

**Therapeutic Yoga for  
Mental Health**  
*Module Details*



**Stanford** | Department of Psychiatry  
**MEDICINE** | and Behavioral Sciences



**Integrated Holistic Yoga for Mental Health:  
Cultivating Emotional Resilience and Fortitude**  
**Syllabus**

*Christiane Brems, PhD, ABPP, ERYT500, C-IAYT*  
July 27 - 28, 2024 and August 24 - 25, 2024



**Target Audience and Instructional Level**

This 4-day online (synchronous) workshop at the Stanford University campus offers an in-depth exploration of advanced strategies in the lineage of integrated holistic yoga to help support emotional resilience and mental fortitude. This mental health-focus training offers therapeutic yoga principles and strategies for healthcare settings. It provides 30 hours of didactics, discussions, practice teaching, and personal exploration. This intermediate-level course is for trainees in the YogaX 300-hour IAYT-Q Therapeutic Yoga Program and/or YTT300, mental health certificate trainees, and YogaX alums, emphasizing focus on:

- Health, mental, and other allied healthcare providers interested in bringing therapeutic yoga principles and strategies into their clinical practice and emotional and mental self-care.
- Health, mental health, and allied health-program students in graduate or medical programs interested in bringing therapeutic yoga principles and strategies into their supervised clinical practice and emotional and mental self-care.
- Yoga teachers interested in enhancing their emotional self-care and in offering therapeutic yoga classes with sensitivity to mental health concerns, especially, but not only, in mental healthcare settings.
- Yoga therapists interested in enhancing their emotional self-care and providing therapeutic yoga interventions with concern for mental health, especially, but not only, in mental healthcare settings.

**Training Pragmatics**

- Cost: \$800 tuition for this 30-hour workshop **or** YogaX 300-hour program prepaid enrollment
- This training is delivered synchronously online and with fulltime contact with the lead teacher, Chris Brems (See Training Format below for specific details of training delivery)
- Yoga Alliance Continuing Education credits (30 hours) are included in the tuition cost; a CE certificate is issued upon request (for non-YogaX-program trainees only)
- Participation (by entering the zoom link and/or making payment) implies that you have read and agreed to the Stanford Assumptions of Risk, Release of Claims, and Hold Harmless Agreement at <https://www.yogaxteam.com/healthandsafetyinformation>
- YogaX Refund and Payment Policy is available at [https://3de0fc17-ea21-4854-87c7-777a583c02cf.filesusr.com/ugd/37469f\\_73d3c9e8ebb14214a60e11d8b08baba1.pdf](https://3de0fc17-ea21-4854-87c7-777a583c02cf.filesusr.com/ugd/37469f_73d3c9e8ebb14214a60e11d8b08baba1.pdf)
- YogaX has no commercial support for this event and there are no disclosable conflicts of interest.
- The zoom link for this event will be provided upon registration.
- For YogaX trainees, registration link is on your Google classrooms; all others email Chris

**Instructor**

*Christiane Brems, PhD, ABPP, ERYT500, C-IAYT*

Clinical Professor and Director of YogaX

Department of Psychiatry and Behavioral Sciences at the Stanford School of Medicine

More information at <https://profiles.stanford.edu/christiane-brems>

## Training Content Summary

Current times have created high levels of physical, emotional, and mental stress for many, especially individuals in healthcare – whether as patients or providers. The *Yoga for Mental Health* training is dedicated to sharing yoga-based strategies for emotional health and mental resilience with healthcare providers and/or yoga teachers working with individuals who have health or mental health challenges. *Yoga for Mental Health* explores how to tailor yoga strategies to optimize the capacity to deal with a variety of life challenges by exploring contextual and personal contributors to emotional unease and mental suffering. Based on the understanding of how difficulties arise, strategies for self-care and healthcare are developed based on the many aspects of yoga. Movement, breath, mindfulness, meditation, and guided imagery are applied in ways that can be adapted to the specific emotional needs of individuals, creating highly personalized self-care or wellness plans for emotional resilience and cognitive flexibility.

This advanced training is grounded in a holistic and integrated model of understanding, practicing, teaching, and applying therapeutic yoga principles and practices with clear intention and a collaborative, student-centered intervention, or teaching approach. It emphasizes empowerment, self-agency, and self-efficacy of students, patients, or clients to embrace a therapeutic yoga intervention that fosters resilience, hope, and healing. It focuses on helping yoga teachers, other yoga services providers, and healthcare providers consider the whole of each student, patient, or client, deeply understanding their context and embeddedness in an interpersonal matrix of biopsychosociocultural variables and building the therapeutic intervention or yoga practice around student or client needs. This integrated holistic vision of yoga is one of diversity, equity, inclusiveness, access, affiliation, health, wellbeing, and resilience for all. It is a practice of and for community; it honors interdependence and co-regulation. It seeks to serve the greater wellbeing of all.

