Operation Yoga:
Development of a Yoga Program for Veterans with PTSD

Jamie Johnson

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

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Abstract

Operation Yoga: Development of a Yoga Program for Veterans with PTSD

Jamie Johnson

The purpose of this dissertation is to develop a yoga therapy program for veterans of the Iraq and Afghanistan wars with symptoms of PTSD. The program aims to help veterans to use their body as a tool in therapy, to develop self-soothing skills, and to process, organize, and integrate their experience though yoga asana, meditation, and breathing exercise. Research shows that yoga asana, meditation, and breathing exercises are effective in reducing symptoms of depression, anxiety, and PTSD. Therapeutic techniques based in yoga asana, meditation, and breathing exercises will be discussed to illustrate the effectiveness of yoga therapy treatment and the utilization of physiological responses common in depression, anxiety, and trauma as a means to develop self-soothing techniques and to process and integrate traumatic memories (emotional, cognitive, and physiological). A market analysis was conducted to determine the market size, growth, trends, and profitability of a yoga therapy program for veterans with symptoms of PTSD. Essential aspects such as yoga practice outlines, talk therapy outlines, clinician and yoga therapist training, client population, and budget will also be addressed.

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Chapter 1: Introduction

Introduction and Background

The wars in Iraq and Afghanistan have presented the United States Army with challenges it has not faced in the past. The military, which uses a strictly volunteer force, sends many of its soldiers for three, four, five, and even six tours in occupied territories. This has meant tremendous sacrifices for service men and women and their families. These repeated and extended tours of duty have had an impact on the psychological wellbeing of soldiers in ways that are continuously being revealed and understood. Service men and women have put their lives on the line and placed their family lives on hold. It is of the utmost importance that when they return there are systems and programs in place to meet their psychological and emotional needs. It is important that a variety of program and treatment options be made available to meet the specific and varied needs of the soldiers, whether they are returning from their first tour of duty, or their seventh, and whether they are returning from Iraq or Afghanistan, both of which present their own unique difficulties.

Post Traumatic Stress Disorder (PTSD) can develop after a person has experienced, witnessed, or is confronted with an unusually traumatic event that involves actual or threatened death or serious physical injury to the person or to others, and there are feelings of intense fear, horror, or helplessness (DSM IV, APA, 2000). The diagnosis of PTSD is found in the individual's reaction to the traumatic event. These include reliving the event, avoidance/numbing to the trauma, and hyperarousal (APA, 2000). Part of the symptomatiology of PTSD is that memories can be dissociated or externalized as no

longer a part of the self. It is important to consider that as long as these memories remain dissociated, they are prone to continue to intrude as terrifying perceptions, obsessional preoccupations, and as somatic complaints (van der Kolk et al., 1996). Chronic dissociation involves physical problems for which no medical cause can be found, in addition to lack of adequate self-regulatory processes. Individuals with PTSD are likely to have dissociation, with a profound impact on personality development, as reflected by disturbances of the sense of self, such as: a sense of separateness and disturbances of body image, a view of oneself as helpless, damaged, and ineffective, and in difficulties with trust, intimacy, and self-assertion (Ogden, Minton, & Pain, 2006). In people with histories of trauma, the array of psychiatric symptoms captured in PTSD, dissociation, somatization, and problems with regulation of affective states not only constitute separate "double diagnoses," but represent the complex somatic, cognitive, affective, and behavioral effects of psychological trauma (van der Kolk et al., 1996).

The trauma that is experienced in combat often does not come from one experience, but rather many experiences over the course of one deployment and, in many cases, over multiple deployments (Silver, Rogers, & Russell, 2008). Research conducted by Rumyantseva and Stepanov (2011) indicates that the traumatic events that often precipitate PTSD in a military context include: the fear of being killed or wounded; the threat of being captured, tortured, and humiliated; and the closely experienced deaths of comrades. The response to these traumatic experiences can cultivate a state of constant alertness, altered perceptions of the environment, and readiness to make immediate responses to threats. In some cases, the initial stages of stress reactions involve the

development of autonomic dysfunctions with arterial hypertension and tension headaches. Combatants reported experiencing motor agitation, accompanied by fear affects, followed by anger or uncontrollable rage (Rumyantseva & Stepanov, 2011). Also, an event that can cause emotional trauma can also carry physical trauma. Comorbid pain, PTSD, and Traumatic Brain Injury (TBI) are commonly observed in military personnel returning from deployments in Iraq and Afghanistan (Walker, Clark, & Sanders, 2010). There is some evidence to suggest that arousal and fear, along with other behavioral factors, may play a key role in the onset of PTSD and the evolution and maintenance of chronic pain (Melamed, 2011). The experience of trauma may create increased activity in the central and autonomic nervous systems and musculoskeletal system (Melamed, 2011). It is possible that the symptoms of hyperarousal facilitate, maintain, and exacerbate pain that can develop into chronic pain. In a growing number of cases the effects of having experienced combat results in suicide. Since 2008, the rate of suicide in army personnel, about 20 per 10,000, has exceeded that of the general populations, which is about 19 per 10,000 (Kuehn, 2010). Despite ongoing Army efforts to curb these deaths, the suicide rate continued to climb in 2009 (Kuehn, 2010). The data for 2010 indicate a comparable rate of suicide deaths among active-duty soldiers, with 120 such deaths through the third quarter, and an apparently increasing suicide rate among reservists who were not actively deployed, with 84 such deaths through June 2010 (Kuehn, 2010). In 2013, the rate jumped to 22 active duty military veterans committing suicide each day (Haiken, 2013).

It is important to understand the way the brain "experiences" the trauma, including how and experience is encoded in the brain and later becomes a memory, a flashback, or a night terror. It is important to consider the objective, physiological response to trauma. Prominent neurobiological models of PTSD focus on the interaction between the amygdala, which plays a dominant role in creating fear and anxiety, the vmPFC which projects directly to the amygdala and is thought to provide inhibitory input that regulates emotion, and the hippocampus, which has a well documented role in episodic memory (Koenigs et al., 2008). The hippocampus works closely with the amygdala to couple the details of an experience with the emotional tone and meaning of the event. When under very high emotional stress such as intense fear or anger, it is hypothesized that the excessive stress hormones released in a state of terror may disrupt hippocampal integration (Doidge, 2007). During a flashback, the perceptions, emotions, bodily sensations, and behaviors of a past time are fully in awareness, but not tagged by the feeling they are coming from the past (Ogden & Minton, 2000). Because the hippocampus had been blocked, there was no explicit memory of the event encoded; the fragments of the experience remain as free floating implicit memories. Only implicit memories could be at the root of many of the symptoms of PTSD: hyperarousal symptoms, explosive emotions, numbing, disconnections of bodily sensations, and feeling of being "unreal," as well as various forms of re-experiencing the original trauma, including flashbacks and recurrent, distressing fragmentary recollections of the event while awake (Siegel, 2010).

The mission of Operation Yoga is to use the connection between the mind and the body to address and reduce the symptoms commonly experienced among combat veterans who have experienced trauma. Operation Yoga will provide veterans who have experienced trauma with the tools and knowledge needed to overcome the often debilitating and life changing symptoms that accompany combat during wartime. Recent and abundant research indicates a connection between emotions, experiences held in the body, physical movement, and meditation as a way to access and process those memories and emotions (Emerson, Sharma, Chaudhry, & Turner, 2009; Society for Neuroscience, 2010; Telles, Singh, Joshi, & Balkrishna, 2010). Yoga will be an integral part of Operation Yoga to facilitate a healthy way to experience, process, and integrate symptoms that arise after overwhelming experiences of trauma.

Operation Yoga is unique in that it offers an opportunity to engage the body in therapy in a way that other, more traditional therapies do not. This integration of the body in therapy plays a particularly important role when working with traumatic memories because the emotional arousal that accompanies trauma can be experienced in the body in a way that makes interpreting and understanding emotions and thoughts very difficult. Emotions function as signals that help to inform expectations of the world and help in selecting and implementing adaptive action (van der Kolk, van der Hart, Burbridge, 1995). The emotions of people who have experienced overwhelming trauma seem to lose much of their alerting function: a disassociation is set up between emotional arousal and goal directed action (van der Kolk et al., 1995). Their limited capacity to interpret the meaning of their emotional arousal creates an unreliable and distorted “alert system” that

becomes hyperactive and/or eventually numb. In Operation Yoga the yoga and talk therapists have a unique ability to interactively regulate the dysregulated states and to cultivate self-awareness of inner body sensations. Operation Yoga Therapy engages the affected areas of the body and incorporates them into the dialogue about the experience in a way that can facilitate a healthy integration of how the body and mind experiences emotion.

Statement of the Problem

Since 2001, more than 2.5 million U.S. troops have been deployed to Iraq or Afghanistan as part of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). A recent study of troops returning from deployment to Afghanistan and Iraq found postwar rates of troops diagnosed with post-traumatic stress disorder reaching over 12% (Dhladhla & van Dyk, 2009). In a military context, such traumas include combat experience, peacekeeping operations, violent personal assaults, hostage experience, terrorist attacks, torture, and prisoner of war experiences (Dhladhla & van Dyk, 2009). For many people with combat posttraumatic stress disorder (PTSD), the symptoms contribute to difficulties in parenting, conflict in relationships at home and in the workplace, impede effective work performance, and contribute to absenteeism and accidents in the workplace (Gewirtz, Polusny, DeGarmo, Khaylis, & Eeriness, 2010; Mies, Barry, Keel, Eeriness, & Polusny, 2010). The large number of soldiers returning from war requiring mental health services raises public health concerns that may overwhelm the capacities of the Department of Defense and Department of Veterans

Affairs (VA) healthcare systems (Tuerk, Grubaugh, Hammer, & Foa, 2009). While efficacious cognitive behavioral interventions for PTSD have been developed, it is important to explore alternative methods for treating posttraumatic stress disorder so as to better meet the mental health needs of OIF and OEF personnel.

Purpose of the Study

Operation Yoga will be designed with the specific and unique needs of a veteran population in mind. The client's trauma symptomatology may range from mild to severe. The theory and practices of yoga have much to offer the field of psychology. When psychologists incorporate yoga in their work with people who have experienced trauma, they can help their clients learn how to explore and manage their traumatic experiences in a way that promotes health and personal satisfaction (Behrman & Tebb, 2009; Purvey & Manor, 2010). The yoga interventions that will be outlined in Operation Yoga will be designed to facilitate self-efficacy, stress management, and clarity. The use of these techniques will be of particular importance when addressing the biological changes involved in the posttraumatic stress reaction.

Research has shown that the practice of yoga can aid in the alleviation of symptoms associated with reaction to trauma, such as sleep initiation, disturbed sleep, flashbacks, and anger out-bursts (Brown & Gerbarg, 2005). The neurotransmitters Dopamine and GABA, as well as brain structures such as the amygdala and the hippocampus, in combination with the limbic system and the immune system, are biological components that are associated with reactions to trauma (Koenigs et al., 2008;

Streeter, 2007). Yoga has been shown to have an impact on these biological components of trauma in a way that promotes healthy functioning (Streeter, 2007). The activation of the hippocampus, amygdala and limbic system simultaneously with a yoga practice can be helpful in connecting the thoughts, the emotions, and the physical sensations of the trauma memory in a way that may allow them to be processed, or integrated, in a holistic manner. Yoga, meditation, and breath work can help clients to obtain a brain chemistry that promotes healthy physiological and psychological management of trauma (Vialatte, Bakardjian, Parsed, & Cichocki, 2009). By connecting the trauma memory with emotions and bodily sensations, yoga elicits a complete narrative of the traumatic event. This new experience of the event can now be integrated into the person's whole life experience in a way that is less overwhelming and more organized.

Significance of the Study

Yoga has been shown to be effective in decreasing symptoms of Posttraumatic Stress Disorder in immediate trauma intervention and has been shown to be effective with just one week of practice (Telles et al., 2010). Yoga has also been shown to be effective in reducing symptoms of depression, anxiety, substance abuse, and PTSD, which are commonly experienced in conjunction with posttraumatic stress disorder (Brown & Gerbarg, 2005; da Silva, Ravindran, & Ravindran, 2009; Forbes et al., 2008; Telles, Guar, & Balkrishna, 2009; Uebelacker et al., 2010a). The development of a yoga-based treatment program for veterans with PTSD will add to the range of treatment options and can provide opportunities for those with posttraumatic stress disorder to

develop a new understanding of their symptoms from a physiological and emotional lens, and then empower them with the tools and experience needed to self manage their treatment in the future.

The focus of this research is to develop a yoga program for veterans of the wars in Iraq and Afghanistan who have experienced trauma and are exhibiting symptoms related to PTSD. This research provides background on the physiological and emotional experiences of veterans who have been diagnosed with Posttraumatic Stress Disorder and a description of yoga techniques that incorporate physiological, emotional, and cognitive responses in ways that can be therapeutic for people with symptoms related to posttraumatic stress disorder. The development of Operation Yoga is intended to provide a guide for interventions that facilitate self-exploration using the body as a tool in accessing the mind. By enlisting physiological and psychological discomfort in a safe and supportive environment, clients can begin to engage their trauma in ways that can encourage the reduction of post trauma symptoms.

Joseph LePage (1993), the founder and director of Integrative Yoga Therapy (IYT) and a pioneer in yoga therapy training programs, published an article in The Journal of the International Association of Yoga Therapists (IAYT), where he offers a definition of Yoga Therapy:

> The traditional elements of yoga are the basis of this approach to Yoga Therapy—yoga postures (asanas), breathing (pranayama), deep relaxation (yoga nidra), and yoga psychology (Yoga Sutras of Panatela) (LePage, 1993). Yoga Therapy facilitates health and healing at the level of the body,

> balances at the level of the mind and emotions, and awakens us to the spiritual dimension of living. The Yoga Therapy process is one of awareness, acceptance, and adjustment. We first develop awareness of what exists in the body, mind, and spirit. We then develop a gentle, loving acceptance of all that we are, and in the unfolding of the natural healing process we move toward great clarity and balance. The role of the yoga therapist is to facilitate individuals and groups in the process of healing, balancing, and awakening the whole person to a full and joyful presence, understanding, and compassion that we have developed throughout our own process of transformation (p. 12).

Within the practice of yoga, health is found in the process of moving toward unity and the unobstructed flow of prana, the basic life force in the body. "Dis-ease" comes from a perception of separateness (LePage, 1993). The consequence of feeling ourselves as separate creates fear and a need to control the world around us. The process of moving from illness to health is a process of integration of the body, mind, and spirit with the yoga therapist as a guide/mentor (LePage, 1993). Fear is a natural part of the fight or flight response in animals, but it takes on a new meaning in humans, as our fears are understood and experienced by the mind as well as by biological instincts. The result of the fight or flight response becomes habitual and creates chronic stress and anxiety; there is a fear even when there is no longer something present to be fearful of. In the case of combat PTSD, when the combatant has gone home, the battlefield is in their minds, but their body is responding as if their life were still in danger. Though this is a mind-body

phenomenon that everyone experiences, in someone with PTSD the fear response is extreme, prolonged, includes vivid flashbacks, and significantly interferes with the person's day to day functioning.

Assumptions of the Study

The overarching assumption of Operation Yoga is that the mind can be accessed through the body. While many studies and theories exist that postulate a correlation between the body and the mind in experiencing and processing traumatic memories, the connection is not something that can be conclusively proven. The theory that the body can hold memories has also been postulated, but any "proof" of the body holding memories remains elusive, as the types of studies that can be conducted on the topic can only draw correlations. Operation Yoga also works under the assumption that re-experiencing a traumatic memory on an emotional, physical, and thoughtful level will be helpful in processing and working through the traumatic experience. It is possible that the "whole person experiencing the trauma" could be overwhelming, disorganizing, and confusing for the individual. Another assumption of Operation Yoga is that military members will be willing to participate in a yoga program, as yoga holds a social stigma that may preclude veterans from participating.

Limitations of the Study

Operation Yoga has a unique position that makes research and development difficult in that it draws from many theories and therapeutic techniques that have

individually been found to be effective in reducing the symptoms of PTSD, but have little research on the effectiveness of the combination of the techniques. Specifically, physical movement, meditation, breath work, and talk therapies have all been correlated with PTSD symptom reduction, but the combination of all the techniques have limited research. This also presents a problem in consulting with professionals. It will be difficult to find a clinical psychologist to consult with, who is also a veteran, and has experience in using a yoga practice with veterans of the Iraq and Afghanistan wars. Instead, professionals in the individual fields of psychology, yoga, and the military will be consulted and their information will be consolidated to inform the development of Operation Yoga.

Research Questions

The specific research questions for this study are:

1) How do current psychological treatments for combat PTSD address the needs of veterans in terms of increasing access to mental health care, reducing stigma around PTSD and provide a holistic response to trauma?
2) How can the body, breath and meditation be used as tools in the therapeutic processing of traumatic memories with a veteran population?
3) How can yoga be optimally utilized with veterans of the Iraq and Afghanistan wars who are experiencing symptoms of PTSD?

Chapter 2: Literature Review

The Wars in Iraq and Afghanistan

As the U.S. armed forces enter the twelfth year of Operation Enduring Freedom (OEF) and as soldiers begin to return home form Operation Iraqi Freedom (OIF), which lasted for nine years, many soldiers are returning with symptoms of Post-traumatic Stress Disorder (PTSD). PTSD is connected to an event that involves life endangerment, death, or serious injury or a threat that is accompanied by feelings of intense fear, horror, or helplessness. In a military context, such traumas include combat experience, peacekeeping operations, violent personal assaults, hostage experience, terrorist attacks, torture, and prisoner of war experiences (Dhladhla & van Dyk, 2009). For many people with combat PTSD, the symptoms contribute to difficulties in parenting, conflict in relationships at home and in the workplace, interfere with effective work performance, and contribute to absenteeism and accidents at the workplace (Gewirtz et al., 2010; Mies et al., 2010).

Roughly 2,413,000 young Americans have served in the Iraq or Afghanistan war thus far. More than 600,000 of them may be struggling with PTSD and major depression. The Department of Veterans Affairs (VA) has formally diagnosed 207,161 Iraq and Afghanistan war veterans with PTSD. Experts believe many more are affected because of shortcomings and defects in screening and diagnosis (Wood, 2011). A recent study by the RAND Corp., a Pentagon-funded think tank, and the VA National Center for PTSD estimated that 14%, or about 337,820, of post-9/11 veterans suffer from headaches, sleeplessness, irritability, depression, rage, and other symptoms of PTSD, irrespective of

formal diagnosis. An additional 14% suffer from major depression. These reports demonstrate that hundreds of thousands of individuals returning from Iraq and Afghanistan experience post-traumatic stress symptoms to varying degrees. It is important to consider that exposure to combat was significantly greater among those who were deployed to Iraq than among those deployed to Afghanistan (Hoge et al., 2004).

As such, there is a higher instance of anxiety and depression among those who have been deployed to Iraq (Hoge et al., 2004). Between 2004 and 2007, the number of newly diagnosed cases of this disorder in the Army increased from 2,931 to 10,137, and the percentage of suicide deaths among soldiers diagnosed with the condition grew from 4.6% in 2005 to 14.1% in 2009 (Kuehn, 2010). In a survey of 18,305 soldiers, researchers from Walter Reed Army Institute of Research and other Army research institutions found that rates of depression and PTSD were higher 12 months after returning home than they were after three months of being home (Kuehn, 2010).

