

Trauma-Informed Yoga: Conceptualization and Application

Syllabus

Lauren Justice, PhD, ERYT500

March 23 - 24 and April 20 -21, 2024; 30 hours across two weekends

Target Audience and Instructional Level

This is an intermediate-level course geared to students in the YogaX 300-hour Therapeutic Yoga Program (YTT300) and the following audiences:

- Psychologists, psychiatrists, and other mental healthcare providers interested in bringing pranayama principles and strategies into their clinical practice.
- Psychology, psychiatry, and other mental health-program students in graduate or medical programs interested in bringing pranayama principles and strategies into their supervised clinical practice.
- Yoga teachers interested in offering advanced pranayama practices, especially to students in healthcare settings.
- Yoga therapists providing offering advanced pranayama practices, especially in healthcare settings.

Training Pragmatics

- Cost: \$800 tuition for this 30-hour workshop **or** YogaX YTT300 and YogaX IAYT-Q 300-hour Program prepaid enrollment
- This training is delivered via online synchronous instruction and with contact with the lead teacher, Lauren Justice (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
- 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
- YogaX has no commercial support for this event and there are no disclosable conflicts of interest.
- The zoom link for this event is:
<https://stanford.zoom.us> TBA

Instructor

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More information at <https://www.yogaxteam.com/team>

Training Content Summary

This 30-hour YogaX Trauma-Informed Yoga (TIY) training focuses on yoga as a complex, multifaceted practice that fosters resilience and equanimity. The TIY training helps yoga teachers and health professionals make yoga practices accessible to students with trauma-related symptoms. Trauma-informed yoga (TIY) is a form of yoga adapted to meet the unique needs of individuals working to overcome trauma. Although yoga is often considered a healing practice, yoga that is not designed to meet the needs of students with histories of trauma may inadvertently increase reactivity and activate symptoms.

We offer trauma-informed yoga principles for teachers working to create accessible and inclusive classes, while also providing tools to help teachers navigate difficult situations when they arise in class. We explore through practice and contemplation how yoga may offer students a way to navigate the uncertainties of life with mindfulness and equanimity.

Participants will learn TIY principles that ground the yoga practice into a multi-modal, integrated and holistic theory of understanding the body-mind connection. We will demonstrate how that connection is explored in the practice of yoga to alleviate suffering related to differing forms of trauma across a variety of populations. We integrate the teachings of Patanjali's Yoga Sutras with the panchamaya kosha model as a way to understand the complexity of the human experience, methods for self-regulation, befriending the nervous system, and aspiring to equanimity regardless of circumstances. We embed this ancient wisdom in modern science, especially the science of polyvagal theory and other nervous system research.

The training includes multiple integrated and holistic practices to provide participants opportunities to experience the depth of yogic teachings and be able to relay them to their students in a variety of healthcare settings. To do so a variety of teaching techniques are applied – all modeling TIY principles. These strategies include didactics, experiential learning, discussion, application, and personal exploration. In all teachings, language, context, and environments that are conducive to the experience of psychological and physical safety are integrated and role-modeled.

Participants explore yogic principles, skills, and applications related to a range of facets of trauma-informed yoga and modern psychology, including (but not limited to):

- Foundational considerations, including definitions of trauma and review of the koshas along with their developmental relevance to trauma
- Discussion and implications of yoga's risks, benefits, and possible contraindications for work with trauma
- Review and enhanced understanding of the nervous system with focus on polyvagal theory
- Theory and practice of creating opportunities for a sense of psychological safety through exploration of structural, language, relational, power, and interpersonal dynamics
- Theory and practice of creating opportunities for a sense of physical safety through exploration of contextual and environment features
- Theory and practice of TIY class structure
- Applications of interoception, neuroception, and mindfulness in the TIY context
- Special considerations in a range of healthcare settings
- Special considerations for TIY teacher resilience, burnout prevention, and risk management

Learning Objectives

Learning Objective #1:

1. Learn foundational considerations and contraindications for TIY
 - a. Enhance understanding of trauma, trauma-related symptoms, and trauma-informed approaches to patient-care and practice
 - b. Explore how western psychological perspectives of trauma overlap with yoga philosophy (gunas, koshas)
 - c. Understand how to emphasize parasympathetic engagement (pranayama practices and asana)
 - d. Understand how to carefully utilize sympathetic engagement and when to limit it

Evaluation Method for Learning Objective #1

- Define and provide examples of trauma-related symptoms and yoga interventions for those symptoms
- Define TIY framework and basic themes
- Define contraindications for TIY classes that may be common practices in commercial yoga classes

Learning Objective #2:

2. Gain basic understanding of how to structure a TIY class while staying flexible in that structure
 - a. Develop mindfulness cues and pranayama practices to create themes in practice rather than sequencing toward a “peak pose”
 - b. Learn how to adapt sequence based on present-moment needs of students in the class
 - c. Effectively balance pranayama, pratyahara, and asana to emphasize engagement of parasympathetic nervous system
 - d. Understand how to use props as a tool of support rather than deepening

Evaluation Method for Learning Objective #2

- Define and explain the difference between TIY sequence themes and commercial yoga sequencing techniques
- Develop a sample TIY sequence and be able to address potential needs for adaptation and modification
- Implement TIY mindfulness cues with intention and purpose

Learning Objective #3:

3. Learn in-depth understanding and application of interoception and mindfulness from a TIY framework
 - a. Define dissociation and how it can be an adaptive mechanism
 - b. Review polyvagal theory and how hyper- and hypoarousal may inhibit mindfulness and interoception
 - c. Become proficient in how and when to utilize specific mindfulness practices to facilitate interoception

Evaluation Method for Learning Objective #3

- Define and provide examples of specific mindfulness cues and how they facilitate interoception
- Define interoception and importance in treatment of trauma-related symptoms
- Develop a sample TIY sequence emphasizing the development of interoceptive awareness and pratyahara

Learning Objective #4:

4. Learn how to apply TIY framework in different environments (hospital settings, in-patient, clinical, etc)
 - a. Explore ways of working with staff within a given type of institution to ensure TIY considerations (safety, consistency)
 - b. Identify outreach opportunities while also considering diversity and inclusion to emphasize accessibility for target populations (veterans, the incarcerated, sexual assault survivors, first responders)
 - c. Outline specific cultural and clinical considerations for differing environments

Evaluation Method for Learning Objective #4

- Define and provide examples of significant cultural considerations for specific TIY populations
- Define spiritual bypassing and race-based trauma
- Define and explain how one might provide outreach and coordination with staff in different settings for TIY
- Define barriers to accessibility and special considerations for different TIY populations
- Develop sample outreach plan for specific population instructor would like to work with or currently works with

“TIY instructors prioritize safety considerations over offering a predetermined sequence or achieving a peak posture. Although specific interventions may vary, TIY instructors may add to their skillset by having multiple strategies for cultivating an external sense of safety (in the practice space, in their own presence, in the tone they set for their classes) in addition to cultivating an internal sense of safety in their students (through interoception and mindfulness). TIY instructors may therefore advocate for keeping classes small, being thoughtful about touch, using modifications, and emphasizing invitational over command language to highlight a sense of safety and choice in their students. Instructors in larger-class contexts are not as able to attend to the individual needs of students, leaving students to model after what they see as opposed to what they feel. This type of context may leave students with trauma experiences vulnerable.”

