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Yoga and the Social Worker — Mantra Meets Mental Health

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Social workers find integrating this ancient mind-body method with social work practice is good karma.

Once only available in a few locations and accessible to devoted students of experienced yogis, yoga has entered the mainstream American lifestyle, and yoga instruction is offered in large health clubs and studios, on college campuses and DVDs for practice at home, and even online. Social workers too have joined the yoga movement, taking yoga classes themselves or encouraging clients to enjoy yoga's benefits. Yoga is now recognized by the healthcare community as an alternative therapy for various medical conditions, especially anxiety, depression, and mood disorders.

Scientific interest in yoga's contribution to overall well-being has led to increasing evidence supporting what yoga practitioners have known for thousands of years—yoga can provide benefits beyond increased flexibility and strength. Published clinical studies of yoga support its use in helping cancer patients and survivors improve overall mood and quality of life, as well as reducing stress and cancer-related symptoms such as nausea and pain.

In addition to numerous studies reporting positive outcomes following yoga therapy for chronic pain, hypertension, and injuries, several studies support its use in attention-deficit/hyperactivity disorder (ADHD), anxiety, stress, depression, chronic insomnia, and addiction. Results of ongoing studies funded by the National Center for Complementary and Alternative Medicine are expected to expand the psychotherapeutic applications of yoga to include posttraumatic stress disorder (PTSD), substance abuse, and mood disorders.

While some social workers have used yoga to complement traditional therapies for years, the social work profession has only recently jumped on the yoga bandwagon. Yoga is beginning to be included in workshops and courses in social work educational programs, providing social workers the opportunity to learn more about the health benefits of this ancient practice. Judging by the increasing demand for such courses, yoga may soon become a more integral part of social work practice.

At the University of Maryland School of Social Work, Deborah Rejent, DSW, LCSW-C, RYT (registered yoga teacher), associate dean for the master's program in social work, teaches continuing education workshops on yoga. "The CE classes are always filled, and demand is high for additional sessions," she says.

A yoga and meditation practitioner for more than 30 years and a trained yoga instructor for three years, Rejent believes the recent mainstream acceptance of the mind-body connection and mind-body techniques such as yoga has paved the way for integration into medicine and social sciences. "For thousands of years, yoga has been widely used in other cultures as therapy. We in the West are now catching up," she notes.

Although Rejent has recommended yoga to clients for at least 15 years, now, clients are more willing to consider yoga as therapy due to its overall popularity in American culture. "People now realize that they can achieve better health through nontraditional methods," she says. In her standard social work courses on clinical practice and psychopathology, Rejent includes information on the mind-body connection to let students know there are non-drug treatments that can address the physical needs of body and mind.

Steffi L. Shapiro, MSW, LICSW, RYT, director of The Well Street Station in Watertown, MA, a private psychotherapy practice that merges traditional with complementary holistic methods, has been teaching a continuing education workshop called "Integrating Yoga into Social Work Practice" at the Simmons

College School of Social Work in Boston. Designed to teach social work clinicians the benefits of yoga as an adjunct to clinical work, the course includes information on using yoga to decrease anxiety, lift depression, and raise self-esteem. Shapiro teaches class participants simple chair yoga exercises, including breathing, relaxation, and meditation techniques, which can be used to enhance clients' self care, and she discusses how social workers can incorporate body-mind exercises within the context of a clinical session.

Student interest in yoga's applications in social work is high, say Shapiro and Rejent. Classes and workshops are always packed, indicating that social workers have begun to view yoga as a viable therapy option. Yoga has also made its way into social worker conference programs. At the 2006 Washington State NASW conference, Stephanie Hager, MSW, LICSW, CYT (certified yoga teacher), cofounder and director of The Samarya Center, presented a session on helping children build the foundation skill of body awareness through yoga. The Samarya Center is a nonprofit organization dedicated to providing yoga and yoga therapy to people of all ages, abilities, and backgrounds in Seattle. Hager's center also offers IMT (Integrated Movement Therapy), a clinically based therapy approach rooted in the philosophy, practice, and spirit of yoga developed by Hager and her colleague Molly Kenny, MS-CCC, a speech-language pathologist and CYT (see sidebar). "Yoga can be a great addition to a social worker's repertoire of tools," says Hager.