While the numbers of individuals demonstrating symptoms of PTSD may seem high, it is reasonable to expect that multiple deployments, numerous traumas, and the long periods of sustained threat would increase the risk of developing PTSD. It would also be reasonable to postulate that the actual incidence of PTSD is much higher than is being reported, due to a reluctance to admit suffering and low help seeking behaviors found in the veteran population (Kuehn, 2010). Given that troops are more frequently exposed to potential trauma in war time, it is reasonable to anticipate a higher frequency of a PTSD diagnosis. In addition to a higher incidence of PTSD in the armed forces, there has recently been a spike in the number of soldiers committing suicide. There is a strong

and credible indication that suicide is evolving into an epidemic among military service members (Melamed, 2011; Mulrine, 2012). The large number of soldiers returning from war who require mental health services raises public health concerns that may overwhelm the capacities of the Department of Defense and Department of Veterans Affairs (VA) healthcare systems (Tuerk et al., 2009). While efficacious cognitive behavioral interventions for PTSD have been developed, it is important to explore alternative methods for treating PTSD to add to the range of treatment options and availability. The challenges that present when trying to meet the mental health needs of OIF/OEF personnel also provide opportunities to develop our understanding of PTSD and continue to improve our methods of engagement and treatment of this disorder.

In a growing number of cases, the effects of having experienced combat results in suicide. Kuehn (2010) has found that since 2008, the rate of suicide in Army personnel, about 20 per 10,000, has exceeded that of the general population's, about 19 per 10,000. Despite ongoing Army efforts to curb these deaths, the suicide rate continued to climb in 2009. The suicide rate among active-duty soldiers hit an all-time high in 2011; and there were 164 suicides among active-duty, Army, National Guard, and Reserve troops in 2011, compared with 159 in 2010 and 162 in 2009 (Mulrine, 2012). In addition, when suicides and such unintentional deaths as those from an inadvertent overdose or a car crash are combined, they now exceed the number of combat deaths (Kuehn, 2010). Psychiatric conditions such as PTSD, brain injury, and substance abuse are contributing factors to this growing epidemic of suicides in the Army, along with a complex interaction of war-zone traumatic events, war-zone injury, sleep deprivation,

physiological manifestations of extreme physical stress, medications, and substance abuse. It is important to examine the potential role of increase in prescribed psychiatric medications and painkillers to treat symptoms of PTSD, depression, anxiety, and brain injury. The Selective Serotonin Reuptake Inhibitors (SSRI) that are often prescribed for such conditions have been shown to increase suicidal thoughts or behaviors in individuals who are part of the 18-to 29-year-old demographic, which makes up a large portion of the army. The fact that the population of soldiers that SSRIs are being prescribed for, despite the overlap in life threatening side effects, is troubling and further underscores the need for an alternative and effective treatment approach.

To understand the experience of war and the reactions to trauma, it may be helpful to better understand the demographics of our armed forces. In the Heritage Foundation's annual report, a picture of who makes up our active duty military is painted. Watkins and Sherk (2008) indicates that soldiers come from primarily middle and upper-middle-class backgrounds. The data collected on income background comes from the parental household of the soldier, as the majority of active duty soldiers are recruited out of high school or college and do not have an income to report. What the report fails to account for is family size. While every income category above $40,000 per year is overrepresented in the active-duty enlisted force and every income category below $40,000 a year is underrepresented, the size of the family would greatly impact lifestyle. A person growing up in a household as an only child will experience an income of $40,000 per year very differently versus a person with four siblings. Though, the fact remains that U.S. military enlistees disproportionately come from upper-middle-class

families, enlisted troops were significantly more likely to have a high school education than their civilian peers. In 2007, only 1.4 percent of enlisted recruits had not graduated from high school or completed a high school equivalency degree, compared to 20.8 percent of civilian men ages 18 to 24. Most enlisted recruits do not have a college degree because they enlist before they would attend college. Enlisted troops are somewhat more likely to be white or black than their non-military peers. Caucasians are proportionately represented in the officer corps, and African Americans are overrepresented, but their rate of overrepresentation has declined each year from 2004 to 2007. American Indians and Alaskans are overrepresented with less than one percent of males ages 18 to 24 characterizing themselves as American Indian or Alaskan. Yet this group accounted for 2.16 percent of new enlisted recruits in 2006 and 1.96 percent in 2007. Hispanics are largely underrepresented among new recruits, with troop-to-population ratios of 0.64 in 2006 and 0.65 in 2007. New recruits are also disproportionately likely to come from the south, which is in line with the history of southern military tradition. Taking into consideration the impact that income, ethnicity and cultural background has on a soldier's experience of war and trauma further highlights the deeply nuanced experience of PTSD and a need for a diverse array of treatment options.

Post-Traumatic Stress Disorder

PTSD can develop after a person has experienced, witnessed, or is confronted with an unusually traumatic event that involves actual or threatened death or serious physical injury to the person or to others, and there are feelings of intense fear, horror, or

helplessness (DSM IV). Potentially traumatic events include natural disasters, sexual assault, sexual and physical abuse, torture, being taken hostage, loss of loved ones, traffic accidents, home invasions, and terrorist attacks. The traumatic experience can be a unique event or an event that is repeated many times or over an extended period of time. Not everyone who experiences trauma develops PTSD. The diagnosis of PTSD is found in the individual's reaction to the traumatic event. These include reliving the event, avoidance/numbing to the trauma, and hyperarousal (DSM IV). Reliving the event can be characterized by intrusive and distressing recollections, repeated and distressing dreams, flashbacks, hallucinations, or illusions. There is marked distress in reaction to internal or external cues that symbolize or resemble the event and physiological reactivity in response to these cues. Avoidance can be understood as trying to avoid thoughts, feelings or conversations concerned with the event, avoiding activities, people or places that recall the event, inability to recall an important feature of the event, loss of interest or participation in activities important to the patient, feeling detached or isolated from people and emotions. Hyperarousal refers to insomnia, irritability, poor concentration, hypervigilance and increased startle response.

Friedman, Resick, Bryant, and Brewin (2011) conducted research into the current diagnostic criteria for PTSD and examined new information about the experience of trauma and the development of reactions to trauma to inform their proposed changes to the current diagnostic criteria for PTSD in the DSM-V. When incorporating the proposed changes, PTSD may develop following exposure to death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, by experiencing the

event(s) him/herself, witnessing the event(s) as they occurred to others, learning that the event(s) occurred to a close relative or close friend or experiencing repeated or extreme exposure to aversive details of the event(s) (e.g., first responders collecting body parts; police officers repeatedly exposed to details of child abuse). The "experiencing repeated or extreme exposure to aversive details of the event(s)" may be of particular help when diagnosing PTSD in an army veteran population. The DSM-IV requires that in addition to the traumatic event, the individual must also experience an intense subjective reaction characterized as ''fear, helplessness, or horror.'' Friedman et al. propose that this criterion be omitted completely from the DSM-V, as the presence of intense fear, helplessness or horror have not been found to be predictive of the development of PTSD and therefore have no utility in the criteria for the diagnosis of PTSD. The current DSM-IV recognizes three clusters of symptoms that make up a PTSD diagnosis: intrusion, avoidance, and hyperarousal. Friedman et al. (2011) propose the addition of a cluster of symptoms that address the negative alterations in cognitions and mood that are associated with the traumatic event(s). The symptoms within the proposed cluster include an inability to remember an important aspect of the traumatic event(s): persistent and exaggerated negative expectations about one's self, others, or the world (e.g., "I am bad," "no one can be trusted," "I've lost my soul forever," "my whole nervous system is permanently ruined," "the world is completely dangerous"); persistent distorted blame of self or others about the cause or consequences of the traumatic event(s); pervasive negative emotional state—for example: fear, horror, anger, guilt, or shame; markedly diminished interest or participation in significant activities; feeling of detachment or

estrangement from others; and persistent inability to experience positive emotions (e.g., unable to have loving feelings, psychic numbing) (Friedman et al., 2011).

Bessel van der Kolk, a highly respected leader in research and practice of trauma sensitive yoga therapy, along with colleagues explain the diagnosis created by the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) as "enduring personality changes after catastrophic stress," which reflects the growing understanding that the experience of prolonged and/or severe trauma can lead to complex clinical pictures that include disturbances of regulation of affective arousal, an impaired capacity for cognitive integration of experience (as in dissociation), and in impairment in the capacity to differentiate relevant from irrelevant information, such as occurs in the misinterpretation of somatic sensations (1996). However, the DSM IV is lacking in making this connection. The symptoms of dissociation, somatization, and affect disregulation are all listed in the DSM IV under Associated Features of PTSD rather than being considered symptoms that fall under the core experience that would qualify a PTSD diagnosis. A failure to recognize symptoms of dissociation, somatization, and affect disregulation can mean missing a diagnosis of PTSD; consequently, the person could miss valuable treatment and continue to suffer. The inability to regulate emotional reactions to reminders of trauma may allow dissociated memories to persist, which fuel reactions that are automatic and excessive (van der Kolk et al., 1996).

A new understanding has emerged that one part of the symptomatiology of PTSD is that memories can be dissociated or externalized as no longer a part of the self. It is important to consider that as long as these memories remain dissociated, they are prone to

continue to intrude as terrifying perceptions, obsessional preoccupations, and as somatic complaints (van der Kolk et al., 1996). It is also possible that the dissociative nature of processing truma can lead to developing two or more separate, dissociated streams of consciousness, each with a spectrum of mental contents such as memories, sensations, volitions and affects (Ogden et al., 2006). This provides a new way of conceiving PTSD that runs counter to a popular western notion that human consciousness always is a single, unbroken, and unitary entity.

For people with PTSD, this diagnosis may not adequately describe the full extent of their suffering. The occurrence of pure PTSD is the exception rather than the rule: Many of the people who respond to a trauma with persistent intrusive and avoidant symptoms also develop a complex set of other, interrelated problems (van der Kolk et al., 1996) such as uncontrolable rage (Rumyantseva & Stepanov, 2011), chronic pain (Beck & Clapp, 2011), substance abuse (Shaw & Hector, 2010) depression and anxiety (Briere & Spinazzola, 2005). Much of the psychological community's understanding of trauma in general, and PTSD in particular, comes from studies of soldiers during and after wartime. At the end of World War II, five separate but interrelated categories of combat stress reactions were described: generalized anxiety states, phobic states, conversion states, psychosomatic reactions, and depressive states (van der Kolk et al., 1996). Somatization is marked by an inability to identify the emotional valence of physiological states and Dissociative Disorder is defined as "...a disturbance or alteration in the normally integrative functions of identity, memory, or consciousness" (p. 34). There exists a close association between somatization and dissociation, and between

somatization and PTSD (Ogden et al., 2006). People who suffer from PTSD may suffer from problems with affect regulation, such as modulating anger, chronic self-destructive and suicidal behaviors, difficulty modulating sexual involvement, and impulsive and risk-taking behaviors (Ogden et al., 2006). These associated features of PTSD tend not to occur in isolation, but are often, but not invariably, found together in the same individuals and are mediated by the type and intensity of the traumatic experience (van der Kolk et al., 1996).

The combination of chronic dissociation, physical problems for which no medical cause can be found, and a lack of adequate self-regulatory processes is likely to have a profound impact on personality development as reflected by disturbances of the sense of self, (such as a sense of separateness and disturbances of body image, a view of oneself as helpless, damaged and ineffective, and in difficulties with trust, intimacy, and self-assertion) (van der Kolk et al., 1996). The influence of trauma can have a domino effect that can cascade through one's thoughts, emotions, interpetations and experiences that are directly, peripherally and possibly not at all connected to the trauma itself. The effects of trauma can "spill" over into areas of life that may seem to be completely unrelated. Understanding PTSD under this new light may be particularly relevant in regards to clients with a history of experiencing trauma, who have been shown to have poorer prognoses than clients without prior experience with trauma (Ogden & Minton, 2000). In patients with histories of trauma, the array of psychiatric symptoms captured in PTSD, including dissociation, somatization and problems with regulation of affective states aught not to constitute separate "double diagnoses," but represent the complex somatic,

cognitive, affective, and behavioral effects of psychological trauma (Beck & Clapp, 2011). The concept of co-morbidity does not capture the complexity of adaptations to traumatic life experiences: complex biological as well as psychodynamic relations,cannot be captured in simple listings of symptoms (van der Kolk et al., 1996). Rather, a full descriptive account of the individual's reaction to and understanding of the experience event and how they assigned meaning to the event is what is needed to fully understand the complexity that is the individual's meaning making of the trauma. This descriptive account should take into consideration the particular life circumstances and background, that accounts for a full bodily, spiritual, relational, emotional, and cognitive experience of the event. The context in which the trauma is experienced can have an effect on the person's meaning making of the experience. One can imagine that the trauma experienced by a woman during a sexual assault would be different than the trauma experienced fighting in a warzone.

Combat PTSD

The trauma that is experienced in combat often does not come from one experience, but rather many experiences over the course of one deployment and in many cases, over multiple deployments (Silver et al., 2008). The traumatic events that often precipitate PTSD in a military context include: the fear of being killed or wounded, the threat of being captured, tortured, and humiliated; they closely experienced the deaths of comrades (Rumyantseva & Stepanov, 2011). A survey of active duty service members reveals that 87% experienced receiving hostile incoming fire from small arms, artillery, rockets,

mortars, 60% were in a vehicle that was under fire, 60% personally witnessed someone from their unit or an ally unit being seriously wounded, 53% were attacked by terrorists or civilians, 87% saw civilians after they had been severely wounded or disfigured, 80% saw Americans or allies after they had been severely wounded or disfigured in combat, 75% saw the bodies of dead civilians, allies, and other service members (Cigrang et al., 2011).

The response to these traumatic experiences can cultivate a state of constant alertness, altered perceptions of the environment, and readiness for immediate responses to threats. Though these responses can be mediated by the fighting spirit of a military unit and comradeship, the psychological and emotional reactions to these experiences can resurface weeks, months, even years after the event. In a study by Rumyantseva and Stepanov (2011) of 30 military personnel who were interviewed 7-8 years after their military engagement, respondents indicated that it took five to six months to develop the full range of symptoms, which included experiencing increased arousal to common stimuli (sirens, horns), irritability, excessive volubility, and intermittently inappropriate perception of the environment, mental dullness, isolation, difficulty falling asleep, frequent waking during the night. In some cases, the initial stages of stress reactions involved the development of autonomic dysfunctions with arterial hypertension and tension headaches. Combatants reported experiencing motor symptoms, accompanied by fear affects, followed by anger or uncontrollable rage. Some combatants reported the impression of “going blind,” while others reported “the world stopping” or “loss of reality.” Military respondents indicated that up to five to six years after the traumatic

events, occasional (1–2 per month) episodes of “re-experiencing” were common. The re-experiencing induced minor or moderate levels of distress and occurred in situations clearly serving as reminders of the event (Rumyantseva & Stepanov, 2011).

In addition to the psychological and emotional toll that war takes, there is a physical component. The event that can cause emotional trauma can also carry with it physical trauma. Comorbid pain, PTSD, and TBI are commonly observed in military personnel returning from deployments in Iraq and Afghanistan (Walker et al., 2010). The causal direction between PTSD and persistent pain, and therefore the underlying mechanisms that drive this association, are unknown. There is debate in the literature about whether the psychological distress of PTSD fuels or amplifies physical feelings of pain or if physical pain promotes symptoms of PTSD (Beck & Clapp, 2011). There is some evidence to suggest that arousal and fear, along with other behavioral factors, may play a key role in the onset of PTSD and the evolution and maintenance of chronic pain (Walker et al., 2010). The experience of trauma may create increased activity in the central and autonomic nervous systems and musculoskeletal system (Melamed, 2011). It is possible that the symptoms of hyperarousal facilitate, maintain, and exacerbate pain that can develop into chronic pain. The Gate Control Theory (GCI) proposes that pain associated with noxious stimulation transmitted peripherally to the central nervous system and the cognitive and emotional experiences taking place in the brain transmit signals from the brain down to hypothetical spinal gates (Melamed, 2011). Psychological processes such as fear, pain, and depression are theorized to open the gate allowing

greater noxious stimulation to reach the brain where the information is interpreted as pain (Melamed, 2011).

One important aspect of refining our understanding of combat-related PTSD may be to consider how combat specific duties and experiences affect symptom presentation. Clinical observations suggest that compulsive checking as a safety behavior while on duty may be a frequent component of OIF/OEF-related PTSD symptom presentation. Between 25% and 30% of OIF/OEF veterans diagnosed with PTSD who present to Veterans Assistance Medical Centers engage in compulsive checking (Tuerk et al., 2009). These healthy checking behaviors while in theater can translate into paranoia after experiencing a trauma. Veterans with PTSD may also be at increased risk for developing delusions in addition to PTSD. Clinical observation by Campbell and Morrison (2007) indicates that appraisals of trauma and psychotic symptoms were associated with predisposition to delusional beliefs or distress in relation to them. It was the appraisals of trauma, and not the severity of combat experience, that predicted the development of delusional beliefs. Those veterans who held more negative beliefs about themselves and the world as a result of their combat experiences, or were more concerned about the battle situation, were more likely to hold delusional beliefs (Campbell & Morrison, 2007).

Impact of PTSD on Significant Relationships

When considering the effect and experience of PTSD symptoms in a military context, it is important not to lose sight of the impact PTSD has on the families of our service members. Many of the partners of our service members are left to care for their

children for months at a time, address children's school and conduct problems, cope with multiple moves, sometimes for multiple tours of duty with minimal support from the military. The absence of their partner through these difficult times can induce feelings of loneliness and uncertainty. When their partners return from war with PTSD they lose a significant part of their partner. Research by Mies et al. (2010) has found that more than 75% of returning soldiers referred for VA behavioral health evaluations endorsed difficulties in their romantic relationships or with their children, and greater than 50% endorsed mild to moderate intimate partner violence. Among OEF/OIF deployed soldiers, preliminary research ties severity of PTSD symptoms to relationship difficulties, echoing research among previous generations of combat veterans. However, PTSD symptom severity, not relationship adjustment, uniquely predicts greater odds of utilizing individual-oriented mental health services. In fact, supportive intimate relationships facilitate mental health treatment utilization for soldiers with PTSD symptoms. In some cases, the marital distress is significant enough to warrant family-oriented care. Considering the ramifications that PTSD can have on the relationship with a romantic partner further highlights the far-reaching effects of a trauma experience and the need for a treatment model that can integrate a range of emotions, thoughts and behaviors into a coherent and organized narrative.

Neuroscience of Trauma

It is through our memories that the past has influence over the present. When examining the neuroscience of trauma it is important to remember that the way the brain

“experiences” the trauma influences how the memory is encoded in the brain to later become a memory, a flashback, or a night terror. In the brain, experience means neural firing (Siegel, 2010). When we have an “experience” clusters of neurons become excited and send electrical signals. This neural firing causes gene activation and protein production that goes on to create new synapses, strengthen existing ones, alter the packets of neurotransmitters that are released or the receptors that receive their messages, and even stimulate the growth of new neurons (Siegel, 2010). The more these neurons fire together, the thicker the myelin sheath around the connecting fibers becomes. This, in turn, increases the speed of electrical transmission and increases the odds that the neurons will fire together in the future. The cue for the retrieval of a memory can be internal (increased heart rate, hunger, sleeplessness) or external (heat, loud noises, smells). The mind is constantly on the look out for cues, as they influence likelihood of survival, and the mind continually prepares itself for the future based on events from the past (Ogden & Minton, 2000). As the cues are remembered for being connected with specific stimuli, the brain creates a memory for that specific cue/stimuli combination to prepare for future events.