Integrated holistic yoga is a yoga that honors the mind as much as the body, the breath as much as the calming of the nervous system, the individual as much as the collective, stillness as much as movement, and effort as much as ease. In all contexts, and especially in the context of self-care and healthcare to support emotional and mental wellbeing, resilience, and fortitude, an integrated holistic yoga practice applies and tailors a wide range of yoga strategies, from movement, to breath, to meditation, mindfulness, and more. The integrated holistic model looks at and addresses the needs and resources of whole people in all their layers (or *koshas*): body, breath, mind, heart, and spirit – grounded in community and a complex interpersonal setting of biological, psychological, social, and cultural influences. It explores intra- and interpersonal contexts for a biopsychosociocultural understanding of how humans develop; cultivates emotional, mental, relational, and physical resilience; and fosters mental and emotional wellbeing. The model is used for emotional and physical self-care and healthcare for yoga service providers (teachers and therapists) and healthcare providers. It is particularly suited to therapeutic yoga applications in healthcare settings – for providers and clients alike.

The holistic integrated model in the context of supporting emotional resilience and mental fortitude is applied toward gaining a deeper understanding of human development and wellbeing by

- exploring human ways of being and coping in the world (the *gunas* as polyvagal manifestations of expecting safety, danger, or threat)
- analyzing affective predilections (the *kleshas* of attachment, aversion, ego, fear, confusion) and their effects on how we perceive and respond to the world
- investigating all types of mental preoccupations (the *vrittis* of misperception, remembrance, planning, relationships, circumstances), their flavorings by the affective biases (*kleshas*) and predominant coping styles (*gunas*), and their effects on mental and emotional reactivity, wellbeing, and resilience
- using the holistic biopsychosociocultural model to build holistic and integrated yoga prevention, self-care, and healing plans for teachers and their students
- tailoring movement, breathing, mindfulness, meditation, and guided imagery practices to the specific circumstances and needs of each student or client

The information from the biopsychosociocultural context of the student/client guides the yoga teacher or clinician toward a deeper understanding of the client or student with regard to developmental needs and level (koshas) and factors that have contributed to developmental presentation and trajectory. With this information, clients or students can be understood in the context of habitual neurological platforms (based on polyvagal theory: perceptions of life as safe, dangerous, or threatening), affective predilections (inclined toward attachment, aversion, fear, or confusion), and mental preoccupations (e.g., with the past, the future, relationships, circumstances, and more). Once individuals are understood holistically, a resiliency or self-care plan can be made that includes not just planning for the yoga strategies to be implemented with the yoga teacher or therapist, but also appropriate referrals to remain within a Scope of Practice and Codes of Ethics.

Since the inception of yoga therapy certification by the *International Association of Yoga Therapists*, yoga therapy has gained firm footing as a powerful and effective practice in physical, allied, and mental healthcare. As yoga therapy evolves as a healing discipline and becomes integrated into healthcare systems, its practice principles, ethics, and guidelines need to evolve as well. Crucial to all healthcare systems is a framework for conceptualizing patients' or clients' challenges and general presentation. Having a clear conceptual framework legitimizes yoga therapists' work and provides the basis for common language with healthcare and mental healthcare providers from different disciplines.

This training offers a comprehensive paradigm for conceptualizing therapeutic yoga and yoga therapy for mental health, rooted in Ayurvedic and Buddhist ways of understanding health, the panchamaya kosha model of the yoga tradition (first described in the Taittiriya Upanishad), modern healthcare, and integral psychology broadly (re)interpreted. Four steps form the basis of the conceptual model and are overviewed in Table 1, in modern and ancient terminology. In Buddhism, the four steps parallel the four noble truths (cf., catvāri āryasatyāni); in Ayurveda, they derive from the systems model of the body (cf., vyuha model; sutra 3.28 in the Yoga Sutras of Patanjali). True to its ancient origins and modern understanding, the model is developmental in nature and premised on the fact that humans evolve and change throughout their lifespan within a web of relationships that supports or hinders health and thriving. The four steps are used in the training to understand and support mental health and self-care needs of care providers, students, and/or clients are summarized in the table that follows.

### Summary of the Four-Step Model

<i>Medical Terminology</i>	<i>Ancient Wisdom Terminologies</i>	<i>Translation of Sanskrit Terminology</i>	<i>Mental Health Terminology</i>
<i>Diagnosis</i>	<i>Dukkha</i>	Unsatisfactoriness, suffering, pain, stress, dysfunction	Defining presenting concerns, challenges, or symptoms
	<i>Heya</i> (2.16)	That which is to be discarded	
<i>Etiology</i>	<i>Samudaya</i>	Cause, arising, coming into existence, roots of suffering	Identifying primary and secondary (or proximal and distal) causes (or roots) of suffering
	<i>Hetu</i> (4.11)	That which causes the false impressions of identity	
<i>Prognosis &amp; Goal Setting</i>	<i>Nirodha</i>	Cessation, releasing, removal, letting go, quieting	Kindling hope and planning the goals for and path of transformation
	<i>Hana</i> (2.25)	That which is to be removed	
<i>Treatment or Intervention</i>	<i>Marga</i>	Path, steps, strategies, practice, discipline	Embarking on the healing path, engaging in ongoing assessment of the patient and refinement of the intervention
	<i>Upaya/Hanopaya</i> (2.26)	the means for removal of suffering	