Yoga: Another Therapeutic Option for the Social Worker

Because yoga encompasses such a diverse range of postures, styles, and techniques, individual components of yoga can be applied in the social work setting, depending on the client's needs and the social worker's skills and training. Integrating yoga into a social work practice can be as simple as teaching a client a calming yogic breathing method to help manage stress or referring them to an appropriate community yoga class as a complement to traditional therapies. "There are a few simple yoga movements, such as simple neck and shoulder exercises, as well as breathing exercises, that could be integrated into a social work session," says Shapiro. She also notes that many traditional cognitive therapy sessions already include yoga-based relaxation techniques. "I do think it is useful for social workers to recommend yoga classes to clients as an adjunct to their regular therapy," she adds.

Some social workers, like Shapiro, have fully integrated yoga into their clinical practice by becoming yoga instructors themselves, offering yoga therapy alongside psychotherapy, behavioral therapy, counseling, and other social services. A yoga teacher since the 1970s, Shapiro began integrating yoga into her social work practice then. When she volunteered to teach yoga for deinstitutionalized state psychiatric hospital patients, she saw a positive response. She also applied yoga in her work at a private psychiatric hospital for more than 10 years. "There [was] an amazing number of situations where yoga made a major difference in many ways for many patients," she says.

For example, treatment plans for her clients at the psychiatric hospital included objectives such as reality testing, decreasing anxiety, lifting depression, raising self-esteem, and promoting social interaction. According to Shapiro, yoga helped her clients achieve all these goals, and in particular, helped them gain awareness of the interaction of body, mind, and emotions. Currently, at The Well Street Station, Shapiro offers yoga therapy with more traditional cognitive therapies and other alternative therapies to treat clients with a holistic approach.

Rejent, on the other hand, does not teach yoga to clients in behavioral therapy sessions, although she may introduce some yogic breathing for stress management. As a social worker, she recommends yoga as a component of therapy. "I ask my clients, 'Have you considered taking a yoga class?' much like a social worker might say, 'Have you considered seeing a family therapist?' or 'Have you considered seeing a psychiatrist for medications?'" she explains.

Karen Soltes, MSW, MA Ed, RYT, director of therapeutic yoga programs at Circle Yoga, a studio in Washington, DC, has the opportunity to apply her social work skills in a yoga studio setting. A social worker since 1978, Soltes has diverse experience, including a psychoanalytic inpatient setting, a school for children with learning disabilities, and currently, a private practice. A serious yoga practitioner for

approximately 10 years, she recently completed her teacher training in Anusara yoga and is pursuing further training in yoga nidra.

“My goal is to keep weaving into clinical practice what I know from traditional yoga practice,” she says. However, while she integrates the social work and yoga therapy into her skill set and may use breathing work and relaxation techniques in psychotherapy sessions, Soltes notes that she keeps her clinical social work therapy sessions separate from her yoga therapy sessions. “As a clinician, if you want to teach yoga techniques to your clients, you have to be careful due to the potential for lawsuits because yoga therapy often involves hands-on adjustments.”

Conversely, as a yoga instructor, she says, students may open up to you about personal issues in their life. Even in standard yoga classes—not specifically intended for therapy—emotional release may occur. *Yoga Journal*, a publication for yoga instructors and yoga practitioners, cites many instances of students experiencing emotional release in the form of crying or laughter during a yoga class and provides mentoring advice for yoga instructors on how to handle such occurrences.

“When you start working with people and their bodies, there is the potential to stir up emotional issues—trauma and emotions residing in the body can move to [the] surface. What is going on in their yoga practice is not separate from what is going on in their life,” Soltes explains further. Therefore, she believes social workers are uniquely qualified to become yoga instructors because they already have the skills to create a sense of emotional safety in a class and can be supportive if strong emotions arise. “Having a background in traditional psychotherapy has really helped me understand how to work with yoga students if emotional issues are stirred up during a class,” she notes.

A Variety of Applications for a Variety of Clients

Soltes emphasizes that yoga can be adapted for any client, and as a social worker and an RYT, she can devise a yoga practice that works for any body and situation. For a 12-year-old autistic boy with no verbal language skills, she uses pictures of yoga poses, and he uses a picture book to communicate with her. For a woman with severe anxiety, she developed a yoga routine to practice in bed “because that was the best she could do now,” says Soltes.