There are two types of memories that the brain uses to prepare for and interpret the present and future events: implicit and explicit. Implicit memories encode perceptions, emotions, bodily sensations and behavior, whereas explicit memories encode specific episodes or pieces of information. Explicit memories are what most people think of when they think of a memory; encountering the roadside checkpoint, coming under enemy fire, holding your friend and fellow soldiers as they die. Implicit memories are the

memory of how it felt emotionally and physically while at the roadside checkpoint, encountering enemy fire, and watching a friend die. The brain summarizes and combines similar events into one prototypical representation, which can then be used to generalize from experience. This "priming" is how the brain readies itself to respond to certain cues in a certain fashion (Doidge, 2007). It is important to note that implicit memories can be encoded and recalled without conscious awareness of the process (Siegel, 2010).

The hippocampus is the area of the brain that helps to assemble the implicit and explicit components of a memory. The left side processes facts while the rights processes self-related episodic memory (Sadock & Sadock, 2007). The hippocampus works closely with the amygdala to couple the details of an experience with the emotional tone and meaning of the event. When under very high emotional stress, such as intense fear or anger, it is hypothesized that the excessive stress hormones released in a state of intense emotion may disrupt hippocampal integration (Ogden et al., 2006). Additionally, during times of intense reactions, the amygdala releases adrenaline, which can fuse implicit memories with traces of the original traumatic experience (Siegel, 2010). For example, the intense fear experienced while falling under enemy fire causes that explicit memory to be encoded as an implicit memory, seared with the perceptual details of the behavioral reactions and any bodily sensations of pain that were suffered.

During a flashback the perceptions, emotions, bodily sensations, and behaviors of a past time are fully in awareness, and do not feel as though they are coming from the past (Ogden & Minton, 2000). In other words, the past is felt as though it is happening in the present. Because the hippocampus had been blocked there was no explicit memory of

the event encoded, the fragments of the experience remain as free floating implicit memories. Implicit-only memories could be at the root of many of the symptoms of PTSD: the hyperarousal symptoms and explosive emotions; numbing, disconnections of bodily sensations, and feeling of being "unreal"; various forms of re-experiencing the original trauma, including flashbacks and recurrent, distressing fragmentary recollections of the event while awake (Siegel, 2010). Our mind can modify neural firing patterns to create what we need. When in an overwhelmingly terrifying or hopeless situation the mind may work to block the experience, to block the memory. One way the mind uses the brain to block something from awareness is by dampening the neural passage of energy and information from the subcortical regions upward to the cortex, especially to the parts of the prefrontal region that mediate awareness (Siegel, 2010). When we try to block our awareness of feelings, they continue to affect us anyway. Research has shown that even without conscious awareness, neural input from the internal world of body and emotion influences our reasoning, decision making, even changes in heart rhythm, how we feel, and how we perceive the world (Ogden & Minton, 2000). Positron emission tomography (PET) studies have shown that, as people are exposed to reminders of their trauma, there is unilateral increased activity in the areas in the right hemisphere involved in emotional arousal, as well as in the right visual association cortex, while in the left hemisphere there is concomitant diminished activation of Broca's Area, suggesting a decreased capacity to put the experience into communicable language. These are the first glimpses into how such brain studies can elucidate the relationships between trauma, dissociation, somatization and affective dysregulation (Panskepp, 1998).

Prominent neurobiological models of PTSD focus on the interaction between the amygdala, which plays a dominant role in in fear and anxiety, the vmPFC which projects directly to the amygdala and is thought to provide inhibitory input that regulates emotion, and the hippocampus, which has a well documented role in episodic memory (Koenigs et al., 2008). One study by Koenigs et al. (2008) demonstrates that veterans of the Vietnam War who incurred a brain injury to the vmPFC had significantly fewer reported instances of PTSD (18%) than did the Vietnam veterans who did not incur a brain injury (48%) and those who did incur a non-vmPFC/non-amygdala (40%) brain injury. Most surprisingly is that those who incurred a brain injury to the amygdala reported zero cases of PTSD. Further investigation also indicates that damage to the vmPFC or amygdala does not selectively diminish the frequency or intensity of individual categories of PTSD symptoms, but reduces the frequency and intensity of symptoms in all three categories to a similar extent, with amygdala damage conferring a greater overall reduction in symptom frequency and intensity than vmPFC damage (Koenigs et al., 2008).

Stigma of PTSD and Help Seeking in the Veteran Population

Despite the high prevalence and disabling effects of mental health conditions, many soldiers and veterans never seek help. A survey of 10,386 soldiers found that only 27% of National Guard soldiers and 13% of the active-duty Army soldiers with mental health problems had sought mental health care at 12 months after returning from deployment (Kuehn, 2010). Both groups report that stigma continues to be the main barrier to seeking care (Kuehn, 2010). It has also been shown that soldiers experiencing

psychological symptoms are more likely to report stigma and barriers to care (Britt et al., 2008).

In a study by Ouimette et al. (2011) exploring institutional and stigma-related barriers to seeking psychologcial serivices in from VA programs, Vietnam and Iraq/Afghanistan veterans cited several reasons for not seeking spychologcial services. The most salient barriers to care reported were those characterized as stigma-related, specifically discomfort with help seeking and concerns about social consequences. In addition, being a veteran of OEF/OIF and being of the younger generation of soldiers was associated with greater perceptions of not fitting into the VA and therefore not seeking help from the VA. Also, being married and being a female was associated with greater discomfort with help seeking and greater concern about negative social consequences. Interestingly, PTSD symptoms were associated with more self-reported barriers, even when controlling for the effects of depression symptoms, suggesting a unique association between PTSD symptoms and perceived barriers. Severity of PTSD symptoms was uniquely associated with concern over staff skill and sensitivity, logistic barriers, discomfort with health seeking, concerns about social consequences. Those with the highest levels of symptoms may perceive the most barriers to care, underscoring the importance of recognizing and understanding the impact that psychopathology (in this case, PTSD) may have on one's experiences and perceptions with seeking mental health care (Ouimette et al., 2011).

One way the stigma of mental health in the armed forces is being taken into consideration is in screening. Many of the PTSD, depression, and anxiety screenings take

place in a general medical environment because many avoid mental health treatments due to stigmatization (Melamed, 2011). The use of primary care settings for screening service members has many advantages for delivery of care to active-duty military members experiencing PTSD. Members of the military are screened for PTSD in primary care using post deployment health questionnaires, which increases the likelihood that symptomatic individuals will be identified and assessed (Britt et al., 2008). It is possible that due to the association of PTSD with physical health complaints and sick call visits, primary care populations demonstrate a higher prevalence of PTSD than the general population. One intervention that is often employed in a primary care setting is the Primary Care Behavioral Health model. In a PCBH model, psychologists are embedded in the primary care setting and serve as behavioral health consultants (BHC) to the medical providers; the BHC is fast paced and time limited, providing brief, focused assessments and interventions for patients referred by their primary care provider (Ouimette et al., 2011). In this setting treatment options are limited to prescibing antidepressant medications, brief counseling, and referral to specialty mental health care (Ouimette et al., 2011). Having mental health professionals in primary care settings is a great place to start. They provide access to a population that is struggeling with symptoms of PTSD who may not otherwise seek treatment, but more must be done to ensure that these veterans are receiving the mental health care they need.

Access to Mental Health Care in the Military

Many veterans seem to have found themselves disillusioned by the VA system and have begun to look for mental health treatment elsewhere in the private sector. An examination of mental health treatment intensity reveals that of nearly 50,000 OEF and OIF veterans with newly diagnosed PTSD only about one third received treatment from a VA PTSD mental health subspecialty clinic and less than 10% approximated recommended PTSD treatment by attending nine or more VA mental health treatment sessions in 15 weeks or less in the first year of PTSD diagnosis. This number is much higher than Vietnam-era veterans, indicating that OEF and OIF veterans are more likely to seek mental health treatment, but may not be satisfied with the treatment they are receiving from the VA.

While Specialized PTSD treatment programs have existed in VHA for almost 30 years, stigma and other factors have discouraged soldiers from utilizing these services. With the recent initiatives to reduce the stigma of seeking mental health services, and to meet the growing needs of the men and women returning from the wars in Iraq and Afghanistan, the mental health services that are provided by the Department of Veterans Health Administration (VHA) have undergone an unprecedented expansion in the past few years. In a study by Bernardy, Hamblen, Friedman, Rusk, and McFall (2011) approximately 540,000 soldiers returning from the conflicts in Afghanistan and Iraq have obtained VHA health care, and rates of Vietnam-era veterans in mental health treatment have doubled in the last 10 years. Bernardy et al. (2011) explains the President's New Freedom Commission on Mental Health issued a comprehensive Mental Health Strategic

Plan that initiated a bold transformation in the delivery of VHA mental health care that would ensure equal access and reduce the variability in care offered to the growing numbers of veterans from the Afghanistan and Iraq wars. The plan presents a recovery rather than pathology approach to mental health care and integrates mental health services into the overall health care for veterans. Army mental health services will be helped by the major increases in funding for VHA mental health programs that has been outlined in the Strategic Plan. More than 6,000 new mental health providers have been hired nationally since 2004, more than 350 providers have been hired specifically for the PTSD Clinical Teams (PCTs) that offer PTSD specialty care, and the number of PTSD clinics has continued to grow. This growth is occurring despite a general reorganization of clinics where PTSD specialty care is becoming increasingly a part of general ambulatory care. New substance abuse specialists have been integrated with the PTSD specialty programs to treat the common co-occurring disorders. In addition, the army has created programs specifically aimed for veterans of Afghanistan and Iraq to address sexual trauma that occurred in the military, and to add tracks designed to address women's health issues, to serve this growing group of returning veterans (Bernardy et al., 2011).

Bernardy et al. (2011) explain that to create the systemic changes needed for PTSD Clinical Teams to meet the plan's requirements and the increasing numbers of returning veterans, the VA Office of Mental Health Services (OMHS), a branch of VHA leadership, in a significant top-down approach, began to extensively invest in the training of PTSD clinicians in evidence-based cognitive–behavioral psychotherapies for PTSD

(Bernardy et al., 2011). In 2006 and 2007 respectively, clinicians were trained in cognitive processing therapy (CPT) and prolonged exposure (PE) therapy. However, difficulties in maintaining efficient clinic management that facilitates the delivery of effective practices became very difficult in a system as large and complex as the VHA mental health care system. These administrative challenges prevented successful implementation of the evidence-based treatments in some PTSD clinics. Limited resources forced clinicians to determine which veterans should be offered individual CPT or PE and which should remain in traditional support groups. The switch from group to individual treatment was unsuccessful, with fewer veterans being seen each week in the PTSD clinics. Also, clinicians were unable to get workload credit for 90-min sessions (required for PE) in a system designed for 60-min treatment sessions (Bernardy et al., 2011).

Current Military Treatments for Veterans

The armed forces are currently wading through theories of trauma that are applied to nonmilitary populations to assess their application in the conceptualization and treatment of combat PTSD (Melamed, 2011). Programs such as Operational Stress Control and Readiness (OSCAR) in the Navy and Re-Engineering Systems of Primary Care Treatment (RESPECT) have been initiated to serve those with depression and PTSD specifically (Melamed, 2011). Many of the treatment approaches for veterans with PTSD can be done quickly and are more cost effective when using telehealth applications. Telehealth applications employ technology that allows providers to have contact with

rural populations and veterans who have been injured, have difficulty with transportation or are located far from military treatment facilities (Melamed, 2011).

RESPECT-Mil uses the Three Component Model (3CM) of care, featuring the coordination of Primary Care Providers, Care Facilitators, and Behavioral Health Specialists in the unique service of Soldiers with behavioral health needs (Engel et al., 2008). RESPECT-Mil creates a primary care practice prepared to systematically provide PTSD care, a care facilitator who provides patient support, usually by telephone, and a supportive mental health professional who formally supervises the care facilitator weekly and is available to provide informal advice to the primary care clinician and care facilitator at any time by telephone or email. The training program emphasizes careful suicide risk assessment, close patient follow-up with adjustment of the management plan when needed, and support for patients to take active self-management steps. Care facilitators call patients within one week after initiating treatment and monthly thereafter to answer patient questions, monitor symptoms, and encourage adherence. A psychiatrist meets weekly with the care facilitator to review patient progress and to identify any potential modifications in management that might enhance treatment response. Suggested modifications are conveyed to the primary care clinician by the care facilitator, at times supplemented by the mental health specialist (Engel et al., 2008).

When treating PTSD in clinical practice, cognitive behavioral therapy (CBT) is commonly utilized. There is strong evidence that CBT is the most efficacious treatment for posttraumatic stress disorder; meta-analyses indicate that about 56% of patients recover from PTSD after CBT (Bryant et al., 2008). A therapy that developed out of the

CBT tradition to address the needs of trauma survivors is Exposure Therapy. Prolonged Exposure (PE) therapy and Cognitive Processing Therapy (CPT) emerged from the past decade of clinical research as effective, first-line treatments for PTSD (Cigrang et al., 2011). The United States Department of Veterans Affairs National Center for PTSD describes PE as beginning with education about common trauma reactions and PTSD and the goals of the treatment. Soldiers are taught breathing techniques to aid in relaxation during the exposure practices. In vivo exposure includes practicing approaching situations that are safe but have been avoided because they are related to the trauma. Exposure practice helps trauma-related distress to lessen over time. Also, imaginal exposure, in which the trauma memory is discussed over and over with a therapist aids with increasing control of your thoughts and feelings about the trauma. Talking through the trauma helps you make sense of what happened and have fewer negative thoughts about the trauma. As clinicians gain a deeper understanding of the needs of our troops, Exposure Therapies can be tailored to meet their specific symptom presentations (Melamed, 2011). A pilot study from 2011 which utilized Prolonged Exposure and elements of Cognitive Processing Therapy for assisting active-duty military members with deployment-related posttraumatic stress disorder (PTSD), designed for use by psychologists working in an integrated primary care clinic, was able to significantly improve PTSD severity, depression, and global mental health functioning with half of their participants no longer meeting criteria for PTSD (Cigrang et al., 2011).

The United States Department of Veteans Affairs National Center for PTSD outline four components of Cognitive Processing Therapy (CPT). CPT begins with

education about the specific PTSD symptoms that are experienced. Second, a deeper awareness of thoughts and feelings is developed. In CPT, soldiers learn how to objectively pay attention to their thoughts about the trauma and the feelings that those thoughts may elicit. After becoming more aware of thoughts and feelings, soldiers learn how to challenge their thoughts to be able to decide how they want to think and feel about the trauma. Finally, soldiers learn about the common changes in beliefs about safety, trust, control, self-esteem, other people, and relationships that occur after experiencing trauma. Soldiers learn to find a healthy balance between the pre-trauma beliefs and the post-trauma beliefs. CPT would complement a Yoga Therapy practice and vice versa. Both treatment models emphasize a deep awareness of the thoughts and feelings that arise during trauma and the body's reaction to trauma. Yoga Therapy could provide an in vivo way of exploring the difficulties with safety, trust, control, self-esteem, other people, and relationships that occur after experiencing trauma in a way that CPT cannot: with the body.

Eye movement desensitization and reprocessing (EMDR) is an empirically supported treatment that has been identified by the 2004 Department of Veterans Affairs & Department of Defense Practice Guidelines, as an efficacious treatment for PTSD. Silver et al. (2008) explain the eight phases of EMDR, begin with history gathering. The earliest example of the presenting problem, the current triggers that elicit the problem in the present, and any blocks to effective functioning in the future are identified. The second phase is primarily an educative process designed to provide information on EMDR, as well as gain practice at tension reduction techniques that may be useful

between treatment sessions. The third phase assesses a particular experience and deliberately awakens it by having the client report on various aspects of the experience. The fourth phase is meant to desensitize by focusing on elements of the experience while alternating bilateral stimulation with eye movements, sounds, or physical taps. The desensitization phase continues until the client no longer reports any disturbance associated with the original targeted experience. The fifth phase consolidates the adoption of a desired, positive cognition. The new positive cognition is deliberately linked with the original experience and bilateral stimulations are provided with the intention of increasing the felt believability of the new positive thinking. The sixth phase is a body scan, in which focus is brought to the original trauma experience and the newly integrated positive cognition, while identifying any disturbing physical sensations. The seventh phase focuses on closure and ensuring the client is stable before leaving. The eighth and final phase assesses progress in treatment and seeks any newly emerging material and progress in resolving old experiences (Silver et al., 2008).

Despite the fact that service members site concerns about the side effects of medications as a barrier to seeking treatment (Ouimette et al., 2011) and prescription-drug abuse among troops continues to be a source of concern for Pentagon officials (Mulrine, 2012), pharmacotherapy is often used to address the symptoms of PTSD (Cigrang et al., 2011). The most popular class of drugs prescribed to decrease the symptoms of PTSD are selective serotonin reuptake inhibitors (SSRIs) (Davis, Frazier, Williford, & Newell, 2006), which work by increasing the amounts of serotonin, a natural substance in the brain that helps maintain mental balance. While short-term treatment

with medications is preferable, the often chronic nature of PTSD has many drug providers increasingly eager to know how to manage the disorder for the long-term (Davis et al., 2006). This means depending on medications for symptom relief for years, without having treated the underlying causes.

Along with the benefits of pharmacotherapy come the burdens in the form of negative side effects. Sertraline (Zoloft) is one such drug that is being studied for its effectiveness as a long-term treatment option (Davis et al., 2006). Its side effects include: nausea, diarrhea, constipation, vomiting, dry mouth, gas or bloating, loss of appetite, weight changes, drowsiness, dizziness, excessive tiredness, headache, pain, burning, or tingling in the hands or feet, nervousness, uncontrollable shaking of a part of the body, sore throat, changes in sex drive or ability, excessive sweating. Some side effects can be serious. Some of the side effects are so serious that they warrant contacting a doctor. These side effects include: blurred vision, seizures, fever, sweating, confusion, fast or irregular heartbeat, and severe muscle stiffness, abnormal bleeding or bruising, and hallucinating (seeing things or hearing voices that do not exist) (Pubmed).

Paroxetine (Paxil), another SSRI, is also under investigation for use as a long-term treatment for the symptoms of PTSD (Davis et al., 2006) and much like Sertraline it carries with it many of the same side effects and a few others: difficulty concentrating, forgetfulness, confusion, sleepiness or feeling “drugged,” stomach pain, heartburn, changes in ability to taste food, yawning, sensitivity to light, lump or tightness in throat, pain in the back, muscles, bones, or anywhere in the body, tenderness or swelling of joints, muscle weakness or tightness, flushing, sore teeth and gums, unusual dreams,

painful or irregular menstruation. Some side effects can be serious. Again, some of the side effects are so serious that they warrant contacting a doctor. These side effects include: seeing things or hearing voices that do not exist (hallucinating), fainting, chest pain, difficulty breathing, abnormal bleeding or bruising, tiny red spots directly under the skin, peeling or blistering of skin, uncontrollable shaking of a part of the body, unsteady walking that may cause falling, sudden muscle twitching or jerking that you cannot control, swelling, itching, burning, or infection in the vagina, painful erection that lasts for hours, hives, skin rash, black and tarry stools, red blood in stools, bloody vomit, and vomit that looks like coffee grounds (Pubmed).