NOTE: Based on Brems (2024)

# Learning Objectives

## Learning Objective #1:

1. Understand the four steps of assessment and conceptualization, originating in Ayurveda and Buddhist psychology
  - a. 1<sup>st</sup> noble truth: conditioned states create suffering – recognizing challenge
  - b. 2<sup>nd</sup> noble truth: understand the causes of suffering – understanding the sources of challenge
  - c. 3<sup>rd</sup> noble truth: suffering can be ended – planning for change
  - d. 4<sup>th</sup> noble truth: pathways to ending suffering – committing to a journey of transformation

### *Evaluation Method for Learning Objective #1*

- Define and provide examples of recognizing challenge and understanding sources of challenge
- Define and explain the difference between recognizing challenge versus and sources of challenge
- Define and develop self-care plans, with goals and objectives
- Develop a sample plan for personal or students' (clients') journeys into wellness

## Learning Objective #2:

2. Become versed in the biopsychosociocultural perspective to understanding the context of human development
  - a. biological variables
  - b. psychological variables
  - c. social variables
  - d. cultural and familial variables
  - e. intersectional contexts

### *Evaluation Method for Learning Objective #2*

- Define and provide examples of biological, psychological, social, and cultural/familial factors of influence
- Take information about self or other and categorize it into biological, psychological, social, and cultural/familial factors of influence
- Explain how this information can be used to understand presenting concerns
- Explain how to use BPSC data to track change across time

## Learning Objective #3:

3. Learn how to develop a deep etiological understanding of the student/client, by being able to
  - a. understand the neurodevelopmental theory of the layers of self or consciousness (koshas), being able to trace it across all levels or layers
  - b. understand clients' or student's developmental level and resilience and its implications
  - c. contextualize presenting concerns within students' or clients' biopsychosociocultural life experiences
  - d. define and understand the role of precipitating, predisposing, perpetuating, and protective factors

### *Evaluation Method for Learning Objective #3*

- Develop an understanding of how to recognize sources of suffering – addressing kosha development – using case samples

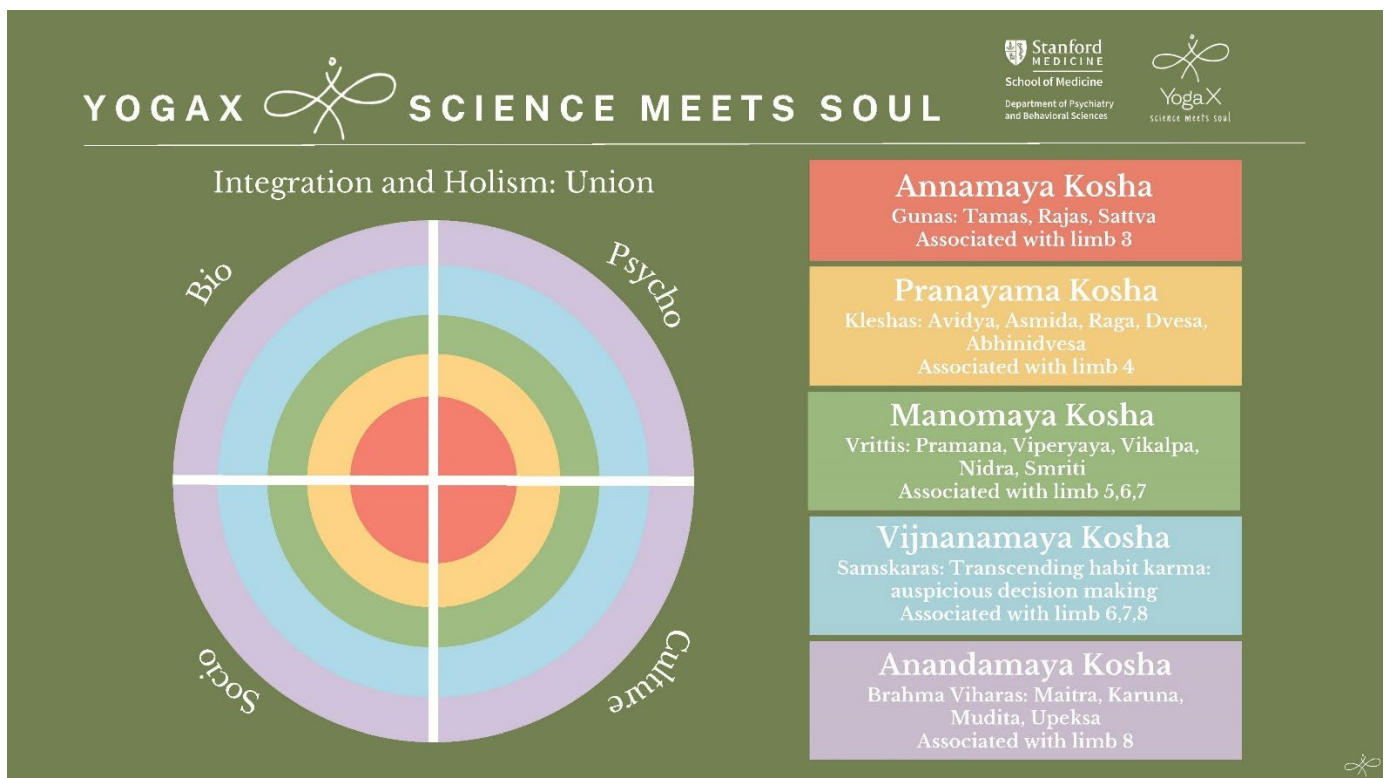
- Explain precipitating, predisposing, perpetuating, and protective factors in a roleplay
- Explain the role of human nervous system adaptations (polyvagal theory; gunas), affective predilections (attachment, aversion, ego identity, fears, and confusion; kleshas), and mental preoccupations or biases (benign caught in past or present; misperception and bias; vrittis)
- Understanding pattern locks and their consequences in body, energy, affect, thoughts, and emotions