Quoted from

Justice, L., Brems, C., & Ehlers, K. (2018). Bridging body and mind: Considerations for trauma-informed yoga. *International Journal of Yoga Therapy*, 28, 39-50.

Schedule and YA Continuing Education Categories

| Weekend One – Days 1 and 2 of the Training | | | | | | | | |
|--|-------------|--|------------|-----------|-----------|-----------|------------|------------|
| Date | Time | Topic | TTP | TM | AP | YH | Prc | Spc |
| Day 1 | 9a – 11a | Introductions; TIY experiential sessions | | .5 | | | 1.5 | 2 |
| | 11a- 12p | Review of the koshas and discussion of their relevance to TIY | | | | 1 | | 1 |
| | 1p – 2:30p | Risks, benefits, and contraindications | | 1.5 | | | | 1.5 |
| | 2p – 5:30p | Trauma and the nervous system; PVT | | | 3 | | | 3 |
| Date | Time | Topic | TTP | TM | AP | YH | Prc | Spc |
| Day 2 | 9a – 11a | Structuring a TIY class – overview | | 2 | | | | 2 |
| | 11a – 12p | Developing a TIY class sequence | | | | | 1 | 1 |
| | 1p – 2:30p | Creating opportunity for physical safety | | 1.5 | | | | 1.5 |
| | 2:30p – 4p | Creating opportunity for psychological safety | | 1.5 | | | | 1.5 |
| | 4p – 5:30p | Practical applications of safety consideration with special populations | | 1.5 | | | | 1.5 |
| Weekend Two – Days 3 and 4 of the Training | | | | | | | | |
| Date | Time | Topic | TTP | TM | AP | YH | Prc | Spc |
| Day 3 | 9a – 11a | TIY-informed mindfulness practice and theoretical debrief | | .5 | | | 1.5 | 2 |
| | 11a – 12p | Mindfulness applied to TIY principles | | 1 | | | | 1 |
| | 1p – 3p | Interoception and neuroception | | | 2 | | | 2 |
| | 3p – 5p | Practicing -ceptive and mindfulness cues | | | | | 2 | 2 |
| | 5p – 5:30p | Debriefing the experiential work | .5 | | | | | .5 |
| Date | Time | Topic | TTP | TM | AP | YH | Prc | Spc |
| Day 4 | 9a – 12p | Special principles for specific subgroups of trauma and by healthcare settings | | 3 | | | | 3 |
| | 1p – 3p | Provider resilience and burnout prevention | | 2 | | | | 2 |
| | 3p – 5p | TIY teaching practice in small groups | | | | | 2 | 2 |
| | 5p – 5:30p | Debrief of all experiences | .5 | | | | | .5 |
| 30 hours of YA CE or YTT 300 in the following categories: | | | 1 | 15 | 5 | 1 | 8 | 30 |

Notes: YA=Yoga Alliance; CE=Continuing Education

TTP=Techniques, Training, and Practice; TM=Teaching Methodology; AP=Anatomy and Physiology; YH=Yoga Humanities;

Prac=Practicum; Spc=area of program specialization

Handouts Provided

Several handouts and the slide set 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.

Handouts to be provided include:

- *Integrated Holistic Yoga – Koshas, Limbs, Biopsychosociocultural Context*
- *Eight Limbs of Yoga*
- *Pathways of Sensory Processing Engaged in Integrated Holistic Yoga*
- *Principles of Trauma-Informed Yoga*
- *Gunās –Fundamental Expressions of Nature*
- *Slide Set for the Training*
- *Content Manual for the Training*

Suggested Readings and Practices

It is recommended that in preparation for the workshop you **read all YogaX blogs**, especially the following:

<https://www.yogaxteam.com/blog/polyvagaltheory>
<https://www.yogaxteam.com/blog/blogbreath>
<https://www.yogaxteam.com/blog/physicallimbs>
<https://www.yogaxteam.com/blog/innerlimbs>
<https://www.yogaxteam.com/blog/lifestylelimbs>
<https://www.yogaxteam.com/blog/koshas>

It will be helpful to have independently taught at least 10 hours of yoga prior to attendance, but it is not required. If you want to read a nice beginner's asana book, check out Bondy (2020; see citation below).

Also, peruse YogaX webpage resources and **try out some of the offered free practices** (asana, pranayama, meditation, and more) at yogaxteam.com and on the YogaX Team YouTube channel.

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.

Badenoch, B. (2017). *The heart of trauma: Healing the embodied brain in the context of relationship*. New York, NY: Norton.

Emerson, D., & Hopper, E. (2011). *Overcoming trauma through yoga: Reclaiming your body*. Berkeley, CA: North Atlantic Books

Porges, S. (2017). *The pocket guide to the polyvagal theory: The transformative power of feeling safe*. Norton.

Siegel, D. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York, NY: Norton.

Van Der Kolk, B. (2015). *The body keeps the score*. New York, NY: Penguin Books.

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 is 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 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.



Pranayama: Polyvagal Theory

The Physiology of Safety

(gratitude to Stephen Porges)

- **Perception of danger:** prepared for danger, live in a near-constant state of sympathetic arousal, isolation, and physiological overload or break-down; mobilized sympathetic NS state of fight or flight – **MOBILIZATION**
- **Perception of safety:** live in a socially engaged parasympathetic nervous system; relaxed, engaging, and restorative (myelinated) ventral vagal space – **SOCIAL ENGAGEMENT**
- **Perception of life threat:** develop a habitual pattern of shrinking back from life, withdrawing – even dissociating – from human experiences; parasympathetic NS is at an extreme state of withdrawal, of surrender and hopelessness – **IMMOBILIZATION**



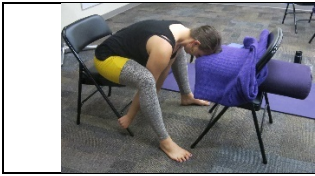
Pranayama: Polyvagal Theory

Hybrid states

(gratitude to Stephen Porges)

- Perception of the need for *safe action or mobilization* in the service of personal or collective growth, health, and PLAY – **PREPAREDNESS, PLAY** (VVC + SNS)
- Perception of the need for *safe immobilization* in the service of prosocial activities (e.g., child birth, nursing, sadness, collapse in laughter) – **INTIMACY, SHARED STILLNESS** (VVC + DVC)
- Perception of the need to cease mobilization in service of survival in face of being overcome – **FREEZE, SUBMIT** (SNS + DVC)





Trauma-Informed Yoga: Conceptualization and Application

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Day One: Introduction to Trauma-Informed Yoga

“My belief is in the blood and flesh as being wiser than the intellect. The body-unconscious is where life bubbles up in us. It is how we know that we are alive, alive to the depths of our souls and in touch somewhere with the vivid reaches of the cosmos.”