Fluoxetine (Prozac) is also an SSRI being considered for long-term use in the treatment of the symptoms of PTSD. It has many of the same side effects of Paroxetine and Sertraline with the addition of weakness and excessive sweating. The side effects that warrant contacting a doctor include: swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs, difficulty breathing or swallowing and seizures (Pubmed). It is important to consider some of the side effects can be mistaken for symptoms of PTSD or could trigger new symptoms. The hallucinations, uncontrollable shaking, sudden muscle twitching or jerking that you cannot control, difficulty breathing, unusual dreams, confusion, nervousness and unsteady walking could easily be confused as PTSD symptoms or could trigger reactions akin to those of PTSD. These unsettling negative side effects call into question the overall efficacy of the drug for treating PTSD. It is important to remember that all drug therapies can hope to do it to cover up a symptom of a problem. To this end a symptom dilemma can be created in which the client is

swapping one symptom for another. The overall limitation of pharmacotherapy is that drugs cannot address the root problem from which the symptoms stem. One of the many benefits of practicing Yoga Therapy is that it seeks to find the root of the symptoms and explores the struggle at its core. Also, there are not any "negative side effects."

Yoga

Yoga is an ancient Indian system of philosophy and practice. Yoga developed in India and spread across Europe and the United States in the later part of the last century. The modern practice of yoga is noticeably influenced by the "Eight-limbed Path" as described by Patanjali in The Yoga Sutras in 200 C.E. and the text Hatha Yoga Pradipika of the 15th century (Uebelacker et al., 2010a), both of which explain that psychical, emotional, and spiritual health can be achieved through the physical practice of yoga. While there are many forms of yoga, this program will incorporate many of the teachings and practices of Hatha yoga, which focuses on training the body and heightening mental awareness as a means to balance or improve physical, emotional, and spiritual health (Uebelacker et al., 2010a). The three primary schools of Hatha Yoga are: Iyengar, yoga associated with BKS Iyengar; Viniyoga, associated with TKV Desiccator; and Ashtanga yoga, associated with Pattabhi Jois. All of these styles of Hatha yoga lead back to the Hatha yoga master Sri T. Krishnamacharya and each pay great attention to the postures, breathing, meditations, and the therapeutic possibilities with Hatha yoga. For therapeutic purposes, particularly since most yoga practitioners do not have medical qualifications, Iyengar and Viniyoga are the most appropriate for those with specific medical conditions

(Riley, 2004). Hatha yoga is part of the nonsectarian philosophical system of yoga that emerged from the Indian culture approximately 4,000 years ago and was designed to foster the attainment of self-awareness (Riley, 2004). Hatha yoga practice is composed of breath control (pranayama), physical postures (asanas), and meditation (dhyana) (Brown & Gerbarg, 2005), used to purify the body in preparation for higher states of consciousness and meditation. Prana, found in the breath, is the cosmic force without which nothing moves. Thoughts, emotions, and behaviors are fueled by this very powerful energy force. Prana can be regulated through the inhalation, exhalation, and retention of the breath. This is a process called pranayama. By regulating the prana, we regulate our minds, because the two always go together. If one is controlled, the other is automatically controlled as well (Satchidananda, 2003). The asanas (physical postures) of hatha yoga involve standing, balancing, forward bends, back bends, and twists. The pranayama (controlled breathing) is used to focus the mind and cultivate relaxation, which calms the autonomic nervous system. The Dhyana (meditation) helps to calm and focus the mind (Riley, 2004).

B.K.S. Iyengar is a guru of the yoga tradition and practice and author of *Light on Life*, a book outlining his perspective on yoga. Iyengar writes that yoga asserts that health must begin with the body. When performing asanas, one is experiencing three levels of the quest: the external quest, which brings firmness of the body; the internal quest, which brings steadiness of intelligence; the innermost quest, which brings benevolence of spirit. Even if we are not aware of these aspects while performing the asana, they are there. Yoga proclaims that the only way to heal the mind is through the body. In learning to

move the body in accordance with the mind, the intelligence of the body can communicate with the mind. Instead of allowing the brain to tell the body what to do, in yoga the body is the doer and the brain the observer. After action there is reflection, in which the mind receives knowledge from the body and guides the body to further refine the action. This reflection progresses to attention. In this stillness there is awareness. Slow motion creates space for reflective intelligence. If you do not know the silence of the body, you cannot understand the silence of the mind (Iyengar, 2005).

By revisiting a traumatic memory and exploring the many layers, new explicit memories that are larger and provide a more coherent framework can be created (Siegel, 2010). There can be a recasting of the self in the new understanding of the story (Doidge, 2007). In the setting of emotional safety, the retrieved memory can carry with it less emotional charge (Siegel, 2010). With a newfound ability to identify sensations as recollections, the pieces of memory can be integrated into a larger, more coherent sense of self (Doidge, 2007). Now the hippocampus can perform its integrative functioning, memories can take place in an active and open life narrative (Siegel, 2010).

In a 12-week study by Cohen et al. (2009) on the effects of Iyengar yoga practice on cerebral blood flow, asanas were designed to rest the participants in supported postures and promote a relaxation response. Participants were novices to yoga and did not have a significant medical or psychiatric history. The participants were instructed in a specific flow of asanas and meditation, intended to facilitate opening and relaxation. On the first day, subjects listened to the teacher speaking on the history and background. The participants were injected with 250 MBq of 99mTc-bicisate and received a single photon

emission computed tomography scan to provide a pre-program baseline before starting the yoga training, and one more injection and scan at the commencement of the 12-week program to provide a post-program baseline. Baseline and meditation scans, before and after training, were compared. A significant decrease between the pre- and post-program baseline scans in the right amygdala, which underlies emotions, the dorsal medial cortex and sensorimotor area, which underlies perception of sensory phenomena, was observed. There was a significant activation in the right dorsal medial frontal lobe, prefrontal cortex, and right sensorimotor cortex and a greater overall activation in the right hemisphere rather than the left in the post-program as compared to the preprogram. The activation observed in the amygdala and sensorimotor cortex are interesting since these areas are connected to emotions and the perception of sensory phenomena (Cohen et al., 2009). Based on theories of trauma previously discussed, the amygdala plays a key role in the development of PTSD symptoms, more so than the hippocampus. This suggests that it is the emotion, the overwhelming feelings of terror, fear and helplessness that create PTSD symptoms, not the memory itself. If practicing yoga can increase blood flow to the amygdala and the sensory motor cortex, then it may follow that the psychological feelings and the physical feelings of the trauma can be integrated and processed in a way that they were not before, because they were not attached to a memory that could be incorporated into a narrative of the trauma.

Meditation

Meditation (dhyana) or mindfulness is an essential component of Hatha yoga and can be found in every aspect of yoga, as all of the asanas require a reflective or meditative mood (Iyengar, 2005). In fact, the goal of the asana and pranayama practice is to prepare the mind and body for meditation. Meditation is related to the higher mental faculties for which one needs preparation (Iyengar, 2005). It is impossible to say "relax your brain" and the brain follows the command. However, if you hold poses and observe a slow full breath the brain relaxes and becomes quiet. Meditation is a mental mode characterized by full attention to present-moment experience without judgment, elaboration, or emotional reactivity. There is a great diversity in meditative practices. One form associated with provoking emotions and assisting with processing emotions is Sudarshan Kriya which integrates several key components of body and mind techniques, among others breathing exercises, meditation, body relaxation through gentle stretches (yoga postures), and cognitive coping strategies (Gootjes, Franken, &Van Strien, 2011). Many forms of meditation ask that the eyes be closed to bring the attention inward, while others ask that the attention be completely focused on an object or person. When we contemplate that which has qualities that we aspire to, we move closer to those qualities. The author of the Yoga Sutras and great sage and guru of yoga, Patanjali, suggests that we contemplate an object that helps to maintain steadiness of mind and calm the consciousness (Satchidananda, 2003). Illness fragments and so whatever integrates also heals. The contemplation of an object that cultivates characteristics we aspire to can help us to begin to look inward once we have those qualities. Self-cultivation begins with self-

absorption, anything that facilitates concentration, reflection, and inward absorption is going to begin to heal the problems of the imbalanced self (Iyengar, 2005).

Meditation activates neural structures involved in many of the symptoms of PTSD, such as attention and arousal/autonomic control and extended practice of meditation enhances activation (Lazar et al., 2000). Studies using functional magnetic resonance imaging (fMRI) have been able to show the effects of meditation on the brain (Lazar et al., 2000). During meditation, MRI signals increase in the putamen, midbrain, perennial anterior cingulate cortex and hippocampal/parahippocampal formation (Lazar et al., 2000). Significant activation is also observed in the septum, caudate, amygdala, and hypothalamus (Lazar et al., 2000). Meditation has also been shown to stimulate the limbic systems and modulate the autonomic nervous system tone (Riley, 2004). In the body the simultaneous activation of antagonistic neuromuscular systems such as flexion and extension and intrasfusal and golgi tendon-organ feedback may provide a way to maintain range of motion and increase the relaxation response in the neuromuscular system (Riley, 2004). Meditation has also been shown to reduce cortisol, a hormone commonly associated with stress (Kamei et al., 2000).

In a study using functional magnetic resonance imaging (fMRI) to investigate brain activity during meditation, Engstrom, Pihlsga, Lundberg, and Soderfeldt (2010) found that moderately experienced meditators using silent mantra meditation, in which a word or phrase is silently repeated over and over in connection with the inhale and exhale, had significant activation in the right hippocampus. Other areas of the brain with high activation during silent mantra meditation were the middle cingulate cortex and the

precentral cortex, the middle cingulate gyrus (bilateral), the precentral gyrus (bilateral), and the right precuneus.

When using spoken mantra meditation, in which a word or phrase is repeated aloud over and over in connection with the breath, activation was observed in the left and right superior temporal gyrus and in the left superior frontal gyrus. The activation of the hippocampus is of particular interest with regards to addressing the symptoms of PTSD. As previously discussed, the hippocampus is where the brain stores and consolidates memories, keeping track of the context in which the memories were originally acquired.

It is possible that the reason for hippocampal activation during meditation is that memory consolidation is taking place. When working with traumatic memories, meditation could be one way of exploring and “reorganizing” the memory in a safe environment that may give the memory less “weight.” In addition, some of the experiences of PTSD include a “free floating” anxiety or anxiousness that is not connected to a specific trigger. Meditation has been shown to increase specific retrieval of autobiographical memory and reduce over-general memory (Engstrom et al., 2010).

Making active and heightening this ability could be helpful in “assigning” a memory or concrete thought to the anxiety, which could then be used to navigate the anxiety. The middle cingulate cortex and the precentral cortex, which are involved with motor control and execution, were also activated during meditation. The middle cingulate cortex is thought to be involved in orienting the body position in response to sensory stimuli and the precentral gyrus is defined as the motor cortex (Engstrom et al., 2010).

Heightening the awareness of bodily sensations during meditation while the hippocampus is active and exploring and consolidating memories could be helpful in connecting traumatic memories with the bodily sensations they elicit to create a mind-body connection of the experience, which may aid in processing the information in a meaningful way.

Meditation helps to create and strengthen mental structures that increase concentration and focus of attention. Building one's ability to focus attention can help when calling attention to negative emotion so that it can be fully experienced and worked through. It can also aid in "setting down" the negative and shifting the focus to the positive, which may increase their ability to respond proficiently to emotional challenges in daily life. This emotion regulation is crucial to reintegrating with the world after a traumatic experience.

An extensive review of EEG, ERP, and neuroimaging studies on meditation reveal that meditation appears to be reflected in changes in the dorsolateral prefrontal cortex which have been correlated with emotion regulation and cognitive appraisal (Gootjes et al., 2011). Changes in the network of brain regions involved in attention and emotion might be at the basis of state and trait effects of meditative practices (Gootjes et al., 2011). Meditation provides the tools to cultivate control over the emotions that are focused on and helps to create a "choice" in the emotions that are focused on. There are times when placing focus on anger and sadness is beneficial, but when "negative" emotions such as these become the primary focus there can be far reaching effects on mood and overall psychological health. Meditation can help to shift the focus to

happiness, contentment and even neutrality, which may increase the mood and provide space to notice when other emotions are triggered which may increase perspective taking and decrease attachment to emotions and their triggers.

Breath Work

Of particular importance to the practice of Hatha yoga as a means to treat PTSD is breath work (Ujjayi). During breath work focus is placed on prolonging the inhalation and exhalation, holding the breath between the inhalation and exhalation, and producing a sound from the throat. Visualizations are often utilized to help the practitioner fully understand and utilize the breath work. During the Ujjayi breath, the lungs are filled from the bottom, to the middle, and to the top, much like a glass of water. Like pouring the water from a glass, the lungs are then emptied from the top, to the middle, and to the bottom. Asana and pranayama can easily teach how unsolicited thought throws off balance (Iyengar, 2005). When holding a difficult or balancing pose, attention and focus on the body and the breath are very important. When extraneous thoughts pop into the mind the effects can be more noticeable than they are on a regular basis because their immediate effect throws off the balance of the pose and we fall or slip into poor form.

Iyengar asserts that with inhalation we experience the full "I," human potential fulfilled and raised like a brimming cup of offering to the cosmic divine. In exhalation we experience the empty "I," the divine void, and nothingness is complete and perfect, a death that is not the end of life. Saint Thirumular said, "Wherever the mind goes, the prana follows" (Satchidananda, 2003). If the mind is controlled first, the breath is

controlled. However, which is easier to control? Pranayama is used to bring calmness and quietness to our minds and our emotions with the retention of breath after exhalation. Exhalation empties the brain and pacifies the ego, bringing it to quietness and humility. When you empty the brain, you also empty the toxins of memory. Yoga believes exhalation to be a sacred act of surrender, of self-abandonment. It allows us to abandon stored up resentment, anger, regrets, desires, frustrations, and feelings of superiority and inadequacy. The experience of peace acts as proof that those obstacles are not insurmountable; they can be detached and disposed. They are not permanent and integral to consciousness (Iyengar, 2005). When the brain relaxes and empties itself it is able to let go of fears and desires. Freedom is cultivated by removing tension from the inner layers of the nervous system. Freedom offers us choice to go on as before, or to turn inward and use our gentle powers to seek out the self (Iyengar, 2005).

The breath is deeply affected by emotions. Crying may be the most obvious example of how breathing is altered by emotions. Often when people are crying it is connected with an intense emotion, be it happiness or sadness. It is easy to observe the effects of crying on the breath; it can start out short and shallow and become more foreful with each sob and deeper as we work to "catch our breath." As the crying is connected with a strong emotion, so too is the breath. Yogic breathing is a unique method for balancing the autonomic nervous system and influencing psychologic and stress-related disorders (Brown & Gerbarg, 2005). Breathing techniques are thought to enable mental stress release thereby allowing a more "neutral" interpretation of life events that is less affected by stress and negative emotions (Gootjes et al., 2011).

These breathing techniques have been shown to improve PTSD symptoms such as sleep initiation, disturbed sleep, flashbacks, and anger out-bursts (Brown & Gerbarg, 2005). In a study investigating the effect of a combined meditation and pranayama practice, Siddha Samadhi Yoga was explored. Samadhi Yoga is an innovative program in which meditation (Samadhi) and pranayama are associated in a brief sequence (Kazasa et al., 2008). Participants reporting complaints of anxiety completed a two-week program in which they were instructed to practice 11 pranayama altering the focus of the Ujjayi breathing. Each pranayama was repeated for five cycles. Each cycle was performed in a 4/2/5/2 rhythm: four times to inhale, two to retain the air, five to exhale, and two to hold with “empty” lungs. The Sartzadhi meditation was practiced twice a day and required that volunteers remain seated on a chair, with back straight, while simply observing the spontaneous flow of thoughts for 20 minutes. Participants received a specific mantra depending on personal characteristics which was used to interrupt intrusive thoughts. Upon completion of the two-week meditation/pranayama practice a significant decreases in scores for depression and state and trait anxiety was observed, as well as a significant increase in subjective wellbeing and tension release (Kazasa et al., 2008).

Yoga Population

A Roper poll commissioned by Yoga Journal in 1994 surveyed more than 4,000 respondents and found there were six million Yoga practitioners in the United States, with 1.86 million of them being regular practitioners, and another 17 million who expressed interest in Yoga but have not tried it yet (Macy, 2008). According to a Harris

Interactive Service Bureau (HISB) poll conducted for Yoga Journal, released June 16, 2003, and titled "Yoga in America," the first comprehensive study of the yoga market, more than 7% of U.S. adults, or 15 million people, currently practice yoga, an increase of 28.5% from 2002. A February 2005 Harris Interactive Service Bureau poll conducted for Yoga Journal found that 7.5% of U.S. adults, or 16.5 million people practice Yoga, an increase of 5.6% from the prior year and 43% from 2002. The fastest growing segment is the 18–24 age group, which increased by 46% in one year. In addition, almost one in seven nonpractitioners, or about 25 million people, say they intend to try Yoga within the next 12 months (Macy, 2008).

A study from Yoga Journal conducted in 2008 indicates that 6.9% of U.S. adults, or 15.8 million people, practice yoga. Of current nonpractitioners, nearly 8%, or 18.3 million Americans, say they are very or extremely interested in yoga, triple the number from the 2004 study. Also, 4.1% of nonpractitioners, or about 9.4 million people, say they will definitely try yoga within the next year. The researchers also collected demographic information. Of the yoga practitioners surveyed, 72.2% are women; 27.8% are men, 40.6% are 18 to 34 years old; 41% are 35 to 54; and 18.4% are over 55, 28.4% have practiced yoga for one year or less; 21.4% have practiced for one to two years; 25.6% have practiced two to five years; and 24.6% have practiced more than five years, 71.4% are college educated; 27% have postgraduate degrees, 44% of yogis have household incomes of $75,000 or more; 24% have more than $100,000 (Macy, 2008).

"Yoga is no longer simply a singular pursuit but a lifestyle choice and an established part of our health and cultural landscape," says Bill Harper, publisher of Yoga

Journal. “People come to yoga and stick with it because they want to live healthier lives,” (p. 1) (Macy, 2008). The 2008 Yoga Journal study also indicated that almost half (49.4%) of current practitioners started practicing yoga to improve their overall health. In the 2003 study, that number was 5.6%. Respondents indicated they are continuing to practice for the same reason. According to the 2008 study, 52% are motivated to practice yoga to improve their overall health. In 2003, that number was 5.2% (Macy, 2008).

Increase in Yoga Population

A significant trend to emerge from the 2008 study from Yoga Journal is the use of yoga as medical therapy. According to the study, 6.1%, or nearly 14 million Americans, say that a doctor or therapist has recommended yoga to them. In addition, nearly half (45%) of all adults agree that yoga would be a beneficial if they were undergoing treatment for a medical condition (Macy, 2008). This data may indicate that yoga as medicine represents the next direction for yoga in the United States. This study may indicate that, in the next few years, more healthcare settings will be incorporating yoga as treatment for illness; and yoga will be recommended by the medical community as a valuable therapeutic tool for mental health conditions. The Cleveland Clinic had begun to offer yoga in house as a part of an employee wellness program and is also offering yoga to patients for chronic pain management.