#### Learning Objective #4:

4. Based on the tailored understanding of client or students, learn how to tailor prevention, healing or wellness plans by knowing how to:
  - a. select strategies that address the biopsychosociocultural factors that contribute to presenting concerns, attending to creating environmental and psychological safety and intention
  - b. choose yoga practices and strategies appropriate to level of development
  - c. select and individualize yoga practices and strategies that address default polyvagal states (gunas)
  - d. choose and develop yoga practices and strategies to address affective needs and predilections (kleshas)
  - e. tailor strategies and practices to address predominant mental patterns (vrittis) and mind states

#### Evaluation Method for Learning Objective #4

- Develop a tailored prevention, healing, or wellness plan – address level of development, gunas, kleshas, and vrittis – for your own use in self-care or for use with a student or client (within your scope of practice as a healthcare provider)
- Explain why to choose particular yoga strategies over others
- Explain how specific yoga strategies address the understanding of the presenting concerns and identified sources of suffering



## Schedule and Hours by IAYT Category

July 27 - 28, 2024 and August 24 - 25, 2024; 30 hours (8a to 5p each day)

Date	Time	Topic
<b>Day 1</b>	8:00a-10a	Four Noble Truths – Understanding mental health in the context of yoga psychology
	10:00a-12:00p	Understanding the layers of self (or consciousness) from a neurodevelopmental perspective
	12:00p – 1:30p	Lunch break
	1:30p-5:00p	Understanding Presenting Challenges: Defining student needs and developmental trajectories
Date	Time	Topic
<b>Day 2</b>	8:00a-9a	Understanding the sources of challenge: Biopsychosociocultural causes and conditions
	9:00a-12:00p	Gunas and polyvagal theory
	12:00p – 1:30p	Lunch break
	1:30p-5:00p	Kleshas, vrittis, and samskaras; karma
Date	Time	Topic
<b>Day 3</b>	8:00a-9:00a	Planning for Change and Recovery: Addressing each kosha
	9:00a-12:00p	Embarking on a Healing Path: Tailoring classes – environment, intention (L1 and L2)
	12:00p – 1:30p	Lunch break
	1:30p-5:00p	Healing through form and movement (L3)
Date	Time	Topic
<b>Day 4</b>	8:00a-10a	Healing through breath and energy (L4)
	10:00a-12:00p	Healing through the interior practices (L5+6)
	12:00p – 1:30p	Lunch break
	1:30p-5:00p	Healing through the interior practices (L6+ 7) and integration (brahma viharas)

<b>30 hours of training total – Yoga Alliance categories:</b>	<b>TTP</b>	<b>TM</b>	<b>AP</b>	<b>YH</b>	<b>Prc</b>	<b>Spc</b>
TTP=Techniques, Training, and Practice; TM=Teaching Methodology; AP=Anatomy and Physiology; YH=Yoga Humanities; Prc=Practicum; Spc=area of program specialization	<b>8</b>	<b>13</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>30</b>
<b>30 hours of training total – IAYT categories:</b>	<b>YF</b>	<b>BPF</b>	<b>TT</b>	<b>Prc</b>	<b>PP</b>	
YF=Yoga Foundations; BPF=Biomedical and Psychological Foundations; TT=Yoga Therapy Tools and Therapeutic Skills; Prc=Practicum; PP=Professional Practice	<b>7</b>	<b>2</b>	<b>13</b>	<b>0</b>	<b>8</b>	

*Between stimulus and response there is a space.  
In that space is our power to choose our response.  
In our response lies our growth and our freedom.*

*(attributed to) Victor Frankl*

## Provided Handouts

Several handouts for the workshop will be provided to registered and paid enrollees on the day of the workshop. These materials are provided with the understanding that students will not duplicate, distribute, or otherwise publicly use these materials without express permission and proper attribution and referencing.