Rejent also designs individualized yoga practices, providing consultation to other therapists treating clients who may benefit from a yoga practice. As an RYT and a social worker, Rejent can devise an individualized yoga practice to support therapy for mood disorders. “One of the most important things for someone who has a mood or anxiety disorder is helping them understand [that] their need for an individualized yoga practice is much like a need for [a] prescription,” she emphasizes. In designing a specialized yoga practice, Rejent considers the client’s disorder and how it manifests itself, then considers the types and sequences of postures best suited for that individual and his/her condition.

For thousands of years, certain yoga postures have been used to stimulate certain physical and mental effects. For instance, postures that involve twisting are believed to stimulate the abdominal organs and digestion, as well as stretch and strengthen the spine. Certain postures are said to be more beneficial for anxiety and depression, according to Rejent. “Classic yoga wisdom says that, for anxiety, forward-bending postures are helpful. For depression, heart-opening and back-bending postures are helpful,” she explains. “That is, however, very simplistic. An individual’s yoga practice should be complete, including forward and backward bending poses. So, we wouldn’t tell a depressed individual not to do any forward folds. We might tell them not to hold a forward fold for an extended time period [minutes], but rather for 10 seconds. Likewise, we would not tell an anxious individual to avoid all backbends because that would be an incomplete yoga practice,” she clarifies.

Yogic breathing techniques also vary in their effects and application. “Some techniques create energy, and some are more calming or balancing,” says Rejent. While a yoga teacher may teach all these breathing techniques in a class, someone with a specific need could then apply a specific breathing technique to suit his or her needs. Soltes also notes that certain yoga practices may not be appropriate for individuals with

certain types of mood disorders. For example, some breathing practices that are more stimulating and energizing could adversely affect an individual with a bipolar disorder who tends toward manic episodes. “It is, therefore, important to give guidance to students as these practices are introduced and help them to assess the individual usefulness of specific practices, as well as the impact on their body and mind,” Soltes says.

Different aspects of yoga can be helpful for many types of clients, says Shapiro. While especially useful for those with anxiety and depression, she has also seen benefits for clients with obsessive-compulsive disorder, PTSD, anger management, substance abuse, somatoform disorders, and boundary issues. In her yoga classes, Shapiro has seen yoga help a grieving widow find emotional release, an adolescent boy realize the effect his disruptive behavior had on others, and a man realize the psychological root cause of an involuntary head tic.

Soltes has seen firsthand how yoga can help with PTSD. She recently served as a yoga nidra instructor in a government-sponsored pilot study on yoga nidra for PTSD in veterans from Iraq and Afghanistan. This intense relaxation and meditation technique was applied in this study to help with sleep disturbances and serious psychological issues associated with PTSD in war veterans.

Encouraged by the positive effects of yoga nidra for PTSD, Soltes is developing a simplified yoga nidra method for children, including a CD for home use for children and teens. “I’m hoping they will put on their iPods and use it whenever needed,” she says. “Yoga nidra can help them develop a sense of self-control and is something they can easily learn and do themselves.” Working with children as young as age 6 at Circle Yoga, she has seen “amazing results” in managing ADHD, bipolar disorder, sleep problems, and Tourette’s syndrome, since the technique can help with self-regulation and self-calming.

One boy, diagnosed with extreme ADHD, now asks to practice his yoga nidra. During yoga nidra, he could settle his body and shut out visual stimulation using an eye pillow, Soltes explains. In addition to yoga nidra, Soltes also teaches therapeutic yoga sessions to children with Asperger’s syndrome, motor issues, autism, and anxiety, as well as workshops for all ages on yoga for depression—how to integrate breath, movement, and meditation as therapy for chronic depression. “Yoga can undergird the therapy they are already doing,” she explains.

For Aspiring Social Worker Yogis and Yoginis: Words of Caution and Advice

Social workers currently integrating yoga into their social work practice have differing opinions on the yoga training necessary for social workers. “We would recommend that anyone wanting to incorporate yoga into their work practice yoga themselves. That is more important than becoming a certified yoga teacher,” Hager says. Social workers can learn The Samarya Center’s yoga-based IMT philosophy and principles and apply them without utilizing any yoga postures or practices in their sessions at all. “It is not necessary to be a certified yoga teacher to incorporate IMT, as we are not concerned with teaching yoga, rather using yoga to build skills,” she explains. The Samarya Center has published a deck of yoga cards for those not familiar with yoga poses and a booklet that serve as guides for several activities and the skill areas they address.