The First Sedona Life Quality Study found that 50% of Americans deal with stress, anxiety, and depression through prayer, meditation, or yoga—including an increasing number of males. In the June 16, 2003, issue of Newsweek, in his article “Real

Men Do Yoga: American Men Are Starting to Hit the Mats for a New Athletic Challenge," John Capouya (author of the book *Real Men Do Yoga*) states: "American men are now flocking to the yoga mats where once, it seemed, only women dared to tread" (p. 3). A new Harris poll commissioned by Yoga Journal suggests that men now make up 23 percent of America's 15 million enthusiasts. "Two to three years ago I think the number would have been 10 to 15 percent," says Kathryn Arnold, the magazine's editorial director.

Complementary and alternative medicine (CAM) offers opportunities within the medical and psychological care settings. CAM is defined as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine" (p. 90). Yoga and yoga therapies fall under the umbrella of CAM. The growth in CAM has been well established, and is becoming more mainstream as users seek services along the continuum from illness to wellness, utilizing yoga and yoga therapies for preventative services and for treatment. Total utilization of CAM in the United States is increasing and is predicted to continue growing. Between 1990 and 1997, estimated expenditures for CAM professional services increased by 45 percent to $21.2 billion, exclusive of inflation. Of that, $12.2 billion represented out-of-pocket expenditures, an amount greater than out-of-pocket expenditures for all US hospitalizations. It is estimated that in 2002 consumers spent $34 billion out-of-pocket on CAM therapies (Martin & Long, 2007).

How Traditional Treatments for PTSD Compare to Yoga

One of the approaches to treating the symptoms of PTSD consists of controlled activation of the traumatic memories and corrections of faulty traumatic beliefs. It is important to cultivate the capacity to remember the trauma in a flexible manner (Ogden et al., 2006). This "remembering trauma in a flexible manner" can mean allowing space in the memory and the reaction to the memory such that it can begin to take on new meaning and can be subject to change with new ways of thinking/experiencing the memory. A rigid memory and reaction to trauma is much more difficult to explore and change than a flexible one. A secure attachment with the therapist who will guide the patient through regulating emotional arousal may be even more important than evoking the traumatic memories (van der Kolk et al., 1995). This crucially important component of secure attachment is too often overlooked when behavioral therapists speak about exposure-procedures (systematic desensitization procedures, implosive therapy, flooding procedures) they neglect to mention the intensely personal element in psychotherapeutic procedures with people asked to recall and process inwardly traumatic memories.

Foa and Kozak (1986) propose that two conditions are required for anxiety reduction in the treatment of PTSD. First, a person attends to fear-relevant information so as to activate their fear memory. If fear is not experienced in the context of the memory, the fear structure cannot be modified. Second, the new, non-fear structure, is formed if some of the information that evoked the fear is absent in the new context in which the fear is being provoked. Otherwise, exposure to information consistent with a fear memory would strengthen the fear and increase the likelihood of developing PTSD.

Therefore, the critical component in treatment is to expose the person to an experience that contains elements which are similar, to activate the to the traumatic memory, and at the same time for it to be an experience that contains aspects that are different enough to change it. With yoga therapy, the traumatic memory can be experienced with the mind and the body through asana, meditation and breath work in a safe and controllable environment. The CBT model often seeks to separate thoughts from feelings and behaviors, whereas yoga therapy allows for all of these to blur and be intertwined. While CBT does recognize that thoughts, emotions and behaviors influence each other, they are still conceptualized as being separate from each other. Experiences and reactions to trauma can entangle and blur the lines between thoughts, feelings and emotions (van der Kolk et al., 1995). CBT also relies on the person's ability to verbalize, organize and differentiate their thoughts, feelings and behaviors in a way that may be impossible for intense and prolonged trauma memories (Ogden & Minton, 2000). Yoga Therapy's use of the body in treatment provides an outlet for these blurred and entangled thoughts, feelings and behaviors to be expressed and experienced, without needing to organize and conceptualize them in words.

When treating PTSD, exposure therapy is widely accepted as an effective, evidence based treatment (Bryant et al., 2009). However, there are significant problems with this exposure technique. The possibly excessive arousal excited during exposure therapies, that may be too similar to the actual event, may interfere with the acquisition of new information; excessive arousal impedes habituation (Ogden et al., 2006). When excessive arousal occurs, the fear structure may be confirmed instead of corrected,

accidently creating sensitization instead of habituation (van der Kolk et al., 1995). In addition, the strong response elements in the PTSD structure may promote avoidance when using exposure techniques. Intense fear and discomfort motivates people who suffer from PTSD to avoid or escape confrontation with situations that remind them of the trauma. Instead of being confronted with the traumatic event, as can be the case with exposure therapies, the intrusive sensorimotor elements of the trauma must be transformed from (nonverbal) memory into a personal narrative, in which the trauma is experienced as a historical event that is part of a person's autobiography (Ogden et al., 2006). This is done through telling the story of the shocking event without re-experiencing it (van der Kolk et al., 1995). Yoga Therapy can provide the "exposure" without needing to be exposed. Meditation and visualization can provoke the visual aspects of the traumatic memory in deep and meaningful ways (da Silva et al., 2009). The asanas and breath work can create the physiological reactions experienced in the traumatic memories, the heavy breathing and racing heart rate (Forbes et al., 2008). Bringing these Yoga Therapy elements together to recreate the experience of the trauma in a safe and neutral environment can provide a higher degree of control and safety than does exposure therapy, where the traumatic stimulus is in the room (Emerson et al., 2009).

What Traditional Treatments for PTSD Are Missing

Yoga is a way to promote good physical and mental health, rather than a treatment for illness. This holistic view of yoga is based on ancient writings about yoga

as a way for humans to reach their maximum potential "in every aspect of human functioning—mental, physical, and spiritual" (Uebelacker, 2010b, p. 255). This worldview may help soldiers who are concerned with the stigma associated with conventional mental health treatment, which is narrowly focused on decreasing symptoms of illness. Yoga adopts a broad focus on living to one's full potential that defies much of the current mental health treatment (Uebelacker, 2010b). Traditional techniques used in addressing trauma, such as Prolonged Exposure Therapy and Cognitive Processing Therapy, address the cognitive and emotional elements of trauma, but neglect to work directly with the physiological elements of trauma, despite the fact that trauma profoundly affects the body and many symptoms of traumatized individuals are somatically based (Ogden & Minton, 2000). Yoga Therapy is unique in that it offers an opportunity to engage the body in therapy in a way that other more traditional therapies do not. First, we learn to control the physical body, then the movement of the breath, then the senses, and finally the mind (Satchidananda, 2003). This integration of the body in therapy plays a particularly important role when working with trauma, because the emotional arousal that accompanies trauma can be dissociated into the body in a way that makes interpreting and understanding emotions and thoughts very difficult. Emotions function as signals that help to inform expectations of the world and help in selecting and implementing adaptive action (van der Kolk et al., 1995).

Immediately after the trauma, the emphasis needs to be on self-regulation and on rebuilding. This means the re-establishment of a sense of security and predictability, and active engagement in adaptive action. The initial response to trauma consists of

reconnecting with ordinary supportive networks, and of engaging activities that re-establish a sense of mastery (Foa & Kozak, 1986). When practicing yoga the focus on relaxing while holding the stretch, not clenching, but relaxing and opening relaxes the brain as well as the body. Relaxing the tongue and the throat helps to relax the brain because there is a connection between the tongue, throat and brain. Traumatic memories in the unconscious mind expresses themselves within the nervous system (Iyengar, 2005). In Yoga Therapy the therapist has a unique ability to interactively regulate the dysregulated states and to cultivate self-awareness of inner body sensations. The emotions of people who have experienced overwhelming trauma seem to lose much of their alerting function: a disassociation is set up between emotional arousal and goal directed action (van der Kolk et al., 1995). Their limited capacity to interpret the meaning of their emotional arousal creates an unreliable and distorted "alert system" that becomes hyperactive and eventually numb. Unable to neutralize affects with adaptive action, people who have experienced trauma tend to experience their affects as somatic states: either through their smooth, or striated musculature (van der Kolk et al., 1995).

Thus, people with PTSD tend to somaticize or discharge their emotions within their bodies, tensing muscles and stiffening joints (van der Kolk et al., 1995). Consciousness can be in every cell of the body. The nervous system reaches everywhere and where nerves are, mind must be. Where mind is, so is memory. Cellular memory may also provoke negative emotions and thoughts. It is the practice of yoga that can bring the light of intelligence to perceive and understand these cellular memories. Intelligence is a part of consciousness that may exist in every cell of the body (Iyengar, 2005).

Yoga Therapy engages the affected areas of the body and incorporates them into the dialogue about the experience in a way that can facilitate a healthy integration of how the body experiences emotions and how the mind experiences emotions. Yoga Therapy seeks to understand the nature of trauma and aids the process of integration by providing a safe place to experience suffering and providing a perspective that the suffering is meaningful and bearable. The anterior cingulate cortex registers physical sensations from our body, feelings from our social interactions, and it regulates the focus of our attention (Siegel, 2010).

This is how we feel connected to ourselves and others. Our brainstem regulates our cortex by influencing our alertness and directly shaping our states of mind (Siegel, 2010). The brainstem works with the limbic area and cortex to assess safety or danger. When our threat assessment system tells us we are safe, we let go of tension in our bodies and our muscles relax (Siegel, 2010). We are receptive, clear, and calm. It is through this physical mastery of trauma and suffering that the experience can be translated from the body into symbolic, communicable form, such as words, thoughts, and feelings (van der Kolk et al., 1995). The "re-experiencing" trauma in the body through action is the forerunner to "remembering" and symbolizing it in words, which facilitates "working it through" in emotional experience (van der Kolk et al., 1995).

How Yoga Affects the Symptoms of Trauma

An essential aspect of recovering from trauma is learning ways to calm down, or self-regulate. For thousands of years, Yoga has offered a practice that aids in calming the

mind and body (Emerson et al., 2009; Riley, 2004). Research shows that yoga practices (meditation and asanas) can reduce autonomic sympathetic activation, muscle tension, and blood pressure, improve neuroendocrine and hormonal activity, decrease physical symptoms (pain) and emotional distress (Satchidananda, 2003). For these reasons, yoga is a promising treatment for the cognitive, emotional and physiological symptoms associated with trauma and PTSD specifically (Emerson et al., 2009). Yoga is a powerful tool for liberating the mind from unwanted, ingrained patterns. With yoga one can identify, acknowledge, and progressively change problematic reactions and habits, which is crucial to address the problems of somatization and affect dysregulation that accompanies traumatic memories (van der Kolk et al., 1996). To the extent that the practice of hatha yoga decreases stress reactivity, yoga may decrease cortisol levels and regulate the Hypothalamic-pituitary-adrenal (HPA) axis, which is a major coordinator of the biological response to stress (Uebelacker, 2010a). In addition, there is evidence of measurable increases in GABA and dopamine activity in the ventral stratum which are neurotransmitters important for self soothing and emotional regulation (Uebelacker, 2010a) One study examining the cognitive emotional regulation in yogic meditative practitioners found that those who had experience with yogic meditation were better able to reduce their negative feelings to adverse pictures than the control who did not have experience with meditations. The yogic group exhibited increased positive affect and showed a tendency toward increased thought control ability compared to the controls (Gootjes et al., 2011).

As previously mentioned, two aspects of experience that are highly affected by trauma are emotions and memories. The traumatic memories are imprinted with such intense emotion that it becomes difficult for the memories to be fully processed (an in some cases formed) and incorporated into a narrative of the event. While doing asana, both the intellectual intelligence and the emotional intelligence meet and work together. Extending the body facilitates attention, and expansion of the body cultivates awareness (Iyengar, 2005). It is the bringing of attention and awareness to your body that aids in connecting emotions with thoughts and memories. When you extend and expand you are not only stretching to, you are also stretching from (Iyengar, 2005).

Time heals, but only if it is allowed to do so. During much of traditional talk therapy the client recites and reflects repeatedly on their problems. This rumination may reinforce and exacerbate the problem. A wound that is constantly picked will not heal. In the same way we have to let old wounds in memory heal over. This does not mean repressing them. It means that what is not said will wither. Iyengar explains, "The right practice of yoga speeds this process, by enabling one to identify the impulses rising from the old imprint and by serving the mechanism that feeds it. Acting on subliminal impulses reinforces them and so the ability to intercept the rising wave is itself a progressive means of relief" (p. 30). The yoga perspective on trauma reframes symptoms in a more dynamic way, as a survivor attempts to adapt and recover from trauma, shifting perspective in this way frees up energy that can be used in service of healing (Stankovic, 2011). The energy that was being spent on maladaptive coping strategies can be redirected toward healthier responses.

Yoga and PTSD

Yoga has been shown to be effective in decreasing symptoms of PTSD in immediate trauma intervention and has been shown to be effective with just one week of practice (Telles et al., 2010). Many of our service men and women spend months away from their families in war zones with a constant threat of attack. In one tour of duty, a service member can experience multiple threats of violence or perceived threats of violence that can lead to the development of PTSD. Following trauma, early intervention is considered critical as the level of distress immediately after the traumatic event has a strong positive correlation with the development of PTSD (Telles et al., 2010). Understanding that level of distress is strongly correlated to PTSD symptoms, an attempt to decrease distress immediately following the event may result in a more positive treatment out come. One randomized control study investigated the effects of a one-week yoga intervention with survivors of floods in the north Indian state of Bihar. Following a week of yoga practice, survivors showed a significant decrease in self-rated sadness while the non-yoga control group showed an increase in self rated

Trauma-sensitive Yoga Therapy

Because the experience of each veteran who has experienced trauma is different, it can be very difficult to know what each individual will find triggering. Fortunately, there are some general principles that can be very helpful to follow when using yoga with a population that has experienced trauma. Above all, it is important to be consistent, be predictable, and above all, be safe. To make yoga accessible to trauma survivors,

modification may need to be made to the following areas: environment, exercises, teacher qualities, assists, and language.

It is important to make the environment as welcoming and to provide a space where a veteran can feel safe to be vulnerable. This may mean covering publicly exposed windows, having soft (but not too dark) lighting, covering mirrors, minimizing external noise, making sure that no one will be walking in and out of the room inadvertently during the class, and making sure you have enough props for everyone, including chairs for any chair-based work (Emerson et al., 2009).

The majority of trauma-sensitive yoga practices are slow and repetitive, as the undemanding pace and the predictability may help to regulate the nervous system and restore emotional balance. Most incorporate a slow step-by-step practice with emphasis on breath awareness with longer holds of poses. It is very important to be aware that certain poses can serve as triggers and should be approached with caution. For example, hip openers can expose private body parts and can feel frightening or humiliating and strong chest openers and backbends may stimulate powerful bodily sensations and create powerful emotions (Karl, 2012). Traumatic stress responses such as hyperarousal, disassociation, and flashbacks may come up in a session. If a stress response occurs, moving the large muscles and bringing focus on the breath to calm the nervous system can be helpful. Also, in a trauma-sensitive yoga session, it can also be helpful to have an assistant who can remain with a person who is triggered in class.

A trauma-sensitive Yoga instructor is present, positive, engaged, welcoming, and approachable. It is important that a trauma-sensitive instructor be directive but also

extend an open invitation to the students to have their own experience. Also, in a trauma-sensitive yoga setting, the instructor dresses conservatively to minimize any distraction, in the room before anyone arrives, extends a verbal "welcome" to each student each class, does not move around a lot, makes it easy for students to know where they are at any point throughout the class (no surprises). It is important that there is a welcoming and accepting attitude throughout class and that is not strict or critical (Emerson et al., 2009).

Trauma-sensitive yoga is about the person who has experienced trauma reclaiming their body, not about a teacher manipulating the student into a shape. With trauma-sensitive yoga, it is important to cultivate the ability to offer verbal assists instead of physical manipulations of the body. If a physical assist is used, the instructor is clear about what they will do and how it will help, as predictability is an essential component for this population. It is important to be sensitive and attentive to physical boundaries (Emerson et. al, 2009).

It is important that the yoga instructor use invitatory language of inquiry that directs attention to the body to bring awareness to mindful movement and body sensing that helps to dispel the need to "do it right." It is particularly important not to use "out of body" metaphors. Many trauma survivors experience dissociation, and for them a significant benefit of yoga is to become grounded in their body. Also, emphasize choice: "as you are ready," "if you like," "you decide," "you choose," (Karl, 2012). Trauma-sensitive yoga teachers invite people to begin to make choices again in a direct relationship to their experience. These choices are about safety, comfort, and ease.

Yoga and PTSD in Veterans

As the healing effects of yoga are beginning to be understood in the west, studies of the effects of yoga on trauma are in their infancy, but there are some studies that have been conducted that have shown some promising results. An eight-week study examining the use of iREST, a form of mindfullness meditation, to militarty combat veterans showed a reduction of symptoms connected to PTSD. Participants were of mixed ethnicity, aged 41–66, and diagnosed with PTSD. The participants reported a reduction in feelings of rage, anxiety, and emotional reactivity. Participants also indicated an increase in feelings of relaxation, peace, self-awareness, and self efficacy (Stankovic, 2011). Yoga is increasingly being offered in VA medical centers to help address unmet mental health needs (Schware, 2012). A recent Department of Defense study found that veterans diagnosed with PTSD showed improvement in their PTSD symptoms, such as reduced anxiety and depression, improved sleep and concentration after ten weeks of yoga classes (Zimmerman, 2010).

Some former soldiers have already discovered yoga's calming effects. The Worchester Vet Center in parternship with the Central Mass Yoga Institute (CMYI) in West Boylston to offer yoga for combat veterans with PTSD. The focus is on creating a relaxed pace in a safe and nurturing environment for the veterans to being exploring and processing their experience of war and the trauma responses that have folllowed. The Walter Reed Army Medical Center is beginning to use yoga with soldiers returning from Iraq and Afghanistan to address the trauma they experienced during war time.

Major Sue Lynch is a certified yoga instructor and a 23-year U.S. Army Reserves veteran who suffered from PTSD following active duty in the first Gulf War. Major Lynch is Executive Director of *There & Back Again*, a nonprofit organization that offers yoga and other wellness practices to help combat veterans "navigate life after war." Major Lynch explains the philosophy underlying *There & Back Again* is "that we store trauma in our bodies, when we have a traumatic experience, we disassociate with our bodies. Getting back into the body helps us to experience those primary emotions and release trauma from the body" (Walsh, 2010, p. 3). Body awareness, breath awareness, movement are utilized in the yoga practice Major Lynch shares with the veterans in her classes. Lynch shares that "some veterans report feeling so angry in traditional therapy that they can't talk, while the yoga classes make them feel peaceful and more open to having a discussion about what's going on in their lives" (Walsh, 2010, p. 4).

The VA's San Diego Medical Center has been offering yoga classes that cater specifically to the needs of their Veterans since 2003. In Viera, Florida, the VA's Outpatient Clinic has recently started yoga and iRest (integrative restoration) classes as part of its Women Veterans Program. The classes are designed for a mixture of conditions including sleep problems, anxiety, fatigue, chronic pain, military sexual trauma, and posttraumatic stress disorder. Those in the yoga and iRest classes have reported noticeable changes in their ability to cope with life stressors and the trauma they sustained while on active duty. As research progresses, and as Veterans reap the benefits of yoga therapy, the idea of practicing yoga for both men and women of all ages has escalated.