Trainees receive access to all of these materials in their Google Classroom at least one week prior to the training. Trainees who want hard copies during the workshop are responsible for printing the e-delivered materials. Review guidance in the Program Training Manual about use of the Google Classroom.

- 
- *Course syllabus version with client example*
- *Content Manual for the IHY Yoga for Mental Health Module*
- *Content Manual for the 200hr YTT – which includes helpful graphics and related tables*
  - *Integrated Holistic Yoga – Koshas, Limbs, Biopsychosociocultural Context*
  - *BioPsychoSocioCultural Model*
  - *Eight Limbs of Yoga*
  - *Gunas –Fundamental Expressions of Nature*
  - *Interaction of the Kleshas and Vrittis*
  - *Pathways of Sensory Processing Engaged in Integrated Holistic Yoga*
  - *Principles of Trauma-Informed Yoga*
  - *SANKALPA – Teaching with Intention*
  - *Sample Cuing for Grounding, Expansion, and Stabilization*
  - *Guide to Observing and Assessing Yoga Professionals*
  - *Synonyms for Talking about Collapse, Contraction, and Resilience*

## Suggested Readings

It will be helpful to have familiarity with the *Yoga Sutras of Patanjali* prior to attendance (but it is not required). Many translations exist and you can choose any one. Several are available for free online (<http://www.swamij.com/yoga-sutras.htm> and <http://www.arlingtoncenter.org/Sanskrit-English.pdf>).

The following readings will be helpful as you deepen your journey once you have completed the workshop.

- Abram, B. (2018). *Teaching trauma-sensitive yoga: A practical guide*. Berkeley, CA: North Atlantic Books.
- Cozzolino, L (2016). *Why therapy works: Using our minds to change our brains*. New York, NY: W.W. Norton.
- Dana, D., & Porges, S. (2018). *Clinical applications of the polyvagal theory: The emergence of polyvagal-informed therapies*. New York: Norton.
- Feldman Barrett, L. (2017). *How emotions are made*. New York: Mariner.
- Feuerstein, G. (2013). *The psychology of yoga: Integrating eastern and western approaches for understanding the mind*. Boston, MA: Shambhala.
- Mason, H., & Birch, K. (2018). *Yoga for mental health*. Edinburgh: Handspring.
- Porges, S. (2017). *The pocket guide to the polyvagal theory: The transformative power of feeling safe*. Norton.
- Wilber, K. (2016). *Integral meditation: Mindfulness as a path to grow up, wake up, and show up in your life*. Boston: Shambala.
- Mingyur Rinpoche, Y. (2009). *Joyful wisdom*. New York: Three Rivers Press.

## Evaluation Requirements for Module Completion

Successful completion of the module is contingent on successful engagement in several assignments, described in detail below. Additionally, all requirements outlined in the overall Program Training Manual also apply (especially as related to ethics and professionalism).

### Preparation

The content material for the module will ideally be reviewed prior to the training event. This request is on the honor system. 😊 It is recommended that in preparation for the workshop you read all YogaX blogs, peruse YogaX webpage resources, and try out some of the offered free practices (asana, pranayama, meditation, and more) at [yogaXteam.com](http://yogaXteam.com) and on the YogaX Team YouTube channel.

### Attendance and Participation

Synchronous attendance is required for the entire 4-day workshop. There will be much small group work that relies and depends on the presence of all registered trainees. Absences affect the planning and coordination that makes the embedded experiential work possible. Thank you so much for doing what you can to be fully present for all four days. 😊

Please review the YogaX Policy and Procedures Manual for more information about attendance (and other) policies. Note that for successful completion of the module, trainees must be present for a minimum of 75% of all sessions and must be present for the first and last session with the Module Lead Teacher. Unavoidable absences need to be excused prior to the session to be missed and make-up work will be assigned as appropriate. Most helpfully, at least 24 hours prior notice of absence is given, though it is understood that emergencies may not make this possible.

Online didactic and experiential sessions are recorded and, in case of unavoidable absences, can be made up by viewing the assigned and relevant YouTube video before the next session that occurs after the missed session. Proof of YouTube session review is required and consists of leaving a comment about the video on the YouTube Channel for the instructor, with notes about how the session reflected integrated holistic yoga (i.e., by commenting on how wholism, integration, accessibility, intentionality, and/or beneficence were attended to and at least one important learning you are taking away); which koshas it addressed and how, and which stage in the intervention process was reflected. If the YouTube-viewed session included small group work, the trainee is expected to complete this work on their own.

### Reflection Assignment

The reflection assignment is an invitation to take stock of what you are learning and experiencing. Please reflect on the contents and applications that were explored in the training and ponder their impact on you, your life, and your work. As relevant, note the cultural, historical, or sociopolitical context of the teachings, as well as the conceptual links to the greater intention of the therapeutic yoga teacher training.

Please write reflective comments and ponderings throughout the 4-day event. Take ongoing notes of significant experiences or learnings. At the end of each day, please reflect on at least three important take-aways from the day and write out at least one question or follow-up that you have for the next day.

