j measure **help-seeking intentions**. Help sources should be modified to match the target population.

1. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Cognitive Behavioral Psychotherapist - Licensed	1	2	3	4	5	6	7
b. Yoga- Psychotherapist- Licensed	1	2	3	4	5	6	7
c. I would not seek help from anyone	1	2	3	4	5	6	7
d. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank) _____	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7

2. If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Cognitive Behavioral Psychotherapist - Licensed	1	2	3	4	5	6	7
b. Yoga- Psychotherapist- Licensed	1	2	3	4	5	6	7
c. I would not seek help from anyone	1	2	3	4	5	6	7
d. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank) _____	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7
	1	2	3	4	5	6	7