One study investigated the use of meditation with military members to bolster working memory capacity in order to decrease cognitive failures and emotional disturbances much like those experienced in PTSD. Working memory capacity used in managing cognitive demands and regulating emotions may be depleted during persistent and intensive demands, such as those experienced during high-stress intervals. The study found that higher mindfulness practice time corresponded to lower levels of negative affect and higher levels of positive affect, suggesting that sufficient mindfulness practice, like those found in yoga, may protect against functional impairments associated with high-stress contexts (Jha, Stanley, Kiyonaga, Wong, & Gleaned, 2010).

While CBT based treatments have been shown to be effective in treating the symptoms of PTSD (Bryant et al., 2008), the many social, emotional, and interpersonal components of the illness and the shear number of soldiers returning from war with PTSD warrants the investigation of a wide variety of treatment options. Yoga therapy is one such treatment model that can be utilized to treat our returning troops with PTSD. The practice of yoga has received increasing attention in the popular press as a way to cope with depression, anxiety, substance abuse and PTSD (Brown & Gerbarg, 2005; da Silva et al., 2009; Forbes et al., 2008; Telles et al., 2009; Uebelacker, 2010b). Also, many clinical therapists recognize the effectiveness of yoga as a complementary form of treatment to traditional therapy (Furnham, 2000).

Yoga has been used for centuries to help people experience and process uncomfortable emotions and what psychologists would recognize as reactions to trauma (Satchidananda, 2003). Many people in India and other eastern countries have used and

benefited from the teachings and practices of yoga (Iyengar, 2005). It is not until recently that yoga has begun to be researched and applied in the West, particularly with a veteran population. As our country begins to end it's involvement in Iraq and looks forward to ending the continuing war in Afghanistan many of our service men and women are returning home having experienced unspeakable horrors and in need of help processing and understanding their experience. More than 12% of the veterans returning from Iraq and Afghanistan have been diagnosed with PTSD, and many more experience some of the symptoms of PTSD, but do not fully meet the diagnostic criteria (Dhladhla & van Dyk, 2009). Symptoms of PTSD contribute to difficulties in parenting, conflicts in relationships at home and in the workplace, impede effective work performance, and contribute to absenteeism and accidents in the workplace (Gewirtz et al., 2010).

The large number of soldiers returning from war requiring mental health services raises public health concerns that may overwhelm the capacities of the Department of Defense and Department of Veterans Affairs (VA) healthcare systems (Tuerk et al., 2009). The overarching goal of Operation Yoga is to provide veterans with a holistic approach to suffering that incorporates their bodily sensations, emotions, thoughts and memories in the processing, understanding, and alleviation of their reaction to the trauma they have experienced.

Research Questions

The specific research questions for this study are:

1) How do current psychological treatments for combat PTSD address the needs of veterans in terms of increasing access to mental health care, reducing stigma around PTSD and help seek and provide a holistic response to trauma?
2) How can the body, breath, and meditation be used as tools in the therapeutic processing of traumatic memories with a veteran population?
3) How can yoga be optimally utilized with veterans of the Iraq and Afghanistan wars who are experiencing symptoms of PTSD?

Chapter 3: Method

Rationale for Development of Operation Yoga

A program development design is most appropriate to employ in this study because body-based approaches to processing PTSD are in the infant stages in the Military. Additionally, there is not a strong research base for the use of yoga approaches to treating combat PTSD symptoms. An assumption of the program development model is that such a program is necessary to address a need that is not otherwise being met by the military's mental health initiative. Another assumption is that Operation Yoga will improve the lives of the veterans who participate. It is important to ensure that the program being developed meets an unmet need of veterans who have experienced trauma in the field and that the program delivers comprehensive and necessary services. An evaluation will be established to ensure that the needs of this specific population are being met and will allow participants to have a voice in the program, thereby tailoring the program to meet their needs.

It is important to ensure that Operation Yoga is appropriate and sensitive to the unique cultural backgrounds of the participants. This includes the unique cultural background of each individual, as well as the unique culture and value system that is cultivated within the military. As such, it is important to consider whether the chosen model of intervention and format of the program is appropriate for a veteran population. For example, the asanas selected, the physical assists, meditation techniques, and breath work techniques must been explained in a way that is easily understood. Also, the time commitment for individual talk therapy sessions and the program as a whole must be

manageable to ensure participants are engaged and comfortable with the techniques and material being processed.

Program Development Phase 1

Market analysis. To assess the market for Operation Yoga, a market analysis will be conducted to understand the market size (current and future), trends, growth rate, profitability, and success markers of a yoga therapy program for veterans of IOF and OEF with symptoms of PTSD. The market will be based on statistics of veterans returning from combat who have screened positive for PTSD and projections about potential missed diagnosis. The market analysis will also consider the civilian yoga market as a means to project a potential market for yoga therapy, as yoga therapy programs are rare and have limited data. In the case that data is available on yoga therapy programs being utilized in VAs, such data will be considered in the market analysis.

Method of market analysis. To conduct an analysis of the market for a yoga therapy program for veterans the researcher completed google searches and explored the search results to see what is currently being offered. To understand the mental health services that are currently being offered to veterans, a google search for "mental health services for Iraq and Afghanistan veterans, PTSD" was conducted and yielded 309,000 results. These results were thoroughly examined to delineate between search results that link to articles and/or research on the topic, as opposed to actual mental health services for Iraq and Afghanistan veterans.

To understand the current market of mental health services for veterans that incorporate the body in Illinois the researcher conducted a google search using the phrase, "mental health services for Iraq and Afghanistan veterans, PTSD, body, yoga, Illinois" which yielded 9,380 results. These results were thoroughly examined. All results that were not actual services that incorporate the body or yoga that are located in Illinois were eliminated.

The researcher carefully read through all search results to determine if they linked to articles or research on the topic or if they linked to services that are currently being provided for veterans of the Iraq and Afghanistan wars. The researcher read through each website that claimed to offer services to veterans to ensure that the website is current, and is offering services, as opposed to a website that connects veterans with outside organizations that offer services, or a website that offers "advice" or "tips" on independently coping with symptoms of trauma. The researcher also scrutinized each site to determine if the services being offered included yoga therapy or another body based therapy. The websites that met the appropriate criteria for the search were enumerated.

Chapter 4: Results

Results of Market Analysis

Mental health services for veterans. A google search for “mental health services for Iraq and Afghanistan veterans, PTSD” yielded 309,000 results. When reading through the links that were generated with this search, it was difficult to find any from service providers. Many of these search results link to articles and/or research on the topic, as opposed to actual mental health services for Iraq and Afghanistan veterans. The “sponsored ads” provided more information about organizations that are providing services or that link veterans with service providers. The researcher was able to find ten organizations that are specifically organized around providing mental health services to veterans or connect veterans with mental health providers. The sponsored adds include Iraq and Afghanistan Vets at IAVA.org a website to help veterans of Iraq and Afghanistan re-enter the work force, MilitaryMentalHealth.org a website with many online mental health assessments, but no mental health referrals, and Mental Help for Veterans at HomeComing4Veterans.org which provides a space to connect veterans seeking help and mental health providers. Also, ComingHomeProject.net, the Veterans Healing Initiative at VetsHealing.org, the Kennedy Crier Institute at KennedyKrieger.org, NYU Langone Medican Center at militaryfamilyclinic.med.nyu.edu, LifeSpring at LifeSpring.com, GiveAnHour.org, and The National Alliance on Mental Illness at NAMI.org, realwarriors.net, ConstantContact.com.

Mental health services for veterans that incorporate the body. A google search for “mental health services for Iraq and afghanistan veterans, PTSD, body, yoga” yields 13,400 results. When reading through the links that were generated with this search, it was difficult to find any from service providers. Many of these search results link to articles and/or research on the topic, as opposed to actual mental health services for Iraq and Afghanistan veterans that incorporate the body or yoga. Many of the organizations found offered yoga classes for veterans. This is different from a mental health professional incorporating yoga into their treatment with veterans who have PTSD. The researcher was able to find five non-VA associated programs that offer trauma sensitive yoga to a veteran population. Givebackyoga.org has also created combat-trauma sensitive yoga for veterans, one program is currently being run in Connecticut.

HomeComing4Veterans.org offers free Neurofeedback Training to help veterans with mental health issues. YogaWarriors.com offers yoga classes designed specifically to help veterans suffering from PTSD, and has many active-duty military and combat veterans serving as teachers. The Veteran’s Yoga Project offers retreats for veterans that incorporate yoga and meditation and works to increase yoga resources that are available to Veterans with PTSD and to the yoga therapists who work with them. VeteransInc.org offeres veterans stress reduction and stress management through counseling, exercise, massage, acupuncture, Reiki, and yoga.

Mental health services for vets that incorporate the body in Illinois. A Google search for “mental health services for Iraq and Afghanistan veterans, PTSD, body, yoga,

Illinois" yields 9,380 results. When reading through the links that were generated with this search, it was difficult to find any from service providers. Many of these search results link to articles and/or research on the topic, as opposed to actual mental health services for Iraq and Afghanistan veterans that incorporate the body or yoga. Of the 9,380 search results, only two were found to be links to mental health services that incorporate the body when working with veterans with trauma symptoms. Ayesha Atique, Acupuncture and Chinese Herbology, located in Warrenville, IL offers trauma sensitive acupuncture for combat veterans and can be found at http://www.atique-acupuncture.com/trauma.html. A 2008 blog post that advertises free yoga to OIF/ORF veterans is among the top search results, but the links provided no longer link to active websites, and is not Illinois specific. This blog can be found at http://ptsdcombat.blogspot.com/2008/08/warrior-mind-body-spirit-free-oefoif.html.

Current Yoga Therapy Programs

Mindful yoga therapy for veterans coping with trauma. This is a collection of effective yoga practices developed through practical and clinical experience working with veterans coping with PTSD and other psycho-emotional stress. The practices are designed to safely and comfortably help those who have experienced trauma, they can be used by anyone who is experiencing stress. The Give Back Yoga Foundation is making this manual available for free to veterans and VA hospitals (Kepner, 2012). As this is a new manualized program that is still in it's beginning stages. There have not been full program evaluations. This is a limitation in the yoga therapy field as a whole. The yoga

therapy programs that are being offered are largely in their infancy and do not have formal program evaluations or follow up studies of the programs. iREST is one exception.

iREST. Is a form of mindfullness meditation that focuses on self-inquiry, during which attention is oriented in a structured way toward specific types of experiences including, but not limited to, the physical body, the breath/energetic body, early mind/feelings and emotions, higher mind/intellect, and essential qualites of being. iRest can be praciced alone with the help of an audio recording, or verbally guided with a group. A 2011 study of iREST with a verteran population indicated that participants reported a reduction in felings of rage, anxiety, and emotional reactivity, and an increase in feelings of relaxation, peace, self-awareness, and self efficacy (Stankovic, 2011). A Department of Defense study found that veterans diagnosed with PTSD showed improvement in their PTSD symptoms. These include reduced anxiety and depression, improved sleep and concentration after ten weeks of yoga classes (Zimmerman, 2010). The VAs that have begun incorporating iRest as a part of their treatment model for veterans with PTSD have shown a self-reported reduction of in feelings of rage, anxiety, and emotional reactivity and an increase in feelings of relaxation, peace, self-awareness, and self efficacy (Stankovic, 2011).

Linking the Market Analysis to the Literature Review

The market analysis correlates very closely with what is highlighted in the literature review. The market analysis indicates that there is a growing demand for quality and

varied therapy programs for our service members with symptoms of trauma. From the literature review and market analysis it is clear the consequences for such a gap in the market are quite substantial. The research indicates that with every deployment, and every service member returning home, there are ever increasing numbers of people who are suffering, both directly and indirectly, from the symptoms of trauma. The service members are directly affected by their symptoms and are committing suicide at a rate that this country has never seen before. Their family members and friends are suffering as their relationships are compromised and sacrificed. Their employers and community are also suffering, as they are unable to hold employment or contribute to their community.

The market analysis and literature review indicate that yoga has grown substantially and is gaining recognition and legitimacy within the medical and psychological community as an effective treatment for physiological and emotional conditions. The gap in psychological treatment for trauma that our service members are experiencing is beginning to be filled with "alternative" methods, one of which is yoga therapy. This market has great potential for growth and sustainability. The few programs that are in place have shown very promising results and have helped many service members cope with their trauma and to re-integrate to their civilian lives. The market analysis and literature review indicate that there are many more service members who can benefit from a yoga therapy program.

Limitations

Conducting a market analysis using Google searches can be very difficult, namely because of the volume of results. The Internet is notorious for being full of onerous posts that anyone can make. It was difficult to weed though the search results to find the ones that actually fit the criteria of the search. Many of the results were blog posts or discussion boards, which did not lead to mental health services for veterans, rather they were opinion pieces about the experience of the mental health system, or the combat trauma. It was also very difficult to weed through the results that link to articles about the search term, as opposed to actual mental health service programs. The number of articles about trauma, combat trauma, mental health, the wars in Iraq and Afghanistan, and yoga, compared to actual mental health programs for veterans with combat trauma that incorporate the body or use trauma, is easily 20:1.

There are also limitations around the search terms. Google only generates results that use the specific words that are searched. It is possible that some mental health programs or yoga therapies do not use these words to describe themselves or their services and would therefore not appear in the search results. It may also be the case many mental health programs for veterans with combat PTSD that incorporate the body or yoga do not have websites and would, therefore, not appear in an internet search.

An Introduction to Operation Yoga

Operation Yoga is unique in that it offers an opportunity to engage the body in therapy in a way that other more traditional therapies do not. Operation Yoga

incorporates recent relevant literature on the nature of combat PTSD symptoms experienced by veterans of the Iraq and Afghanistan wars, the neurobiology of trauma and traumatic memories, and the therapeutic benefits of yoga at a psychological and neurological level. This includes a thorough exploration of the biological, psychological and social aspects of combat PTSD symptoms and traumatic memories. Operation Yoga incorporates the physical, mental, and breathing components of yoga that have been shown to aid in the processing of trauma. Operation Yoga uses the connection between the mind and the body to address and reduce the symptoms commonly experienced among combat veterans who have experienced trauma. Operation Yoga is designed such that each asana practice will have a corresponding talk therapy sesson. This format will allow the client to utilize their mind, body, and spirit to talk about and make meaning of the trauma they have experienced.

The overall goal of Operation Yoga is to provide veterans who have experienced trauma with the tools and knowledge needed to understand, process, and integrate their trauma experience during wartime in a healthy and effective way that incorporates their body and mind. Specifically the program is designed around four objectives.

Objective 1. Identify and acknowledge the physiological response to emotions, thoughts and memories about the traumatic event(s).

Objective 2. Learn techniques to keep physiological arousal within a "window of tolerance" so the troubling emotions, thoughts and memories can be fully processed, understood and integrated into daily experience.

Objective 3. Use the body as a tool to explore emotions, thoughts and memories connected to the traumatic event.

Objective 4. Create a narrative of the traumatic experience by creating physical discomfort in the body and exploring the emotions and thoughts that are aroused and connected to the traumatic memories.

The full program can be found in the Operation Yoga Manuel.

Chapter 5: Discussion

Market Analysis for Operation Yoga

This researcher investigated the need and market for a yoga therapy program for veterans of the Iraq and Afghanistan wars with symptoms of PTSD. The program aims to help veterans to use their body as a tool in therapy, to develop self-soothing skills, and to process, organize and integrate their experience though yoga asana, meditation and breathing exercise. A market analysis was conducted to determine the market size, growth, trends and profitability of a yoga therapy program for veterans with symptoms of PTSD.

Challenges of conducting market analysis. The challenge of conducting a market analysis for yoga therapy programs for veterans of OEF and OIF with symptoms of PTSD are many. Mainly, yoga therapy is a very new concept in America. As yoga is growing in popularity and legitimacy within the medical and psychological field more programs are emerging, but many of them are in their infancy. Yoga therapy, as a profession, is constantly defining and redefining itself as yoga practitioners try to understand their role and how yoga can be utilized with the medical and psychological community. The International Association of Yoga Therapists (IAYT) is currently undertaking a review of the literature to create a cohesive definition of yoga therapy that recognizes the physical and psychological components of yoga. IAYT is also working to create standards for certification to guarantee that all yoga therapists have similar training and background.

The current ambiguity of the yoga therapy field makes understanding the market very difficult. During the market analysis it became clear that the majority of yoga therapy programs were aimed at physiological ailments, most notably pain disorders and physical rehabilitation. As such, the program developer decided to focus on the general yoga market, the veteran PTSD market, and the difficulty the VA has face in adequately providing services to veterans.

Potential challenges and barriers in the market. Despite the high prevalence and disabling effects of mental health conditions, many soldiers and veterans never seek help. Stigma continues to be the main barrier to seeking care (Kuehn, 2010). The most salient barriers to care are those characterized as stigma-related. Specifically, discomfort with help seeking and concerns about social consequences. Our service men and women are used to being in the role of the, “care giver,” not the, “care receiver.” To ask for and receive help for a psychological trauma runs counter to their character and training as a member of the military. This may impact the success of Operation Yoga. It is also important to acknowledge the stigma of yoga being a “hippie-dippie, touchy, feely” activity that is only done by housewives and college girls. Operation Yoga will have to work to address this and promote yoga as a physically challenging activity that requires strength and athleticism. The group format of the yoga classes may help the service members to feel more comfortable, as they will be supported by fellow veterans. Also, it may promote the feeling that they are still caregivers, as they are providing support and encouragement to fellow veterans, while also receiving care.

It is also important to consider how clients may have to pay for alternative therapies, which are often not covered by insurance. The absence of insurance coverage for yoga and yoga therapy presents a barrier to access and utilization of services. However, there is a possible benefit for paying out-of-pocket, as clients may be able to use a federal income tax deduction for medical expenses. The ability to deduct medical expenses depends on total unreimbursed spending exceeding the statutory floor of 7.5 percent of adjusted gross income. Many CAM services are eligible as "includible" medical expenses (that is, counting toward the 7.5 percent floor and beyond) (Martin & Long, 2007). In short, it is very important that yoga therapy providers develop a model that is affordable out-of-pocket, or find a way to work in conjunction with mental health professionals to bundle services. For example, wrapping yoga therapy into wellness programs and disease management programs. Operation Yoga will be in a unique position to do this, as it combines yoga therapy with talk therapy that easily has the potential to bill insurance as mental health treatment.

Limited credentialing of yoga and yoga therapy providers is another potential barrier to broadening third-party coverage. Currently, there are limited credentials for yoga instructors and yoga therapists. The certification programs offered are not all uniform. Simply creating uniformity with minimal standards of competence, evidence-based education and training, and standardization of a curriculum for yoga therapy practitioners would remove many of the barriers to credentialing and even licensing among yoga therapy practitioners, and, consequently, access to inclusion in third-party payment mechanisms.

Development of Operation Yoga

When beginning the development of Operation Yoga there was one main goal in mind: to create a comprehensive treatment model for veterans of OIF and OEF that addresses the whole experience and the whole person to enable the understanding, processing and integrating the trauma symptoms with a healthy and full life. The individually tailored program is flexible and structured enough to foster significant individual and community change as a result. As Operation Yoga has gone through many phases of development, some predicted and unpredicted challenges unfolded.

Creating a treatment model. Our veteran population presents with an incredibly nuanced symptomatology that requires and deserves a well thought out and planned treatment model, and the time necessary to address the complex trauma they have sustained. It is incredibly important to develop a program that is comprehensive in not only providing self-soothing skills, but also in helping to organize, process and integrate a narrative of the trauma that helps to connect the physiological with the psychological and cognitive, while also helping the veterans to move into their current lives in a healthy and adjusted way.