By August 30, please collate your most important thoughts and take-aways and submit one overall reflection for the training event. Address specific content areas and reflect deeply on the experiential work.



## Homework Assignments – Practical Application of Therapeutic Yoga Mental Health Principles and Practices

The homework involves several tasks directly linked to the didactic presentation and supportive of active participation in experiential exercises during the training. Each task is started in the training and completed at home. Some tasks require small group work; others are completed individually.

A case example for the overall product (all four steps) is appended to the end of the version of the syllabus that is contained in the google classroom (NOTE: the case example is not included in the public, online version of the syllabus). Feel free to follow the format of the case example, including its brevity. However, you are also very welcome to create a more complete version, especially if you choose an actual client case.

### *Diagnosis-Related Assignment*

*On your own in writing:* Pick and define an emotional, behavioral, or relational challenge, choosing something relatively innocuous **for a client or for yourself**.

1. *Delineate what the difficulty is* – how would you describe the issue: sorrow, distress, challenges, setback, obstacles, pressure, pain, illness, struggle
2. *Describe how it creates suffering* – how does it manifest concretely: what are the specific symptoms that arise in each of the tangible koshas: physical, affective, arousal-related, emotional, cognitive, mental, interpersonal
3. *Note the physical circumstances* under which it is more likely to occur – focus on settings or locations: at home, at work, in nature, in traffic, etc.
4. *Note interpersonal contexts* in which it is more likely to occur – focus on the people who are present and the interpersonal demand characteristics: with staff when there is a deadline, with a best friend when they have a physical challenge; with a child when there is a behavioral issue; with a colleague when there is an ethical dilemma; with a spouse when there is tension at work; etc.
5. *Note the times* at which it is more likely to occur – is it tied to a specific time of day, a particular diurnal rhythm, special event times: in the mornings, during the holidays, on weekends, after a large meal, before a work deadline, etc.

*Submission:* When you have completed the assignment, mark it in the Google classroom as complete by August 24, 2024. Nothing needs to be submitted.

### *Etiology-Related Assignment*

*In class via a small group discussion:* Take the **personal or client's** challenge identified in the diagnosis-related assignment and discuss it with your small group in the context of how it has arisen from and interacts with **your or the client's** biopsychosociocultural context.

1. Ask each other probing questions (using the expanded BPSC model) but feel free to refuse to or to make up a fake answer if something is too sensitive (if you are the case) or too identifying (if you choose a client). In each expanded biopsychosociocultural category, identify what causes and conditions may be present that have contributed to the challenge:
  - a. biological factors
  - b. psychological factors
  - c. social, societal, socioeconomic factors
  - d. cultural factors
  - e. behavioral health factors (cross of biology and psychology)
  - f. public health factors (cross of biology and sociology)
  - g. sociocultural health factors (cross of sociology and culture)
  - h. familial health factors (cross of cultural and family)

2. Prepare something to report back to the large group – a “case”, a summary, insights ... whatever feels comfortable and useful

*On your own:* Write a summary for your particular presenting concern about the biopsychosociocultural factors you identified as involved in the challenge. You might use the four-square grid shown in class and in the case example below.

*Submission:* When you have completed the assignment, mark it in the Google classroom as complete by August 24, 2024. Nothing needs to be submitted.

### *Prognosis and Care-Plan-Related Assignment*

*On your own:* Take the material prepared for the diagnosis- and etiology-related homework. Code each biopsychosociocultural factors according to the four P's. Hint: the same factor may fulfill more than one P, perhaps having had one function in the past and one in the present. Color code for ease.

Once you have your color-coded biopsychosociocultural map of causes and conditions, create at least one goal in each of the koshas.

### *Prognosis and Goal-Setting Assignment*

*On your own:* Take the material prepared for the diagnosis- and etiology-related homework. Code each biopsychosociocultural factors according to the four P's.

*Hint:* the same factor may fulfill more than one P, perhaps having had one function in the past and one in the present. Color code for ease.

Once you have your color-coded biopsychosociocultural map of causes and conditions, create at least one goal in each of the koshas. As logical, create separate goals from the perspective of the client and the clinician (you will have to put yourself into both roles for this exercise). ☺

*Submission:* When you have completed the assignment, mark it in the Google classroom as complete by August 24, 2024. Nothing needs to be submitted.

### *Care-Plan-Related Assignment*

*On your own:* Take the material prepared for the diagnosis-, etiology-, and prognosis-related homework. Develop a care plan, outlining strategies from each limb of yoga, addressing all tangible koshas, all Ps, and biopsychosociocultural factors, and all client and clinician goals.

### *Final Homework Submission*

Develop a complete client report based on the example below or on your own way of organizing these data. This report is the final product for your homework assignment and is due no later than August 30, 2024.