-D.H. Lawrence

Day One: Schedule

| <i>Time</i> | <i>Topics</i> |
|---------------|---|
| 9a-9:45a | <ul style="list-style-type: none"> • Introductions; What is TIY? • Overview of course • Opening meditation on the Koshas, followed by a self-reflection |
| 9:45a-11:00a | <ul style="list-style-type: none"> • Lecture/Didactic: Redefining trauma as a response that effects the body, mind, and spirit and exploring how Western psychology and neurobiology intersect with ancient yoga philosophy. |
| 11:00a-12:00p | <ul style="list-style-type: none"> • TIY yoga practice with focus on the gunas |
| 12:00p-1:00p | <ul style="list-style-type: none"> • Lunch break |
| 1:00p-1:15p | <ul style="list-style-type: none"> • Post-lunch check-in: What stresses you out as a student in a yoga class? • Questions and answers about the morning |
| 1:15p-3:30p | <ul style="list-style-type: none"> • Lecture/Didactic: TIY guidelines and contraindications. |
| 3:30p-4p | <ul style="list-style-type: none"> • TIY Restorative: Mountain meditation |
| 4p-5:30p | <ul style="list-style-type: none"> • Small group practice: Try a brief intervention (breathing practice, meditation, or postural practice) that explores the gunas |

What is Trauma?

- ▶ Posttraumatic stress disorder (PTSD) is defined as exposure to trauma followed by the development of four symptom clusters (APA, 2013):
 - re-experiencing
 - avoidance
 - negative alterations in cognitions and mood
 - hyperarousal/reactivity
- ▶ Lifetime prevalence rates for PTSD are estimated at 6.8% (Kessler et al., 2005). But this is likely an underestimate.

It is the Effect, Rather Than the Event

- Chronic trauma-related symptoms can alter neurobiological structures.
- More specifically, the limbic system (comprised of the amygdala and the hippocampus) is impacted.
- When experiencing or re-experiencing trauma, individuals often experience overactivity in their amygdala (the brain's emotional response and survival system) and their hippocampus (where your brain records facts and sequences events) often stops functioning properly due to the abundance of stress hormones that are released
- This is why trauma is often remembered as fragments - images, body sensations, and words that become reactivated later by similar images, sensations, etc.
- Individuals can feel as if the impact of the original trauma is ongoing, this can sometimes cause numbness as the re-experiencing can be too much.
- Trauma often occurs with other mental illnesses, such as depression and anxiety, as well as substance use and may not always meet full criteria for PTSD (this does not mean it is not trauma-related).
- Trauma-related mental health outcomes often coincide with physical diseases, such as chronic pain and auto-immune diseases.
- Can be particularly detrimental to health and wellbeing if trauma occurs in early childhood (Felitti et al., 1998)
- Complex developmental trauma is the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset (van der Kolk, 2015). Complex developmental trauma devastates the social engagement system and interferes with cooperation, nurturing and the ability to engage in prosocial behaviors and be a part of a community.

ACE Study Findings (Felitti et al., 1998; ACE Study–Health Presentations, 2014)

- Kaiser Permanente, 1995 to 1997 with two waves of data collection.
- Patients receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.
- The study included 17,337 men and women and found that 63.9% of the sample experienced at least one adverse childhood experience (Center for Disease Control and Prevention, n.d).
- Four or more, which equals 16% of ACE sample, accounted for 90% of chronic illness.
- 90% of people using community MH services had a score of four or more.
- Four seems to be the tipping point.
- See Nadine Burke Harris' Tedtalk "How Childhood Affects Health Across a Lifetime"
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime#t-943450

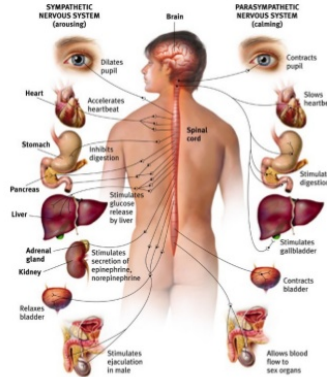
Our "Alarm System"

- For individuals that appear to be highly agitated or hypervigilant, they may be stuck in a state of hyperarousal (see image below), i.e. "always on alert."

Autonomic Nervous System (ANS)

Sympathetic NS
"Arouses"
(fight-or-flight)

Parasympathetic NS
"Calms"
(rest and digest)



- **Sympathetic Nervous System (SNS):** designed to mobilize the body in case of danger; fight or flight; adrenaline; inhales.
 - *Overarousal symptoms:* anxiety and fear, intrusive memories, triggered reactions, concentration problems, nightmares, hypervigilance, etc.
- **Parasympathetic Nervous System (PNS):** turns "off" body's activation; rest and digest; acetylcholine; exhales.
 - *Under-arousal symptoms:* emotional numbing, social avoidance, hypersomnia, fatigue, low energy and dissociation
- **Fight** → SNS
- **Flight** → SNS
- **Freeze** → SNS and PNS
- **Submit** → PNS

Polyvagal Theory (Porges, 2003; Porges, 2007; Sullivan et al, 2018)

- SNS (danger): defensive mobilization; "fight or flight"
- PNS has two distinct parts:
 - Dorsal Vagal Complex or **DVC** (life threat): defensive immobilization; "freeze"; "play dead"
 - Ventral Vagal Complex or **VVC** (safety): social connection; "social engagement system"; "tend and befriend"

Heart Rate Variability (HRV)

- HRT measures balance between the SNS and PNS and coherence of heartbeat and breath
- High HR → rhythmic fluctuations in heart rate and moves with breath
- Low HR → lack of fluctuations in heart rate and is out of sync with breath

- “*Vagal activity, via ventral vagal pathways, is suggested to be reflective of regulation and resilience of the system where high cardiac vagal tone correlates with more adaptive top-down and bottom-up processes such as: attention regulation, affective processing and flexibility of physiological systems...*” (Sullivan et al, 2018, p. 4).

The Vagus Nerve and Interoception

- The 10th cranial nerve (composed of 80% afferent fibers and 20% efferent fibers)
- Is vital in development and maintenance of interoceptive awareness (Porges, 2004)
 - “*Interoception has been explored as essential to the bridging of top-down and bottom-up processing and in the investigation of the relationships between sensations, emotions, feelings and sympathovagal balance.*” (Sullivan et al., 2018, p. 4).