Operation Yoga is developed as a treatment option for a veteran population with substantial trauma experience and difficulty with trauma symptomatology. It is broken down into phases, because the work that needs to be done to move forward from combat trauma is substantial and complex. The goal Operation Yoga is to provide veterans with the tools to self-soothe when they are in the middle of experiencing trauma symptoms, so

they can begin to do the work of remembering and healing, and finally so they can return to their lives in a meaningful and complete way. It is incredibly difficult to address all of these needs within a brief therapy model. The program developer views the growth from trauma as a process that occurs over time, aided by deep self-soothing skills, introspection and self-reflection, and acceptance.

The program is designed to take place over the course of fourteen weeks and is comprised of many different practices and sessions that can be modified as the individual talk therapist and yoga therapist see fit. It is recognized that this is only the beginning as the veterans start to rebuild their lives. The phases and practices can be revisited and repeated as needed. These phases are geared toward satisfying the following objectives.

Objective 1. Use the body as a tool for exploring traumatic memories. By stretching into areas of the body with meditative reflection and a purposeful breath, traumatic memories can be accessed through the body in a way that they cannot be accessed in the mind. By exploring these memories through the body a holistic narrative of the trauma can be created and processed.

Objective 2. Use the body as a tool for exploring the emotions and thoughts associated with the traumatic memories. By creating physical pain and discomfort in the body, the emotions and thoughts that are connected to the traumatic memories can be elicited and explored and connected to the traumatic memory in a way that can facilitate a deep understanding and narrative of the experience of the traumatic event.

Objective 3. Cultivate self-soothing skills. While holding physically and emotionally uncomfortable positions with the body, the meditative and breathing techniques can be used to calm and soothe the mind and body. These skills can be translated "off the mat" when they are experiencing symptoms of their trauma.

Potential Barriers in Implementing Operation Yoga

Some potential barriers to program implementation may include working with VA's to advertise or get referrals for Operation Yoga. VA hospitals may be reluctant to refer veterans out to the private sector, and to an alternative treatment model. There may be a financial incentive for VA's to try to keep the veterans with them for treatment. It is possible that government funding for mental health treatment will be based on how many veterans the VA is serving.

Operation Yoga will also have to overcome the barrier of veterans traditionally not being a help-seeking population. It is possible the many veterans perceive themselves as "caregivers" not "care receivers." They are traditionally in a helping role. They are strong, courageous, and trained to stand in the face of danger. It can be very hard for a veteran to admit they are feeling scared and having nightmares, or are not comfortable around people like they used to be. It is important for Operation Yoga to help with decreasing the stigma of help seeking behaviors. It is also important for Operation Yoga to combat the stigma of yoga. It is possible that many veterans will not view yoga in a favorable light and may have the misconception that yoga is not for tough, strong athletes.

Operation Yoga's Future

Operation Yoga is intended to fill a void in the existing treatment for veterans of OIF and OEF with symptoms of trauma. Operation Yoga is intended to help veterans learn how use their body as a tool to self-sooth their troubling trauma symptoms and to begin to process, understand and integrate their trauma experience. Operation Yoga's vision is to actively engage veterans in a program outside of the VA to help decrease the stigma of help seeking and to create a community that can help them to address their trauma symptoms with affective tools and community support. Through the process of exploring and understanding their physiological response to trauma, the veterans can begin to explore the emotional and psychological trauma experience. Additionally, engaging in a physical practice can help the veterans to feel more comfortable with exploring the psychological and emotional components as their trauma.

To assure the efficacy and measure the success of the program outcome, existing measures will be utilized and new measures may be created and implemented. To be more effective, the outcome measures should be both qualitative and quantitative. The qualitative measures ought to consider the veterans' own experiences, thoughts, and emotions regarding the physical and physiological process of the yoga and talk therapy components of the program. It is important to gather information regarding perceived changes in the veteran's experience, memory, thoughts and emotions towards their combat and trauma experience. Quantitative measures may include The Penn Inventory to assess PTSD symptom severity, depression, anxiety, and general health. The Five Facet Mindfulness Questionnaire may be used to assess the effects of yoga. Depending

on the outcome of the program evaluation, the program may be altered to best fit the needs of the population.

Recommendations for Future Research

Despite the growing interest in the psychological and emotional health and well being of our service men and women, and the growing interest in yoga and yoga therapies, the depth and scope of research being done on treatment models is relatively limited to “evidence based therapies.” Yoga therapy and other alternative methods of treatment have not received the amount of attention as cognitive behavioral therapies or exposure and response prevention therapies. As the demographics and needs of our military changes it is imperative for researchers and clinicians to develop creative and alternative methods of treatment for this population.

Future research must include further exploration of yoga and yoga therapies. Specifically, future research must investigate how yoga and yoga therapy affects the brain of persons who have experienced trauma. It must also investigate the qualitative difference that yoga can make in the lives of those who have experienced trauma, and combat trauma specifically. More research on the implementation of yoga therapy programs is essential to the success of the field. Understanding what is and is not effective during the implementation of a diverse set of yoga therapy program models would help immensely to create standards of care and treatment outcome expectations for yoga therapy.

Future research would also benefit from understanding how yoga and yoga therapies can be effective with depression, anxiety, substance abuse and trauma. Many of these conditions coexist and their treatment is highly nuanced. While there are some studies on yoga and its effect on these diagnoses and their symptoms, there simply need to be more of them. It is important that these studies include both qualitative and quantitative measures to fully understand the effectiveness of the model. It is also important that the yoga therapy have a talk therapy component, for it to be feasible as a mental health intervention that can more easily be covered by insurance.

From the market analysis it became clear that further research is needed to determine the influence of both cost and price on access to and utilization of yoga and yoga therapies. Specifically, economic evaluations need to be conducted of yoga therapies. Future studies need to investigate the integration of yoga and yoga therapies and conventional medicine, insurance coverage and reimbursement, and economic evaluations in the areas of effectiveness and cost-effectiveness.

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Appendix A: Operation Yoga: The Manual

A Yoga Therapy Program for Veterans of the Iraq and Afghanistan Wars with Symptoms of PTSD

By Jamie Johnson

Chapter 1: Introduction to the Manual

The following manual was created to help veterans of the Iraq and Afghanistan wars who are experiencing symptoms of trauma to engage their body as a tool in therapy. Along with a yoga therapist and a talk therapist, this program is intended to help veterans with symptoms of trauma to use their bodies and minds to process, understand and organize their wartime experience and current symptomatology. Operation Yoga is a yoga therapy program that will use the connection between the mind and the body to address and reduce the symptoms commonly experienced among combat veterans who have experienced trauma. The primary goal of Operation Yoga is provide veterans who have experienced trauma with the tools and knowledge needed to overcome the often debilitating and life changing symptoms that accompany combat during wartime. The connection between emotions, experiences held in the body, physical movement and meditation will be combined as a way to access and process the traumatic memories and emotions that are at the root of the troubling symptoms. Yoga will be an integral part of Operation Yoga in order to facilitate a healthy way to experience, process, and integrate symptoms that arise after overwhelming experiences of trauma.

Operation Yoga is unique in that it offers an opportunity to engage the body in therapy in a way that other more traditional therapies do not. This integration of the body in therapy plays a particularly important role when working with traumatic memories

because the emotional arousal that accompanies trauma can be dissociated into the body in a way that makes interpreting and understanding emotions and thoughts very difficult. Emotions function as signals that help to inform expectations of the world and help in selecting and implementing adaptive action (van der Kolk, van der Hart, & Burbridge, 1995). The emotions of people who have experienced overwhelming trauma seem to lose much of their alerting function, as the internal "alarm system" becomes unnecessarily sensitive and hyperactive and eventually numb. In Operation Yoga the yoga therapist and talk therapist have a unique ability to interactively regulate the dysregulated states and to cultivate self-awareness of inner body sensations. Operation Yoga engages the affected areas of the body and incorporates them into the dialogue about the experience in a way that can facilitate a healthy integration of how the body experiences emotions and how the mind experiences emotions.

Overview of the Manual

Operation Yoga is designed such that each asana practice will have a corresponding talk therapy session. In some practices, the corresponding talk therapy session will be discussed in detail; in others, there will simply be a note that the content of the asana practice is to be processed in the individual Talk Therapist Instruction. All participants in Operation Yoga are required to participate in individual talk therapy, as this is a crucial component to building a narrative and processing the experience that occurs during the asana practice. Within this manual, the yoga therapist and talk therapist will find information on the underlying rationale and principles that guide each suggested talk

therapy session and Yoga Therapist Instruction. The manual guides the mental health professional and yoga instructor through each suggested session. The overall goal of Operation Yoga is to provide veterans who have experienced trauma with the tools and knowledge needed to understand, process, and integrate their trauma experience during wartime in a healthy and effective way that incorporates their body and mind. Specifically the program is designed around four objectives:

Objective 1. Identify and acknowledge the physiological response to emotions, thoughts and memories about the traumatic event.

Objective 2. Learn techniques to keep physiological arousal within a "window of tolerance" so the troubling emotions, thoughts and memories can be fully processed, understood and integrated into daily experience.

Objective 3. Use the body as a tool to explore emotions, thoughts and memories connected to the traumatic event.

Objective 4. Create a narrative of the traumatic experience by creating physical discomfort in the body and exploring the emotions and thoughts that are aroused and connected to the traumatic memories.

Chapter 2: Program Format

Mission Statement

The mission of Operation Yoga is to use the connection between the mind and the body to address and reduce the symptoms commonly experienced among combat veterans who have experienced trauma. Operation Yoga will provide veterans who have experienced trauma with the tools and knowledge needed to overcome the often debilitating and life changing symptoms that accompany combat during wartime and beyond. Yoga asana, meditation, and breath work will be an integral part of Operation Yoga to facilitate a healthy way to experience, process, and integrate symptoms that arise after overwhelming experiences of trauma.

Screening Criteria for Yoga Participants

It is essential that the facilitators screen all participants before beginning Operation Yoga. The screening session should last approximately one hour and provide the facilitators with an opportunity to understand each potential participant's trauma symptomatology. For purposes that will become clear after understanding the program format, it is particularly important to understand the symptom cluster that the veteran is experiencing most intensely: hyperarousal, avoiding, or reliving the trauma. Any concerning information (i.e. addiction, sever mental illness, psychosis, anger management issues) are discussed in detail with the potential participant, including how these issues might affect the individual within the individual talk therapy and yoga therapy session. In addition, the facilitator must inquire about adaptive and maladaptive

ways of self-soothing the potential participant is currently participating in or has used in the past.

Each participant will receive a detailed description of Operation Yoga and its purpose, what they will be asked to do, time required, possible risks and benefits associated with participating in such a program, how confidentiality and safety will be maintained (Program Appendix A). Participants will be reminded that participation in Operation Yoga is completely voluntary and that if they decide not to participate there will not be any negative consequences.

Operation Yoga Participants

The participants in Operation Yoga will be veterans of the Iraq and Afghanistan wars who are currently experiencing symptoms of PTSD or who are living with traumatic memories. A full PTSD diagnosis is not required for inclusion in this program. Participation in Operation Yoga is voluntary. This will help to foster the therapeutic goal of creating a safe and comfortable environment in which traumatic memories can be recalled and processed.

Inclusion criteria. Participants will be veterans of the Iraq and Afghanistan wars who are currently experiencing any of the symptoms of PTSD. Operation Yoga will be designed to address the needs of those diagnosed with mild and moderate PTSD as well as veterans who are experiencing symptoms, but who do not meet the criteria to be diagnosed with PTSD. The screening mechanism for Operation Yoga will focus more on

an upper-limit of symptomatology, rather than a lower-limit. In other words, there is no "baseline" symptomatology that a participant must meet, but those with severe symptomatology that would impede their ability to participate physically or emotionally will be screened out. Participants may also be using medications to alleviate the symptoms they are experiencing in addition to medications prescribed for other medical reasons. Participants may be from a diverse background of fitness levels and yoga experience. There is no prior yoga experience required to participate in Operation Yoga. Participants may also be working with physical injuries that may limit some physical movements, the asanas used in Operation Yoga can be modified to fit any fitness and flexibility level as well as to accommodate any injury.

Exclusion criteria. Exclusion criteria for participating in Operation Yoga includes severe PTSD symptomatology and severe PTSD in combination with severe depression, anxiety or substance abuse or any personality disorder or schizophrenia. Severe as defined by: experiencing symptoms which would warrant the use of an inpatient facility or in which the emotional, psychological, and physical well-being of the client and practitioner is at risk. Participants who meet this criteria will be excluded because the severity of their symptoms may affect their ability to fully utilize the program and the program may excite their traumatic memories to an extent further than they are equipped to cope with. Participants will be screened using The Penn Inventory to measure of the severity of PTSD, severity of intrusions and avoidance. General psychopathology and psychiatric seriousness will be measured by the General Health Questionnaire 28. The

physical limitations that may impact a participants' ability to participate in the asana practice include, but are not limited to, amputations and numbness. These physical limitations will be assessed on an individual basis to ensure that the participant and yoga therapist can modify asana poses in a safe and effective manner.

Program Structure

Operation Yoga is meant to be a living, breathing program that can be customized to fit the needs of each individual client. While there is a large selection of session ideas that can be combined as the mental health professional, yoga instructor and participant deem most therapeutic, there is a core curriculum of eleven sessions that must be used with each client. The fourteen sessions are intended to take place over fourteen weeks and consist of fourteen asana practices and fourteen talk therapy sessions. It is important that the talk therapy sessions follow the asana practice, as this will provide an important opportunity for the client to process their experience of the asana practice. The yoga instructor will assign and hand out the corresponding homework for the session being practiced. The client is expected to complete the homework after the yoga therapy session, and bring it to their individual talk therapist. The individual talk therapist will review the clients homework. The homework is intended to be a springboard for processing with the talk therapist.

Operation Yoga is intended to be a collaborative effort among the participant, the mental health professional, and the yoga instructor. The sessions are organized by PTSD symptom clusters: hyperarousal, avoiding, and reliving the event. The participant, mental

health professional, and yoga instructor make a clinical decision on which symptom cluster or clusters the participant struggles with most intensely and focuses on those symptoms. You will notice that the specific sessions for each symptom cluster are similar; it is the language and the specific asana poses suggested that differ most dramatically, depending on the symptom cluster being addressed.

Each symptom cluster manual is broken into three phases. During Phase I, clients learn to keep arousal within a window of tolerance by recognizing triggers, changing orienting tendencies, and limiting their access to overstimulating situations. Awareness of the body is emphasized, so clients can learn to recognize the beginning somatic signs that accompany the intrusive and distressing recollections, the hyperarousal, and/or the avoidance. Techniques to help clients return their physiological and emotional arousal to the window of tolerance are provided. In Phase II, the intrusive memories, hyperarousal, and/or avoidance tendencies are integrated with physical sensations, emotions, and actions. This helps to ground the problematic symptom such that it can be processed in a safe and supportive environment. The transformation of the intrusive memory, hyperarousal, and/or avoidance into a coherent narrative and a linguistic sense of self allows the client more awareness and control over the experience of the memory, emotion, and/or thought. In Phase III, clients are psychologically and somatically equipped to turn their attention to enriching their everyday lives. The resources learned in previous phases of treatment are used again in Phase III to support healthy risk-taking and more active engagement in the world.

Assessing and Assigning to Symptom Cluster

The Penn Inventory that was used to screen participants and will be used to help the treatment team clinically determine which symptom cluster to focus on in treatment. The Penn Inventory can measure the severity of intrusions, hyperactivity and avoidance. The symptom cluster that is shown to have the highest score should be the symptom cluster that is focused on. Along with the Penn Inventory, it is important to consider the subjective experience of the client. During the intake interview, the client will be asked to subjectively comment on the symptoms they experience and the degree to which the symptoms impede their daily functioning. Using both the objective and subjective information, the talk therapist and yoga therapist will make a clinical decision about which track will be most clinically appropriate.

Yoga Therapy Session Structure. Each yoga session should last for one hour and fifteen minutes and include a pranayama practice, meditation, asana practice and end with savasana. Each session comes with a description of the intention of the session, specific cueing and language that can be used to guide the meditation and asana practice, and specific suggestions of poses that should be used during the specific session. The specific order and flow of the asana practice is designed by the instructor. The instructor can best assess the client's physical abilities, and energy and can design an asana flow as they see fit, within the broad parameters provided for each specific session. A "Pose by Pose Tips" guide has been created for the yoga therapists to reference when creating the asana sequence (See Manual Appendix C). The yoga instructor will assign and hand out

corresponding homework to be completed before the client meets with their talk therapist. The talk therapy sessions are designed to complement the work that is being done during the yoga therapy sessions.

Individual Talk Therapy Structure. Each individual talk therapy session should last for 45–50 minutes and include a discussion of relevant current events in the client's life, and the client's experience in their previous yoga session. The homework that is assigned in the yoga session is to be collected, reviewed and processed with the client in the talk therapy session. The talk therapy sessions are intended to complement the yoga therapy session, but the mental health professional is granted space to use their professional judgment and decide with the client what topics to discuss in session. That being said, it is important that the client have a space to talk through and discuss their experience of the yoga session. It is likely that strong and uncomfortable emotions, thoughts, and memories will be experienced during the yoga therapy session, and it is important that the mental health professional provide a safe space and encourage the client to explore these experiences verbally. This may also aid in the integration of the physiological and emotional responses with cognitive meaning making.

Client Guide. Each yoga therapy session will have a corresponding homework assignment in the Client Guide. The yoga therapist is to explain and hand out the corresponding homework assignment after the yoga therapy session. The intention of the homework is to encourage the client to apply the lessons learned in the yoga therapy

session in their daily life. The exercises and journal activities in the Client Guide will encourage the client to consider different aspects of their life and how they might be affected by their past trauma experience and current therapy practices. The client will complete the homework after the yoga session and before their individual talk therapy sesson. The individual talk therapy session is to be used as a space to explore and process the experiences during the yoga therapy and to review the homework. The talk therapist will encourage the client to connect (where connections are appropriate) what they have learned in the yoga therapy sessions with how they experience the trauma they have experienced and their current functioning.

Program Timeline

Operation Yoga is designed to take place over approximately fourteen weeks. The fourteen weeks of Operation Yoga include one, sixty-five minute asana session and one, fifty minute individual talk therapy session per week. The sixty-five minute asana session is to precede the fifty minute talk therapy session. Immediately after the sixty-five minute asana session the yoga therapist will assign the week's corresponding homework, and in the preceding talk therapy session the talk therapist will collect and discuss the homework. There is a Core Curriculum (outlined in the following section) that is to be followed closely which will cover eleven of the fourteen weeks of Operations Yoga. The other three weeks can be structured as the client, yoga professional, and talk therapist see fit, choosing from the additional outlined practices in the program materials.

Core Curriculum

Within the Core Curriculum there are three phases which each focus on specific issues. The sessions in Phase I are; "Understanding the Window of Tolerance," "Befriend Your Body," "Find Strengths," and, "Take in the Good." In order for the client to safely begin an asana practice and to begin to do some very difficult trauma work, it is imperative that the client understand their window of tolerance, both physically and psychologically. The first two sessions are geared at helping the client explore how much physical and psychological "sensation" they can tolerate and to build the self-soothing skills they can employ to calm themselves when they begin to feel overwhelmed. It is possible, that for some clients, this will be their first time engaging in asana practice; therefore, it is important that they have the opportunity to understand their flexibility and physical limitations. The "Finding Strengths," and "Take in the Good," exercises are intended to further bolster the client's ability to self-sooth and build up health coping mechanisms for the difficult trauma work they are engaging in.