## Summary of Module Completion Requirements

All work for this module needs to be completed by the specific deadlines. Late work needs prior approval and requires a newly agreed-upon deadline. The module is complete once all of the following assignments and tasks have been completed and submitted via the module's Google classroom:

- The entire content manual was perused, read, digested, and applied. ☺
- The entire training was attended synchronously (or made-up within required guidelines) and all experiential work was completed within the assigned small groups.
- All make-up for missed sessions was completed and has been submitted to the instructor via email or noted in YouTube (as appropriate) by August 30, 2024.
- The reflection assignment was completed and submitted in its entirety by August 30, 2024.
- Step 1 to 3 of the homework task are reported as completed in the Google classroom by August 24, 2024. This is only an attestation of completion – no product is submitted.
- The final homework report is completed in its entirety and submitted in the Google classroom by August 30, 2024.

*If our sense of self is unhealthy, our spiritual work of self is initially a work of reclamation and healing. This means understanding and releasing a deficient or wounded sense of self and reawakening the lost energy and authentic connection to ourselves. When we have reclaimed some measure of ourselves, the next task becomes the further development of character, of our wisdom, strength, skill, and compassion. This development is described in the teachings of the Buddha as the cultivation of skillful qualities such as generosity, patience, mindfulness, and kindness.*

*Jack Kornfield, 1993, A Path with Heart, p. 207*

## Training Format

The workshop uses mixed pedagogical methods, ranging from didactics/lectures to discussion to experiential work, including small group activities. Lecture/didactic time invites discussion throughout and is accented by experiential exercises and activities. The experiential work is yoga-based and includes asana, pranayama, meditation, and guided imagery. To make sure that everyone can enjoy the yoga-based activities safely and with maximum comfort, please note the following (more personal) thoughts and requests.

- Stanford University requires that you sign the release form (link above) to be able to participate in the activities that are part of this workshop. It assumed that you have agreed to this document when you pay or use the provided zoom link for the workshop.
- Required training activities start promptly. To make sure that we can start on time and that you have ample opportunity to get settled or ask questions, it would be lovely if you could arrive as much as 10 minutes early.
- Participants have to provide their own props for the virtual training sessions. Minimum prop equipment includes 2 yoga blocks, 1 yoga strap (10 feet is preferable), 1 yoga bolster, 1-2 blankets, and a yoga mat. Access to a clear wall space is extremely helpful (a closed door works). Prop substitutes are fine (e.g., a stack of books instead of blocks; a scarf instead of a strap, sofa cushions instead of a bolster, etc.). Please have all props at the ready for each training session.
- Yoga is best practiced on a relatively empty stomach but not starving. A sustaining but light meal prior to class will help you maintain your energy without having a full belly that makes bending and twisting

difficult.

- Please ask questions – before class, after class, and during class. If you are wondering about something – whether it’s the reason for a particular shape or movement, an alignment question, or a more healthful way of doing something – someone else is likely to ponder the same thing.
- Always honor your own intuition and body wisdom – if something feels wrong, do NOT do it. We are all anatomically unique and we all express the same yoga shape, breath, or practice in different ways. What works for us, your teachers, or the person next to you, may not be optimal for you. Allow yourself the joy of using props and variations based on the feedback from your own body, breath, and mind. We offer both freely and demonstrate their use throughout.
- Yoga practiced in a group is inspirational. It is never competitive. Work within your own body limits and preferences; give yourself permission not to strive to do what others are doing. Delight in the pleasure of expressing each pose or breath in uniquely your way. If something comes easily, celebrate this state of pure joy; if something is a struggle, embrace the moment of learning.
- Thank you in advance for making me aware of any medical conditions that may affect your yoga practice. It is helpful for me to know if you are modifying practices for a particular reason or if you would like to have help in working with a particular concern.
- Thank for turning off all cell phones, beepers, or other noise-making or distracting devices before you settle in for any given training session.
- Thank you for keeping your cameras on during virtual sessions to the degree possible and appropriate.

## Land Acknowledgement

YogaX’s home base in the School Medicine Department of Psychiatry and Behavioral at Stanford University sits on the territory of the Ramaytush Ohlone people.

You can learn more about their conservation efforts that continue to this day at <https://www.amahmutsunlandtrust.org>.

Please consider a donation.



## Brief Case Example

A very brief case example may serve to summarize the essence of the four-step model and as a model for the required homework summary report. The client for this sample is a retired White woman in her 70s. The sample is provided in summary, rather than narrative, form (unlike what one may more typically see in an intake report/treatment plan).