Understanding Trauma from a Yoga Philosophy Lens

The Gunas

- Referenced in both the Bhagavad Gita (400 BCE- c. 200 CE) and the Yoga Sutras of Patanjali (200 BCE) amongst other texts, the gunas are, “...said to underlie and shape the characteristics of everything that is of material nature.” (Sullivan et al., 2018, p. 7).
- Similar to how Western science views homeostasis in the autonomic nervous system (ANS), yoga refers to the gunas for balance in practice.
- Hyperarousal may be viewed as the extreme end of *rajas* while hypoarousal may be viewed as the extreme end of *tapas*.
- Mindful (TIY) yoga practices can work to cultivate greater *sattva* by finding balance and grounding on the mat.
- For example, belly breathing and *ujjayi* breath help to stimulate the vagus nerve (the 10th cranial nerve), which in turn can signal to the brain that it may disengage from fight or flight mode (moving from *rajas* to *sattva*).
- When your students learn how to cultivate *sattva* in their practice and within themselves, they may help their autonomic nervous system return to homeostasis and subsequently allow the different parts of their brain to function more cohesively.
- Although *sattva* can help develop a larger “Window of Tolerance” (Siegel, 1999), the Bhagavad Gita also encourages non-attachment to *sattva* (and the others states) to overcome suffering.

Qualities of Nature (Adapted from Yoga International)

Tamas

Rajas

Sattva

| | | | |
|------------------|--|--|--|
| Qualities | heavy, static, grounding, inertia, dark, cold | active, moving, agitated, restless, hot | balance, clear, light, luminosity, warm |
| Season | Winter | Summer | Fall/Spring |
| Food | Stale, heavy, highly processed, overly sweet, over cooked | pungent, spicy, salty, strong taste | light, fresh, easily digested, calming, grounding |
| Body | heavy, lethargic, stiff, fatigued | restless, active, difficulty with sitting still | energetic, calm, light, flexible |
| Emotions | sadness, lethargy, clinging, fear, apathy, aversion | anger, ambition, motivation, desire, jealousy, egoism, competitiveness | faith, devotion, peace, humility, contentment, intimacy, engaged |
| ANS | PNS dorsal vagal, freeze/submit | SNS, fight/flight | PNS ventral vagal, tend/befriend |
| Mind | depressed, rumination, dull, hopeless, unclear | excited, hyperactive, worried, anxious, “monkey mind,” flighty, distracted | clear, introspective, inspired, concentrated, focused |

The Koshas

“The five koshas offer a prism through which we can observe, feel and investigate the mind-body working as a whole... What is most compelling about the koshas is that they offer a paradigm through which we can feel and investigate the interpermeating nature of the mind, body, breath and energy as it manifests in the here and now.”

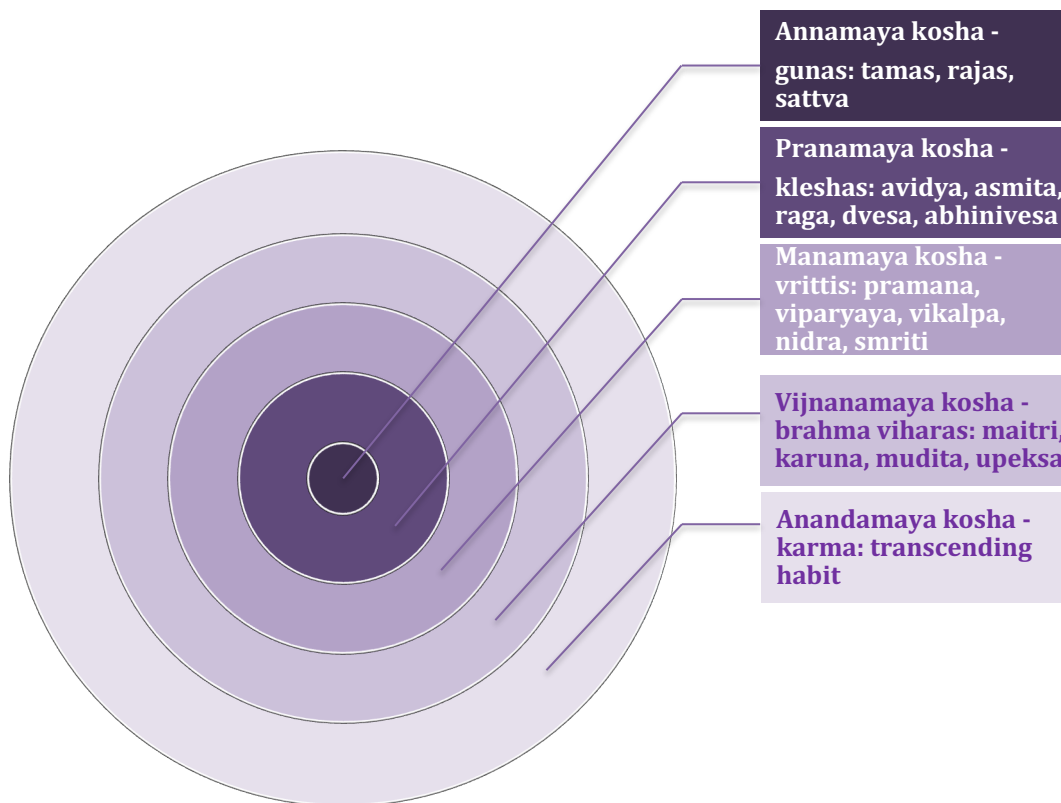
-Michael Stone

Inner Tradition of Yoga: A Guide to Yoga Philosophy for the Contemporary Practitioner

Layers of Our Experience

- The Koshas, first mentioned in the Taittiriya Upanishads (6th century BCE), are five sheaths or layers of the subtle body.
- Annamaya kosha (food body or the physical sheath), pranamaya kosha (energetic sheath), manomaya kosha (mind sheath) all interact and are impacted by our environment and therefore experience more fluctuations.
 - *“...the prana-maya-kosha, is wedged between the “food-body” –that is, the body made of flesh and bones –and the lower mind (manas). This arrangement suggests that the pranic body is coarser than the mind but subtler than the physical body. The reason for this is not hard to see. Every successive kosha requires an intermediate structure (or field) that allows for the hierarchally higher body to communicate with the lower vehicle and vice versa. The pranic body performs this task for the lower mind on one side and the physical body on the other.”*
(Feuerstein, 2013, p. 88)
- They may also be access points to the present moment (neuroception).

- Vijnanamaya kosha (wisdom sheath) and anandamaya kosha (bliss sheath) are more stable over time and thus may help us transcend our reactions or habits.
- When working in harmony (*sattva*), the body, mind and breath may help us to access our wise self as well as our sense of love and belonging. This illuminates how yoga may move from a methodology/practice to yoga as a state of being (union).
- When in disharmony, the body, mind, and breath may muddle our sense of intuitive wisdom, love, and belonging.