However, Rejent disagrees: “Social workers who want to teach yoga need to be trained as yoga instructors with training for specific applications, such as anxiety and depression.” Many local yoga studios offer instructor training programs affiliated with the Yoga Alliance, as do dedicated fitness yoga training organizations, such as YogaFit. Comprehensive instructor training to receive the designation RYT involves 200 or 500 hours of training and teaching. Training is also available in yoga therapy and in treating specific mood disorders. Rejent and Soltes both recommend Amy Weintraub’s Yoga for Depression training program.

For social workers who are not trained in yoga or not interested in becoming a yoga instructor but wish to integrate yoga into their therapeutic tool box, Soltes suggests developing relationships with local yoga instructors who have training in yoga therapy applications. “Find a yoga teacher that has an understanding

of how to work with therapeutic issues and develop a collaborative relationship,” she recommends. As a social worker and yoga instructor, she has developed “connections with clinicians,” and colleagues will refer clients to her for yoga therapy.

Many yoga instructors have some clinical background in healthcare or counseling and offer community yoga classes. “I talk with other professionals to coordinate treatment and also in our community-based programs,” says Hager. For instance, The Samarya Center provides bedside yoga at a skilled nursing facility for people with AIDS, and Hager has met with the social work team to educate them about yoga and improve communication around treatment issues. “Many social workers and other clinical professionals train with us in IMT, and I provide clinical supervision for those wanting to incorporate this perspective into their work,” she adds.

And once a social worker decides to integrate yoga into clinical practice, keeping its value and application in perspective is essential. “Yoga is meant to be a complement to other therapies. At no time do we say, stop taking your medications and just practice yoga,” Rejent cautions. Like any therapy, yoga must be practiced regularly to make an impact. Soltes adds that a few yoga poses once per week are less likely to have significant results. “You cannot take medication once a week and expect it to be effective. A daily yoga practice is really necessary to see some benefits,” Soltes observes. Motivating clients or students to commit to a daily or close to daily practice at home can often be a challenge but can also become a goal of therapy.

Social workers themselves may wish to begin a daily yoga practice to reap its stress-relieving benefits. “Yoga can help social workers with relaxation, making it easier to work with clients and avoid burnout,” says Shapiro. Rejent is developing a new continuing education program to help clinical practitioners deal with the significant level of stress and burnout in their profession. “Social work is a demanding profession—we are constantly giving to others in our professional and personal lives. Yoga, in combination with meditation, can act as an antidote for this stress. If we are more calm and stable, we are better able to connect with our clients,” Rejent emphasizes.

The physical and meditative aspects of yoga can be used not only as a therapeutic tool for clients but also for self-care. Burgeoning scientific and popular interest in yoga as therapy is expected to increase educational opportunities for social workers to learn how yoga can benefit their clinical practice and clients.

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Integrated Movement Therapy (IMT) — Combining Social Work and Yoga for Healing

IMT combines yoga philosophy and practice with a clinical framework that looks at the whole person. “Using movement and, more importantly, a strength-based perspective, we work on goals in a variety of areas, such as social skills, self-esteem, communication and language skills, body awareness, impulse control, self-calming, and others,” explains Stephanie Hager, MSW, LICSW, CYT, cofounder and codirector of The Samarya Center in Seattle.

In yoga, the individual is seen as already perfect and whole, not needing to be fixed, she says. “This is a pretty big leap from a social worker’s training in diagnoses and pathology.” But taking that leap to yoga-based IMT can lead to tremendous progress toward healing.

According to Hager, yoga provides experiential learning and makes therapy fun for children. “We play lots of games that open doors for talking about issues and learning and practicing skills. It’s not that different from other kinds of play therapy except that behind everything is the knowledge [based on yoga philosophy] that there is nothing wrong with me as the therapist [or as a person] and nothing wrong with

the child. Everything we're working on is to help the child be as happy as they can be, not because he or she should be something different."