### Step 1 – Diagnosis or Presenting Concern

- *client-identified*: severe and debilitating neck pain for which she had received repeated steroid injections at a risky section on the cervical spine that had previously successfully resolved the pain – if only temporarily (annamaya kosha)
- *clinician-identified*:
  - strong mental inclination toward pain catastrophizing (manomaya kosha)
  - tendency toward sympathetic neural platform (rajas) and with commensurate hyperventilation and agitation (pranamaya and annamaya kosha)
  - moderate social isolation with a proclivity toward aversion and anger in relationships

### Step 2 - Etiology and Biopsychosociocultural Factors

The figure provides an overview of the most relevant biopsychosociocultural factors identified for this client. These biopsychosociocultural experiences contributed to:

- notable physical samskaras of overactivation of upper trapezius and neck musculature
- notable energetic samskaras of hyperventilation and chest breathing
- strongly rajasic guna that manifests as a neural platform of default sympathetic arousal with strong arousal and affect
- primary kleshas of aversion, followed by ego identity tied to career, accomplishments, and productivity; third are worry and anticipatory anxiety
- predominant vrittis are memory and planning; klesha of aversion gives all mental activity a tinge of negativity and pessimism
- strong mental samskaras of related to beliefs about the need for high performance, productivity, personal value as dependent on achievement – highly action-oriented
- strong relational samskaras of wanting to be in charge; yet also strong feelings of not having received adequate emotional support and nurturance
- highly stressed by interactions perceived as threatening to her kleshas (especially ego identity) and vrittis

### Step 3 – Prognosis (Hope) and Goal Setting

Note: Four Ps derived from the biopsychosociocultural context are marked in the figure; prognosis for significant improvement in physical wellbeing is strong given many protective factors in the client's life

#### *Primary Goals:*

- *client-identified*:
  - reduce neck pain and eliminate need for more injections into the cervical spine;
  - increase stress resilience;
  - maintain physical strength and flexibility
- *clinician-identified*:
  - soften the strongly rajasic guna to move toward a more ventral vagal (sattvic) neural platform;
  - investigate and transform the kleshas of aversion and ego;
  - reduce pain catastrophizing and related anticipatory anxiety about physical debility;
  - increase resilience via reduction of emotional reactivity and enhancement of top-down control upon activation; resolve self-judgment and enhance self-compassion;

- transform physical samskaras that create stress in neck and shoulder musculature and lead to debilitating pain

### Figure for Steps 2 and 3 of the Case Example

*Step Two of Case Example:* Etiology and Biopsychosociocultural Factors

*Step Three of the Case Example:* Four Ps are reflected as follows: red = precipitating factor; orange = perpetuating factor; blue = predisposing factor; purple = perpetuating & precipitating factor; green = protective factor

<ul style="list-style-type: none"> <li>● chronic neck pain</li> <li>● pace maker</li> <li>● history of sacroiliac joint pain</li> <li>● osteopenia</li> <li>● poor sleep</li> <li>● daily exercise (asana and walking) with focus on performance more so than joy</li> </ul>	<ul style="list-style-type: none"> <li>● strong pain catastrophizing mind set</li> <li>● slight rigidity in mental set (pessimism)</li> <li>● very intelligent</li> <li>● excellent executive functioning</li> <li>● strong professional self-identity</li> <li>● self-judgment and lack of self-compassion</li> <li>● Type A with strong career/volunteer ethic</li> </ul>
<ul style="list-style-type: none"> <li>● safe housing and neighborhood</li> <li>● economically secure, including good healthcare coverage</li> <li>● food security with healthful diet</li> <li>● high-caliber career history</li> <li>● highly educated</li> <li>● emotional social isolation – but participates in a walking group</li> <li>● significant past and current relationship stressors and challenges in a volunteer position</li> <li>● politically engaged and outspoken</li> <li>● strong community engagement and sense of responsibility</li> </ul>	<ul style="list-style-type: none"> <li>● high-level management position in a male-dominated branch of engineering</li> <li>● encountered strong bias as a woman manager in a male-dominated field (e.g., not allowed pregnancy leave; underpaid; shunted into difficult-to-manage projects)</li> <li>● strong culturally Italian roots and identity</li> <li>● family-of-origin history marked by difficult relationships, with parents who did not approve of her life/career choices</li> <li>● stressful relationship with three children secondary to parenting challenges while maintaining employment</li> <li>● strong ethics of liberalism and equity</li> </ul>

### Step 4 – Strategies for Healing Utilizing All Limbs of Yoga

*Limbs 1&2:*

- establish safe environment and relationship of respect, compassion, and caring; help client develop self-compassion and non-harming to help transform self-judgment; support development of a joyful and intentional practice of yoga that begins to reach beyond the exercise focus of her current asana practice and focuses on non-harming

*Limb 3:*

- mindful and gentle asana with focus on increasing somatic and affective awareness and the integration of the yama in her relationship with herself; gentle kriya practices with focus on recognizing neural platforms and the capacity to regulate nervous system arousal via physical practices; physical practices that disarm the upper traps and neck muscles – creating new samskaras to better manage physical manifestations of stress

*Limb 4:*

- cultivation of optimal functional breathing; introduction of calming and balancing breathing techniques (e.g., nadi shodhana, brahmari, extended exhalation); breath as a strategy of developing affective and arousal self-awareness with skills to re-regulate her vital self when rajasa sets in

*Limbs 5-7:*

- body scans and guided imagery for stress management to counteract muscular bracing; support in helping transform mental samskaras that perpetuate stressful and negative mind sets, emotional and social isolation

*Limb 8:*

- creating connection to joyful activities and recognition of positive/supportive aspects of extant interpersonal relationships