Bridging Body and Mind

“We use our minds not to discover facts but to hide them. One of the things the screen hides most effectively is the body, our own body, by which I mean, the ins and outs of it, its interiors. Like a veil thrown over the skin to secure its modesty, the screen partially removes from the mind the inner states of the body, those that constitute the flow of life as it wanders in the journey of each day. The elusiveness of emotions and feelings is probably...an indication of how we cover to the presentation of our bodies, how much mental imagery masks the reality of the body.”

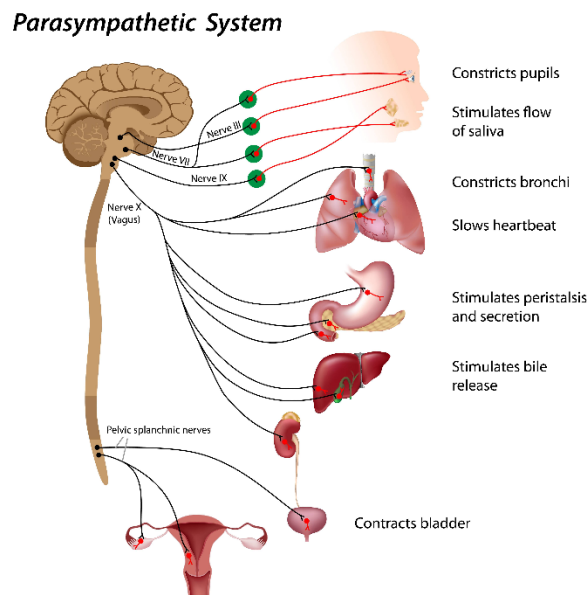
-Antonio Damasio
The Feeling of What Happens

Samskaras

- **Definition:** "...refers to deeply entrenched habits or patterns that exist on a physical, mental, or emotional level. Some *samskaras* serve us well; others do not. Often we are not conscious that we have these patterns." (Wheeler, 2014, p. 25).
 - Not necessarily good or bad: habit forming, learning, schemas
 - A trauma may be considered a deeply ingrained *samskara*
 - Their impact can change through discipline (*tapas*) and self-study (*svadhyaya*)

How is TIY different? Beneficial Practices:

- It emphasizes an engagement of the parasympathetic nervous system (PNS) through slower pacing, repetition, and increased cuing for interoception (mindful awareness of internal sensations)



- Safety of students is always emphasized through attention to the space (no “stacking” of mats, students have more personal space), no indiscriminate touch (always asking permission), and increased use of modifications and “all levels” poses.
- Students are told where exits are if they need to leave and can see their instructor at all times.
- Instructors work to be a kind and accepting presence and are encouraged to stay mindful of their own autonomic nervous system reactions.
- Instructors provide a consistent, safe, and stable location for TIY classes.
- Typically, there is increased use of props to provide comfort and support.
- Instructors use invitational language (“When you feel ready...” or “I invite you to place your left foot....”) versus command language (“Place your left at the front of the mat.”).
- TIY instructors work to ground their students within their body and breath, remember your students will be the best at knowing what they feel ready to explore).
- In developing interoceptive awareness, instructors may start with more neutral parts of the body (feet, hands) but remember your students are in the process of learning what feels safe for them.

Contraindications to TIY

- Although yoga could be a particularly beneficial adjunctive treatment for individuals suffering from trauma-related symptoms, the wide range of styles that are now offered in the average consumer yoga class could easily trigger the very symptoms that health providers hope to treat (Emerson & Hopper, 2011).
- Limit or Avoid:
 - Touching without prompting and therapeutic relevance.
 - Postures that position the hips in vulnerable ways.
 - Fast sequences that make modifications and adaptations a challenge for students to integrate.
 - Large classes in which students are positioned very close to one another and may not be able to see who is behind them.
 - Practices which cause a sustained engagement of the sympathetic nervous system such as:
 - Breath retention or complicated breathing practices
 - Deep backbends

Instructor Training and Preparation for TIY Classes

- **Self-care** and use of mindfulness techniques to protect and facilitate instructor resiliency.
- **Awareness** of somatic countertransference can reduce susceptibility to the internalization of traumatic stress and compassion fatigue (Babbel, 2012).
- Explore how to use personal power (inherent in the teacher role) as a therapeutic tool rather than simply being an authority figure.
- **Flexibility** for individual student advancement and personalization of practice (personalization as empowerment).
- Because TIY is often taught in a range of locations (from prisons to hospitals) be adaptive and “*take the lead*” when there may be reduced availability of a consistent space and props to practice with.

Day Two: Applied Trauma-Informed Yoga

Day Two: Schedule

| <i>Time</i> | <i>Topics</i> |
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| 9a-9:45a | <ul style="list-style-type: none"> • Recap key concepts from yesterday • Opening pranayama practice: Ujjayi breath |
| 9:45a-11:00a | <ul style="list-style-type: none"> • Lecture/Didactic: Proposed Structure of a TIY class: Sequencing, Props, Adjustments and Modifying Sun Salutations |
| 11:00a-12:00p | <ul style="list-style-type: none"> • TIY yoga practice: Session two from TIY protocol (modifying sun salutations) |
| 12:00p-1:00p | <ul style="list-style-type: none"> • Lunch break |
| 1:00p-1:30p | <ul style="list-style-type: none"> • Post-lunch small group practice: Each instructor tries a section of the modified sun salutation (linking 2-3 postures) • Questions and answers about the morning |
| 1:30p-2:30p | <ul style="list-style-type: none"> • Lecture/Didactic: Introduction to modifying peak poses |
| 2:30p-3:00p | <ul style="list-style-type: none"> • Demonstration and Practice: instructor intervention and use of props |
| 3:00p-4:00p | <ul style="list-style-type: none"> • Take questions and offer 10-week TIY series table as example of TIY protocol • Debriefing the experience and take questions on protocol • Additional time may be used to begin reflection papers |
| 4:00p-5:30pm | <p>Small Group Practice: modified sun salutation in small groups, (act out varying responses in which props may be added or instructor may offer assistance).</p> |

Proposed Structure of TIY classes

The 8 Limbs of Yoga as a Guide for Sequencing

1. Yama: Universal ethical principles
2. Niyama: Personal observances or principles
3. Asana: Body postures
4. Pranayama: Breathing exercises, control of *prana*
5. Pratyahara: Control of the senses
6. Dharana: Concentration, inner awareness
7. Dhyana: Meditation on the Divine, devotion
8. Samadhi: Union with the mind, body, and spirit

Setting an intention: The yamas and niyamas

- Encourage students to personalize their intention (first modification).
- Try not to be too verbose or cognitive but this is a great opportunity to honor the lineage and philosophical principles of yoga.

Yamas:

Ahimsa: non-violence

Satya: truthfulness

Asteya: non-stealing

Brahmacarya: non-excess

Aparigraha: non-possessiveness

Niyamas:

- **Sauca:** purity, clearness of mind, body and speech
- **Santosa:** contentment
- **Tapas:** perseverance
- **Svadhya:** self-study
- **Tsvaranidhana:** contemplation of the True Self

► Example of setting a TIY intention

1. Non-violence to your body (*Ahimsa*)

- “While we may consider this common sense in how we treat others, we often push ourselves to go past our limits.”
- A stable practice requires respect for your body’s abilities and this is even more pertinent in TIY classes.