For adults, incorporating yoga provides a refreshing change from the traditional "sitting and talking" that may occur in many social work therapy sessions, says Hager. "Integrating yoga into therapy opens new avenues for experiencing the self and creating change," she says. One of Hager's clients, a woman with a traumatic brain injury, requested psychotherapy to process the great deal of loss she has experienced and other emotional issues, but she is unable to engage in verbal communication for long periods of time due to her injury. "IMT has been perfect for her because we can alternate talking and moving. She finds that movement often elicits memories, emotions, and thoughts that we can then process. Many of the yoga postures and sequences also address various areas of brain function, and she has had improvement in motor planning, interhemispheric integration, and tolerance of vestibular stimulation. Most of all, IMT has provided her with an experience of being strong and capable in a way that talk therapy would not be able to do," Hager says.

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Yoga Makes a Difference for Elementary School Children

Pamela McAuley, LCSW, CYT, a retired school social worker currently working part-time with New York City elementary school students who require related social services, began integrating yoga into her social work practice in the 1990s, following a retreat to Kripalu Center for Yoga and Health. "I was working in the schools at the height of the crack epidemic, and all the techniques that I had been using to make changes with children weren't working anymore. I was feeling very ineffective. Everything I learned at Kripalu, I incorporated into my practice as a social worker," she says.

According to McAuley, yoga is empowering for young children, promoting self-awareness and positive image building. As a full-time social worker in the 1990s, she brought yoga into the classrooms for 50-minute lessons. Now, teachers refer students to her to help with behavioral issues. In 35-minute sessions, McAuley teaches basic yoga postures and yoga nidra with recitation. Teachers have reported dramatic changes in behavior and academics following yoga sessions. "I believe yoga can work for anyone in the school environment," McAuley says. "Yoga is empowering when other traditional methods, such as counseling, have failed." This positive impact of yoga in children with behavioral issues is especially significant, she notes, because yoga sessions with her are often the "last resort" in the realm of school social services.

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Yoga Definition and Terminology

The word yoga is derived from a Sanskrit word that means "to join." Yoga, then, is considered a method to unite the body, mind, and spirit. While yoga originated as a form of religious and philosophical expression and practice in India, yoga has undergone Westernization, and yoga practiced in the United States emphasizes the physical aspects integrated with breathing techniques. Many different styles of yoga are available, ranging from slow and gentle to intense and fast-paced; physical and mental benefits may be derived from all styles.

However, not every yoga style is appropriate for everyone—a yoga practice, especially one intended for therapy, must be modified to suit the individual's goals, physical ability, and mental status, say Karen Soltes, MSW, MA Ed, RYT, director of therapeutic yoga programs at Circle Yoga, a studio in Washington, DC, and Deborah Rejent, DSW, LSCW-C, RYT, associate dean in the University of Maryland School of Social Work master's program.

Yoga styles commonly practiced in the United States include the following:

- Hatha: A general term used to describe yoga that emphasizes the physical practice of yoga. Hatha classes provide an introduction to basic yoga asanas (poses) and are usually slower-paced and gentle. Integral hatha classes include breathing, chanting, and meditation. Most forms of yoga practiced in the United States are variations of hatha yoga.
- Vinyasa: A general term to describe a flow of yoga poses in which breath is integrated with movement. Typically considered a more vigorous practice.
- Ashtanga: A physically demanding, fast-paced yoga style that involves a set series of poses always performed in the same order. Classes advertised as “power yoga” are based on the Ashtanga style.
- Anusara: Emphasis on physical alignment combined with positive, light-hearted philosophy. Poses focus on opening the heart (physically and mentally) and use props to help those of different fitness abilities.
- Iyengar: Slower-paced with a focus on body alignment. Poses are held for a long period of time, and props are used to help achieve proper alignment.
- Kundalini: A faster-paced yoga style emphasizing energizing breath, rapid and repetitive movements, and chanting.
- Kripalu: A contemporary style that blends poses, breathwork, and relaxation adaptable for any fitness level, age, or body type. Encourages transferring yoga principles into daily lifestyle.
- Bikram: A series of 26 yoga poses performed in a room heated to approximately 95°. Often called hot yoga, this sweaty style is thought to be cleansing.
- Yoga Nidra: Literally, “sleep of the yogis,” yoga nidra is a powerful relaxation technique that physically and mentally prepares the practitioner for deeper levels of awareness and consciousness through meditation. Involves guided breathing, relaxation, and visualization.
- Yogi: A male yoga practitioner.
- Yogini: A female yoga practitioner.

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Resources:

Amy Weintraub: Yoga for Depression, www.amyweintraub.com

International Association of Yoga Therapists, www.iayt.org

Kripalu Center for Yoga and Health, www.kripalu.org

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