Pranayama: Keep it Simple

- Begin in a restorative pose conducive to Pranayama practice.
- Pranayama practice is introduced and is woven throughout class sequence (it is introduced before most Asana to signify the importance of pranayama as the foundation of TIY even though the sequence is different in the 8-limbs).
 - *“Breathing techniques are known to directly affect cardiac vagal tone and the initiation of the vagal brake to move the system towards the VVC platform and provides another bottom-up regulatory practice of yoga.”* (Sullivan et al., 2018, p 9).
- After pranayama practice set an intention with students, allowing them to personalize any yoga philosophy or psychological concept the instructor may introduce (if this occurs the introduction would begin before practice).

Integrating Movement (Asana)

- Start to integrate movement with breath moving slowly with cues to gauge how body feels (helping students to learn how to modify based on their body’s cues).
- Consider introducing a modified sun salutation or warm-up series that further integrates movement with breath.
- Care should be taken with sun salutations in TIY (this is typically when the SNS is engaged and it is often when new students get lost and triggered).

Use of Props

- For trauma-informed yoga it is recommended that students be introduced to the props available to them before classes begin.
- Work to build awareness of the supports that are available.
- Take time to notice if any props may be triggering for students (such as straps and chairs).
- Props should be a support to deepen the pose and introduced as a method of advancement (learning what your body needs) as opposed to a necessity for a beginner.
- Encourage students to bring props from home (get creative using pillows, blankets that represent comfort, etc.).

Note on Instructor Adjustments

- Instructors should inquire about the use of adjustments (both verbal and physical) for each student prior to the beginning of a class.
- If you determine, based on your training and your awareness of your students' needs, that the use of physical adjustments is appropriate for your class, introduce verbal adjustments first.
- This allows students time to understand the utility of adjustments as well as their own reactions to their instructor providing feedback.
- Generally speaking, our approach with the first one or two sessions is to avoid making individual adjustments for students.
- It is important to establish a relationship with your students prior to pointing out something that they may be doing incorrectly.

Steps for adjustment:

1. Make a comment to the entire class (“stay mindful of your knee’s alignment directly above your ankle...”)
2. Demonstrate yourself or have an assistant demonstrate
3. Demonstrate next to student if student appears to be having repeated trouble and has indicated openness to feedback (preferably this is done by an assistant)

Rethinking Peak Poses:

- “Peak Poses” may be introduced in this later part of class but should be flexible in the instructor’s mind, i.e. it is recommended that poses are tiered with the most accessible version taught first and the instructor is always willing to adapt their pre-planned sequence if needed. More challenging versions can be introduced mindfully but should be based on the instructors in-the-moment assessment of the classes’ responsiveness to these poses:
 - Assess if the class remains cohesive or if they begin to appear fragmented, i.e. some students remain engaged in their breath and their attunement with the instructor while others begin to appear “checked out” or overwhelmed

The Cool Down: Sensory Withdrawal

- The cool down may be more important than the peak pose or warm-up in its emphasis on sensory withdrawal and interoception.
- .
- Before the final meditation allow students to take any movements or adjustments they may enjoy, encourage them to guide their mind toward letting go of expectations of the class (the past) and move into the present moment.

Final Meditation

- The final meditation should be no more than five to 10 minutes and preferably be guided using neutral TIY language and content.
 - Triggering language (this depends on the population you are working with) could set a student into hyperarousal when we are hoping they are reaching more of a restorative state.
- At the end of class allow clients time to slowly transition back into the space (reorienting them into their senses within the space).
- Invite questions or feedback, allow time for social interaction between students

Providing TIY Online

- For some students, getting to practice from the comfort of their own home may make yoga more accessible.
- For others, it may offer many interruptions and challenges.
- Work to anticipate interruptions and normalize them (adding humor; mindfulness practice; letting go of perfectionism)?
- Provide creative solutions for props (a stack of books, a scarf, blankets, a firm pillow).
- Preemptively offer guidance on how to log back in if disconnected.
- How can we work to co-regulate in this format? (hint: psycho education and in vivo practice)
- <https://www.nicabm.com/working-with-the-nervous-system-via-telehealth/>

Suggested Reading

Trauma Research and Clinical Practice Reading

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| <i>Yoga Sutras Readings and Resources</i> | |
| Yoga Sutras and Similar | <p>Hartranft, C. (2003). <i>The Yoga Sutra of Patanjali: A new translation with commentary</i>. Boston, MA: Shambala Classics.</p> <p>Iyengar, B. K. S. (2002). <i>Light on the yoga sutras. of Patanjali</i> New York: Thorsen.</p> <p>Maki, B.. (2013). <i>The yogi's roadmap: The Patanjali yoga sutra as a journey to self-realization</i>. Scotts Valley, CA: CreateSpace Independent Publishing Platform.</p> <p>Excellent free online version: https://www.swamij.com/yoga-sutras.htm</p> |
| <i>Relevant Yoga Psychology Readings</i> | |
| Yoga Psychology and Practices | <p>Adele, D. (2009). <i>The yamas and niyamas: Exploring yoga's ethical practice</i>. Duluth, MN: On-Word Bound Books.</p> <p>Armstrong, G. (2017). <i>Emptiness: A practical guide for meditators</i>. Sumerville, MA: Wisdom.</p> <p>Emerson, D. (2015). <i>Trauma-sensitive yoga in therapy: Bringing the body into treatment</i>. New York, NY: W.W. Norton & Company Inc.</p> <p>Emerson, D., & Hopper, E. (2011). <i>Overcoming trauma through yoga: Reclaiming your body</i>. Berkeley, CA: North Atlantic Books.</p> <p>Feuerstein, G. (2013). <i>The psychology of yoga: Integrating Eastern and Western approaches for understanding the mind</i>. Boston, MA: Shambala.</p> <p>Hanson, R. (2009). <i>Buddha's brain: The practical neuroscience of happiness, love & wisdom</i>. Oakland, CA: New Harbinger Publications, Inc.</p> <p>Iyengar, B. K. S. (2005). <i>Light on life</i>. New York, NY: Rodale.</p> <p>Iyengar, B.K.S. (2008). <i>Light on pranayama</i>. New York: Crossroads.</p> <p>Kabat-Zinn, J. (2005). <i>Coming to our sense: Healing ourselves and the world through mindfulness</i>. New York: Hyperion.</p> <p>Lee, J. (2016). <i>True yoga</i>. New Bury, MN: Lewellyn.</p> <p>Marsh, S. (2015). <i>Hunger, hope, and healing: A yoga approach to reclaiming your relationship to your body and food</i>. Boston, MA: Shambala Classics.</p> <p>Morgan, B. (2016). <i>The meditator's dilemma</i>. Boulder: Shambala.</p> |

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| | <p>Rosen, R. (2002). <i>The yoga of breath: A step-by-step guide to pranayama</i>. Boston: Shambala.</p> <p>Stone, M. (2008). <i>The inner tradition of yoga: A guide to yoga philosophy for the contemporary practitioner</i>. Boston, Massachusetts: Shambhala Publications.</p> <p>Weintraub, A. (2012). <i>Yoga skills for therapists</i>. New York, NY: W.W. Norton & Company Inc.</p> <p>Wheeler, A. (2014). Individualized Yoga Therapy: Changing samskaras, reflecting on vasanas, and realizing svabhava. <i>International Journal of Yoga Therapy</i>, 24, 25-27.</p> <p>White, G. (2007). <i>Yoga beyond belief</i>. Berkeley, CA: North Atlantic Books.</p> <p>Wilber, K. (2016). <i>Integral meditation: Mindfulness as a path to grow up, wake up, and show up in your life</i>. Boston: Shambala.</p> |
| <i>Related YogaX Team Member Publications</i> | |
| Trauma-Informed Yoga | <p>Justice, L., & Brems, C. (in press). Bridging body and mind: Case series of a 10-week trauma-informed yoga protocol for veterans. <i>International Journal of Yoga Therapy</i>, 29.</p> <p>Justice, L., Brems, C., & Ehlers, K. (2018). Bridging body and mind: Considerations for trauma-informed yoga. <i>International Journal of Yoga Therapy</i>, 28, 39-50.</p> <p>Colgan, D., Wahbeh, H., Pleet, M., Besler, K., & Christopher, M. (2017). A qualitative study of mindfulness among veterans with PTSD: Practices differentially effect symptoms, aspects of well-being, and potential mechanisms of action. <i>Journal of Evidence-Based Complementary & Alternative Medicine</i>.</p> |
| Wellness, Stress, Coping | <p>Colgan, D., Christopher, M., Bowen, S., Brems, C., Hunsinger, M., Tucker, B., & Dapolonia, E. (in press). Mindfulness-based wellness and resilience training among interdisciplinary primary care teams: A mixed-methods feasibility and acceptability trial. <i>Primary Health Care Research & Development</i>.</p> <p>Brems, C. (2015). A yoga stress reduction intervention for university faculty, staff, and graduate students. <i>International Journal of Yoga Therapy</i>, 25, 61-77.</p> <p>Christopher, M., Rogers, B., Hunsinger, M., Colgan, D., Reiss, A. L., & Farwood, H. (2014). Distinguishing mindful process from outcome in the prediction of global health and perceived stress in a mindfulness-based stress reduction program. <i>Mindfulness</i>, 6(4), 693-699.</p> <p>Schroeder, D., Stephens, E., Colgan, D., Hunsinger, M., Rubin, D., & Christopher, M. (2016). A brief mindfulness-based intervention for primary care physicians: A pilot randomized controlled trial. <i>American Journal of Lifestyle Medicine</i>.</p> |
| Access and Barriers to Yoga | <p>Brems, C., Colgan, D., Freeman, H., Freitas, J., Justice, L., Shean, M., & Sulenes, K. (2016). Elements of yogic practice: Perceptions of students in healthcare programs. <i>International Journal of Yoga</i>, 9, 121-129.</p> <p>Brems, C., Justice, L., Sulenes, K., Girasa, L., Ray, J., Davis, M. Freitas, J., Shean, M., & Colgan, D. (2015). Improving access to yoga: Barriers and motivators for practice among health professions students. <i>Advances in Mind-Body Medicine</i>, 29, 6-13.</p> <p>Freeman, H., Brems, C., Michael, P., & Marsh, S. (in press). Empowering a community from the inside out: A program evaluation of a yoga teacher training program for adults in custody. <i>International Journal of Yoga Therapy</i>, 28.</p> <p>Freeman, H., Vladagina, N., Razmjou, E., & Brems, C. (2017). Yoga in print media: Missing the heart of the practice. <i>International Journal of Yoga</i>, 10, 160-166.</p> <p>Justice, L., Brems, C., & Jacova, C. (2016). Exploring strategies to enhance self-efficacy about starting a yoga practice. <i>Annals of Yoga and Physical Therapy</i>, 1(2), 1-7.</p> <p>Razmjou, E., Freeman, H., Vladagina, N. Freitas, J. & Brems, C. (2017). Popular media images of yoga: Limiting perceived access to a beneficial practice. <i>Media Psychology Review</i>, 11(2). Retrieved from http://mprcenter.org/review/popular-media-images-of-yoga-limiting-perceived-access-to-a-beneficial-practice/</p> <p>Sulenes, K., Freitas, J., Justice, L., Colgan, D., Shean, M., & Brems, C. (2015). Underuse of yoga as a referral resource by health professions students. <i>Journal of Alternative and Complementary Medicine</i>, 21, 53-59.</p> |
| <i>Evidence-Based Benefits of Yoga for Wellbeing</i> | |
| Stress | <p>Brems, C. (2015). A yoga stress reduction intervention for university faculty, staff, and graduate students. <i>International Journal of Yoga Therapy</i>, 25, 61-77.</p> <p>Kauts, A., & Sharma, N. (2009). Effect of yoga on academic performance in relation to stress. <i>International Journal of Yoga</i>, 2, 39-43.</p> |

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| | Luu, K., & Hall, P. (2015). Hatha yoga and executive function: A systematic review. <i>Journal of Alternative and Complementary Medicine</i> , 22, 125-33. |
| Coping Skills | <p>Chong C. S., Tsunaka M., Tsang H. W., Chan E. P., & Cheung W. M. (2011) Effects of yoga on stress management in healthy adults: A systematic review. <i>Alternative Therapy in Health and Medicine</i>, 17, 32-38.</p> <p>Colgan, D., Christopher, M., Bowen, S., Brems, C., Hunsinger, M., Tucker, B., & Dapolonia, E. (in press). Mindfulness-based wellness and resilience training among interdisciplinary primary care teams: A mixed-methods feasibility and acceptability trial. <i>Primary Health Care Research & Development</i>.</p> <p>Noggle, J. J., Steiner, N. J., Minami, T. & Khalsa, S. S. (2012). Benefits of yoga for psychosocial well-being in a US high school curriculum: A preliminary randomized controlled trial. <i>Journal of Developmental & Behavioral Pediatrics</i>, 33, 193-201.</p> <p>Sethi, J. K., Nagendra, H. R., & Ganpat, T. S. (2013). Yoga improves attention and self-esteem in underprivileged girl student. <i>Journal of Education and Health</i>, 2, 55.</p> |
| Emotional Wellbeing | <p>Sethi, J. K., Nagendra, H. R., & Ganpat, T. S. (2013). Yoga improves attention and self-esteem in underprivileged girl student. <i>Journal of Education and Health</i>, 2, 55.</p> <p>Telles, S., Singh, N., Bhardwaj, A. K., Kumar, A., & Balkrishna, A. (2013). Effect of yoga or physical exercise on physical, cognitive and emotional measures in children: A randomized controlled trial. <i>Child & Adolescent Psychiatry & Mental Health</i>, 7, 37.</p> |
| <i>Relevant Yoga Mechanisms Readings</i> | |
| Yoga Mechanisms and More | <p>Field, T., (2011). Yoga clinical research review. <i>Complementary Therapies in Clinical Practice</i>, 17, 1-8.</p> <p>Gard T., Noggle, J. J., Park C., Vago, D. R., & Wilson, A. (2014) Potential self-regulatory mechanisms of yoga for psychological health. <i>Frontiers in Human Neuroscience</i>, 8, 770</p> <p>Gard, T., Taquet, M., Dixit, R., Holzel, B., Dickerson, B., & Lazar, S. (2015). Greater widespread functional connectivity of the caudate in older adults who practice kripalu yoga and vipassana meditation than in controls. <i>Frontiers in Human Neuroscience</i>, 9, 137.</p> <p>Jeter, P. E., Slutsky, J., Singh, N., & Khalsa, S. B. (2015). Yoga as a therapeutic intervention: A bibliometric analysis of published research studies from 1967 to 2013. <i>Journal of Alternative and Complementary Medicine</i>, 21, 586-592.</p> <p>Khalsa, S. B. S. Cohen, L., McCall, T., & Telles, S. (2016). <i>The principles and practice of yoga in healthcare</i>. Edinburgh, Scotland: Handspring Publishing.</p> <p>McCall, M. C. (2013). How might yoga work? An overview of potential underlying mechanisms. <i>Journal of Yoga & Physical Therapy</i>, 3(1), 1.</p> <p>Payne, P., & Crane-Gondreau, M. A. (2015). The preparatory set: A novel approach to understanding stress, trauma, and the bodymind therapies. <i>Frontiers in Human Neuroscience</i>, 9:178.</p> <p>Riley, K. E., & Park, C. L. (2015). How does yoga reduce stress? A systematic review of mechanisms of change and guide to future inquiry. <i>Health Psychology Review</i>, 9, 379-396</p> <p>Schmalzl, L., Crane-Godreau, M. A., & Payne, P. (2014). Movement-based embodied contemplative practices: Definitions and paradigms. <i>Frontiers in Human Neuroscience</i>, 8: 205. doi: 10.3389/fnhum.2014.00205</p> <p>Schmalzl, L., Powers, C., & Blom, E. H. (2015). Neurophysiological and neurocognitive mechanisms underlying the effects of yoga-based practices: towards a comprehensive theoretical framework. <i>Frontiers in Human Neuroscience</i>, 9:235.</p> <p>Sullivan, M. B., Erb, M., Schmalzl, L., Moonaz, S., Taylor, J. N., & Porges, S. (2018a). Yoga therapy and polyvagal theory: The convergence of traditional wisdom and contemporary neuroscience for self-regulation and resilience. <i>Frontiers in Human Neuroscience</i>, 12:67.</p> <p>Sullivan, M. B., Moonaz, S., Weber, K., Taylor, J. N., & Schmalzl, L. (2018b). Toward an explanatory framework for yoga therapy informed by philosophical and ethical perspectives. <i>Alternative Therapies in Health and Medicine</i>, 24, 38-47.</p> <p>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. <i>Explore: The Journal of Science and Healing</i>, 6, 29-41.</p> |

Evaluation Requirements for Module Completion

Successful completion of the module is contingent on successful engagement in several assignments, summarized here and described in detail below. Additionally, all requirements outlined in the overall 300-hour training manual also apply (especially as related to ethics and professionalism).

Attendance and Participation

Attendance is required of (1) live synchronous experiential practices, (2) all didactic sessions, and (3) all assigned TIY yoga teaching requirements.

- *Live synchronous experiential session* are integrated into workshop (see schedule for each day). A full-length 60-minute yoga session is followed by a debriefing (typically after lunch). It is important to be prepared for active movement (see practice guidelines below).
- It is important to be prepared to discuss the content of the experiential yoga session that precedes the didactic.
- Please keep video turned on during live practice. This is a requirement unless you ask the instructor for special considerations to be made and it is jointly determined that the video needs to be turned off.

General Attendance Policies

Trainees are strongly encouraged to attend all didactic and experiential sessions in person whenever possible as participation is essential to the consolidation of learning. It will be helpful to be prepared for each didactic session with questions about theory and application of contents in healthcare settings. Debriefing of experiential sessions is integrated into the didactics and crucial to applying theory to practice.

Please review the YogaX Policy and Procedures Manual for more information about attendance (and other) policies. Also note that for successful completion of the module, trainees must be present for a minimum of 75% of all didactic and peer debriefing session 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 (typically consisting of watching the video of missed class time and writing a brief reflection about the material). Most helpfully, at least 24 hours prior notice would be given, though it is understood that emergencies may not make this possible. Online didactic and experiential sessions will be recorded and, in case of unavoidable absences, can be made up by viewing the video before the next observation and feedback session that occurs after the missed didactic session. Late completion will be considered an absence because it will result in falling behind in didactic sessions.

Homework Assignment – Tailored Healthcare Application of the 10-Series

The homework involves two tasks: (1) the creation and tailoring of a TIY sequence to be applied in a healthcare population of your choice along with a plan for outreach to this population; and (2) Practice teaching with workgroups of this sequence. This will follow-up with a paragraph outlining the feedback you were given from your peers about your sequence. Neither assignment can be completed late (however parts may be complete early upon request) and must be completed by the end of the second weekend workshop to pass the TIY module.

In the first task, you will continue to reflect on how TIY guidelines will be applied to your anticipated healthcare population. In this task, you will ponder the characteristics and needs of your population and then

think conceptually about the big-picture modifications that are necessary. You will also complete a paragraph along with the submitted sequence outlining your proposal for outreach with your chosen population.

- Length of each part of the sequence? Total time to implement sequence?
- Language and cuing? TIY issues?
- Choice of asana, pranayama, and anatomical sequencing?
- Choices related to inner practices as integrated throughout and encourage the development of interoception?

Prepare to practice this sequence with your peers and write one paragraph on the feedback you were given by them.

Summary of Module Completion Requirements

All work for this module needs to be completed by the specific deadlines with all materials outlines above submitted to Dr. Justice by the final day of the workshop. Late work cannot be accepted but early teaching opportunities can be made to accommodate some scheduling needs.

The module is complete once all of the following assignments and tasks have been completed:

- All didactic and experiential sessions have been completed either synchronously or via make-up video review and reflection.
- Synchronous attendance of the didactic and experiential sessions was at least 75%. The first and last didactic and experiential session were attended synchronously (i.e., not via make-up work).
- Both homework tasks have been completed in their entirety by their due dates.