All of the sessions that are described in Phase II are in the core curriculum because this is where the emphasis is on recalling and processing the uncomfortable and traumatic experiences. "Meditate," "Forgive Yourself," and "Say Yes," are all geared towards focusing the energy on recalling, exploring, and processing the traumatic event and its repercussions. During this phase it is very important to remind the client to use the skills they developed in Phase I and to use the lessons from the "Meditate" session to focus on one aspect of the experience at a time as they can tolerate, and then switch and focus on another aspect of the experience. The "Forgiveness" session is important because a need

for forgiveness may emerge as your client may feel responsible for, embarrassed by, or ashamed of some aspects of their experience. Clients may have a hard time forgiving themselves for what has happened and may need your help to begin to let go and forgive themselves for what has happened. In "Say Yes," your clients are asked to do exactly what they have been avoiding, acknowledging the full truth of the trauma they experienced. They are asked to feel some acceptance, some surrender to the facts as they are, whether they like them or not.

In Phase III the focus shifts to taking all that the client has learned, experienced and processed and moving forward into a the new life they have in front of them. The core curriculum of Phase III include "Be Glad," "Be Grateful," "See the Good in Yourself," and "Find Strengths (Part II)." As very uncomfortable emotions, memories and thoughts have been struggled through and processed, "Be Glad," offers your client an opportunity remember that along with the bad, good can exist. The intention of "Be Grateful," is to begin to reframe some of their experience as something that was life changing in a horrifying and awful way, to something that was life changing in a way they can be thankful for. "See the Good In Yourself," offers the client the opportunity to appreciate and celebrate the many good qualities they poses, but may have forgotten about or have a hard time seeing. "Find Strengths (Part II)," is intended as a closing session that can wrap up the hard work they have done with thoughtful reflection on where they were when they started and where they have come. They will have done this practice in Phase I, and this is a chance to fully acknowledge how far they have come and how far they have left to go, and can go.

Table 1: *Core Curriculum*

Phase I	Phase II	Phase III
Understanding the Window of Tolerance	Meditate	Be Glad
Befriend Your Body	Forgive Yourself	Be Grateful
Find Strengths	Say Yes	"See the Good in Yourself"
Take in the Good		Find Strengths

Outline of Timeline and Practice for Yoga Therapists and Talk Therapists

Phase I. Week 1. The focus of week one is, "Understanding the Window of Tolerance." The yoga therapist will lead an hour and fifteen-minute yoga therapy session for the client to safely begin an asana practice and to begin to do some very difficult trauma work.

Yoga therapist instruction. The yoga therapist will assign the "Understanding the Window of Tolerance," homework and will disperse, "The importance of sleep and food in mental health" handout.

Talk therapist instruction. The talk therapist will collect the homework for discussion and process the "Understanding the Window of Tolerance," yoga therapy session with the client.

Phase I. Week 2. The focus of the second week is to further the client's connection and understanding of their body and their physiological and psychological response to the yoga therapy sessions.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute yoga therapy session for the client to, "Befriend Your Body," the yoga therapist will assign the "Befriend Your Body," homework.

Talk therapist instruction. The talk therapist will collect the homework for discussion and process the "Befriend Your Body," yoga therapy session with the client.

Phase I. Week 3. The focus of week three is to help the client build self soothing skills to be used in the following weeks.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute yoga session focusing on, "Finding Strengths," and will assign the, "Finding Strengths," homework.

Talk therapist instruction. The talk therapist will collect the homework for discussion and process the "Finding Strength," yoga therapy session with the client.

Phase I. Week 4. Continuing from week three, week four will focus on further building self soothing skills.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute yoga session focusing on noticing the good that exists in the client's life, and will assign the, "Take in the Good," homework.

Talk therapist instruction. The talk therapist will collect the homework for discussion and process the "Take in the Good," yoga therapy session with the client.

Phase I. Week 5. This is the last week of Phase I and will be used to add or repeat a session from Phase I to help the client build the self-soothing skills they will use in the following phases. The yoga therapist, talk therapist and client can work collaboratively to determine the practice they will use during this week.

Yoga therapist instruction. The yoga therapist will lead the one hour and fifteen minute yoga session that corresponds with the selected practice, and will assign the corresponding homework.

Talk therapist instruction. The talk therapist will collect the homework for discussion and process the yoga therapy session with the client.

Phase II. Week 6. Phase II begins in the sixth week.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute yoga session to help the client learn to focus on one aspect of the experience at a time as they can tolerate, and will assign the "Meditate" homework.

Talk therapist instruction. The talk therapist will collect the "Meditate" homework for discussion and process the yoga therapy session with the client.

Phase II. Week 7. The focus of the seventh week is forgiveness.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute yoga session to help the client begin to explore forgiving themselves and others connected to the trauma they have experienced, and will assign the "Forgiveness" homework.

Talk therapist instruction. The talk therapist will collect the "Forgiveness" homework for discussion and process the yoga therapy session with the client.

Phase II. Week 8. The focus of the eighth week is acceptance.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute yoga session to help the client begin to acknowledge the full truth of the trauma they experienced, and will assign the "Say Yes" homework.

Talk therapist instruction. The talk therapist will collect the "Say Yes" homework for discussion and process the yoga therapy session with the client.

Phase II. Week 9. This is the second to last week of Phase II and will be used to repeat a session from Phase II to help the client continue to process the trauma they have experienced. The yoga therapist, talk therapist and client can work collaboratively to determine the practice they will use during this week.

Yoga therapist instruction. The yoga therapist will lead the one hour and fifteen minute yoga session that corresponds with the selected practice, and will assign the corresponding homework.

Talk therapist instruction. The talk therapist will collect the homework for discussion and process the yoga therapy session with the client.

Phase II. Week 10. This is the last week of Phase II and will be used to repeat a session from Phase II to help the client continue to process the trauma they have experienced. The yoga therapist, talk therapist and client can work collaboratively to determine the practice they will use during this week.

Yoga therapist instruction. The yoga therapist will lead the one hour and fifteen minute yoga session that corresponds with the selected practice, and will assign the corresponding homework.

Talk therapist instruction. The talk therapist will collect the homework for discussion and process the yoga therapy session with the client.

Phase III. Week 11. This is the first week of Phase III, during which the focus shifts to moving forward into the new life that clients have in front of them. The “Be Glad” practice offers your client an opportunity remember that along with the bad, good can exist.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute “Be Glad” yoga session, and will assign the “Be Glad” homework.

Talk therapist instruction. The talk therapist will collect the “Be Glad” homework for discussion and process the yoga therapy session with the client.

Phase III. Week 12. In the twelfth week the intention is to begin to reframe some of the experience as something that was life changing in a horrifying and awful way, to something that was life changing in a way they can be thankful for.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute "Be Grateful" yoga session, and will assign the "Be Grateful" homework.

Talk therapist instruction. The talk therapist will collect the "Be Grateful" homework for discussion and process the yoga therapy session with the client.

Phase III. Week 13. In the thirteenth week the intention is to offer the client the opportunity to appreciate and celebrate their many good qualities.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute "See the Good In Yourself" yoga session and will assign the "See the Good In Yourself" homework.

Talk therapist instruction. The talk therapist will collect the "See the Good In Yourself" homework for discussion and process the yoga therapy session with the client.

Phase III. Week 14. In the final week of Operation Yoga, "Find Strengths (Part II)" encourages thoughtful reflection on where the client began the program and were where they have come.

Yoga therapist instruction. The yoga therapist will lead a one hour and fifteen minute "Find Strengths (Part II)" yoga session and will assign the "Find Strengths (Part II)" homework.

Talk therapist instruction. The talk therapist will collect the "Find Strengths (Part II)" homework for discussion and process the yoga therapy session with the client.

Table 2: *Outline of Timeline and Practice for Yoga Therapists and Talk Therapists*

Phase	Timeline and Practice
Phase I	Week 1: Understanding the Window of Tolerance Yoga Therapist: * Lead, "Understanding the Window of Tolerance," yoga therapy session. *Assign, "Understanding the Window of Tolerance," homework. *Handout 1: The importance of sleep and food in mental health. Talk Therapist: *Collect and discuss, "Understanding the Window of Tolerance," homework. *Follow up about Handout 1: The importance of sleep and food in mental health.
	Week 2: Befriend Your Body Yoga Therapist: * Lead, "Befriend Your Body," yoga therapy session. *Assign,"Befriend Your Body," homework. Talk Therapist: *Collect and discuss,"Befriend Your Body," homework.
	Week 3: Find Strengths Yoga Therapist: * Lead, "Find Strengths," yoga therapy session. *Assign, "Find Strengths," homework. Talk Therapist: *Collect and discuss, "Find Strengths," homework.
	Week 4: Take in the Good Yoga Therapist: * Lead, "Take in the Good," yoga therapy session. *Assign, "Take in the Good," homework. Talk Therapist: *Collect and discuss, "Take in the Good," homework.
	Week 5: Optional week to repeat a previous practice or to add another practice outlined in Phase I. Yoga Therapist: * Lead corresponding yoga therapy session. *Assign corresponding homework. Talk Therapist: *Collect and discuss corresponding homework.

Phase II	Week 6: Meditate Yoga Therapist: * Lead, “Meditate,” yoga therapy session. *Assign, “Meditate,” homework. Talk Therapist: *Collect and discuss, “Meditate,” homework.
	Week 7: Forgive Yourself Yoga Therapist: * Lead, “Forgive Yourself,” yoga therapy session. *Assign, “Forgive Yourself,” homework. Talk Therapist: *Collect and discuss, “Forgive Yourself,” homework.
	Week 8: Say Yes Yoga Therapist: * Lead, “Say Yes,” yoga therapy session. *Assign, “Say Yes,” homework. Talk Therapist: *Collect and discuss, “Say Yes,” homework.
	Week 9: Optional week to repeat a previous practice within Phase II. Yoga Therapist: * Lead corresponding yoga therapy session. *Assign corresponding homework. Talk Therapist: *Collect and discuss corresponding homework.
	Week 10: Optional week to repeat a previous practice thing Phase II. Yoga Therapist: * Lead corresponding yoga therapy session. *Assign corresponding homework. Talk Therapist: *Collect and discuss corresponding homework.

Phase III	Week 11: Be Glad Yoga Therapist: * Lead, “Be Glad,” yoga therapy session. *Assign, “Be Glad,” homework. Talk Therapist: *Collect and discuss, “Be Glad,” homework.
	Week 12: Be Grateful Yoga Therapist: * Lead,“Be Grateful,” yoga therapy session. *Assign,“Be Grateful,” homework. Talk Therapist: *Collect and discuss,“Be Grateful,” homework.
	Week 13: See the Good in Yourself Yoga Therapist: * Lead, “See the Good in Yourself,” yoga therapy session. *Assign, “See the Good in Yourself,” homework. Talk Therapist: *Collect and discuss, “See the Good in Yourself,” homework.
	Week 14: Find Strengths Yoga Therapist: * Lead, “Find Strengths (Part II),” yoga therapy session. *Assign, “Find Strengths (Part II),” homework. Talk Therapist: *Collect and discuss, “Find Strengths (Part II),” homework.

Table 3: *Outline of Timeline and Practice*

Phase	Timeline and Practice
Phase I	Week 1: Understanding the Window of Tolerance Week 2: Befriend Your Body Week 3: Find Strengths Week 4: Take in the Good Week 5: Optional week to repeat a previous practice or to add another practice outlined in Phase I.
Phase II	Week 6: Meditate Week 7: Forgive Yourself Week 8: Say Yes Week 9: Optional week to repeat a previous practice within Phase II. Week 10: Optional week to repeat a previous practice thing Phase II.
Phase III	Week 11: Be Glad Week 12: Be Grateful Week 13: See the Good in Yourself Week 14: Find Strengths

Chapter 3: The Yoga Therapy and Talk Therapy Facilitators

Yoga Therapy Facilitator's Level of Training

It is required that the yoga therapy facilitator be a certified yoga instructor and have knowledge about the anatomy and physiology of yoga. It is very possible that some of the veterans will have sustained an injury that may affect their movement and limit some of the asanas they can practice. It is important that the yoga therapy facilitator be able to modify poses and make recommendations appropriately. It is also expected that the yoga therapy facilitator will work collaboratively with the individual talk therapist and the client to create a yoga session that best suits their needs. The yoga therapy facilitator will be expected to meet with the individual talk therapist and discuss the details of the case and to work collaboratively to develop a case conceptualization and treatment plan that will be discussed with the client. A "Pose by Pose Tips" guide has been created for the yoga therapists to reference when creating the asana sequence (See Manual Appendix C).

Operation Yoga is designed around a trauma sensitive approach to yoga. It is imperative that the yoga therapy facilitator have a complete understanding of trauma sensitive yoga therapy; the poses that are traditionally used and not used, the language and cuing that is used and not used, to make sure that the clients feel comfortable and supported throughout their experience in session. It is important that the yoga therapy facilitator have experience in working with people who have experienced trauma, so they have an experiential understanding of the potential reactions during class to certain poses, breathing techniques, and meditations. In addition, it is important that the yoga therapy facilitator be familiar with combat trauma and the veteran population. It is not necessary

that the yoga therapy facilitator have direct experience in working with a veteran population, but simply an understanding of the military culture and the experiences that many veterans have had during war time and when reintegrating into civilian culture.

Individual Talk Therapy Level of Training

It is required that the mental health professional who is facilitating the individual talk therapy hold a minimum of a masters level education in psychology. It is not required that they be a licensed mental health care worker, but they must at least be supervised by a doctoral level licensed mental health care worker. This is specifically designed to include doctoral students who are interested in practicum experience with veterans. Direct experience with the population is not required, but all mental health professionals must have an understanding of trauma, specifically combat trauma. Particularly, they must have a working knowledge of the physiological symptoms of PTSD and an understanding of how yoga interacts with those symptoms to help provide relief.

It is expected that the individual talk therapist will work collaboratively with the yoga therapy facilitator and the client to create a yoga session that best suits their needs. The individual talk therapist will be expected to meet with the yoga therapy facilitator and discuss the details of the case and to work collaboratively to develop a case conceptualization and treatment plan that will be discussed with the client.

Recommendations for Yoga Therapy Facilitators

It is recommended that before each yoga session, the yoga therapy facilitator prepare a meditation, pranayama and asana sequence that is tailored for the specific symptom cluster being addressed. The yoga therapy facilitator should spend time familiarizing themselves with the content of the session they will be leading. A "Pose by Pose Tips" guide has been created for the yoga therapists to reference when creating the asana sequence (See Manual Appendix C). The yoga therapy facilitator should feel completely comfortable with the material so they are not referencing the manual or their notes for the session during the yoga therapy session. The yoga sessions will be in the group format. There will be separate yoga sessions for each symptom cluster.

It is also recommended that the yoga therapy facilitator outline the session with the clients before beginning. This is intended to help the clients feel more comfortable with the yoga practice and the session format. It is recommended that the yoga therapy facilitator ask permission at the start of the session to offer physical adjustments during the asana practice, so the clients who are not comfortable with being touched will have the opportunity to make this known. Also, before doing the physical adjustment, it is recommended that the yoga therapy facilitator announce their presence and describe what they will do before placing their hands on the client.

Recommendations for Talk Therapy Facilitators

It is recommended that before each talk therapy session that the talk therapy facilitator review their notes about the client's progression through treatment. It is also

recommended that the talk therapy facilitator be familiar with the yoga sessions that their client has attended on order to follow up with their experience during the yoga sessions. It is recommended that the talk therapy facilitator allow the client to lead the session with the talk therapy facilitator making sure to follow up with homework assignments and the clients experience during the yoga therapy session.

The Role of Yoga Therapy Facilitators

While the asana practices are closed to the public and geared specifically for veterans, it is possible that different people will be present in different classes; therefore, it is the role of the yoga therapy facilitator to help build a community feeling during the yoga session by asking all participants to briefly introduce themselves before each session. This is intended to help build a sense of community and an understanding that the veterans are not alone with their trauma symptoms. It is essential that the yoga therapy facilitator create a safe and open environment where clients can feel comfortable to be vulnerable and practice a new way of being. It is important that the yoga therapy facilitator create and encourage a non-judgmental approach to the yoga practice and to quell concerns that the clients are, "in competition" or, "being compared" to the other clients during the yoga session. The yoga instructor will assign and hand out corresponding homework to be completed before the client meets with their talk therapist. The talk therapy sessions are designed to complement the work that is being done during the yoga therapy sessions.

Table 4: *Yoga Therapist Timeline and Homework Assignments*

Phase	Timeline and Practice
Phase I	Week 1: Understanding the Window of Tolerance ~ Assign "Understanding the Window of Tolerance," homework. Handout 1: The importance of sleep and food in mental health. Week 2: Befriend Your Body ~ Assign "Befriend Your Body," homework. Week 3: Find Strengths ~ Assign "Find Strengths," homework. Week 4: Take in the Good ~ Assign "Take in the Good," homework. Week 5: Optional week to repeat a previous practice or to add another practice outlined in Phase I. ~ Assign corresponding homework for the practice selected.
Phase II	Week 6: Meditate ~ Assign "Meditate," homework. Week 7: Forgive Yourself ~ Assign "Forgive Yourself," homework. Week 8: Say Yes ~ Assign "Say Yes," homework. Week 9: Optional week to repeat a previous practice within Phase II. ~ Assign corresponding homework for the practice selected. Week 10: Optional week to repeat a previous practice thing Phase II. ~ Assign corresponding homework for the practice selected.
Phase III	Week 11: Be Glad ~ Assign "Be Glad," homework. Week 12: Be Grateful ~ Assign "Be Grateful," homework. Week 13: See the Good in Yourself ~ Assign "See the Good in Yourself," homework. Week 14: Find Strengths ~ Assign "Find Strengths," homework.

The Role of Talk Therapy Facilitators

It is the role of the talk therapy facilitator to explain the goals and rationale of the yoga therapy sessions, and to process with the client their experiences during the yoga therapy sessions. The homework that is assigned in the yoga session is to be collected, reviewed and processed with the client in the talk therapy session. The talk therapy sessions are intended to complement the yoga therapy session, but the mental health professional is granted space to use their professional judgment and decide with the client what topics to discuss in session. It is the role of the talk therapist to address any concerns the client may have with the yoga sessions and to help them feel comfortable with the yoga therapist. It is important that the talk therapy facilitator encourage nonjudgmental reflection on past and current events in the client's life.

Table 5: *Talk Therapist Timeline and Homework Assignments*

Phase	Timeline and Practice
Phase I	Week 1: Understanding the Window of Tolerance ~ Collect and discuss "Understanding the Window of Tolerance," homework. Follow up about Handout 1: The importance of sleep and food in mental health. Week 2: Befriend Your Body ~ Collect and discuss "Befriend Your Body," homework. Week 3: Find Strengths ~ Collect and discuss "Find Strengths," homework. Week 4: Take in the Good ~ Collect and discuss "Take in the Good," homework. Week 5: Optional week to repeat a previous practice or to add another practice outlined in Phase I. ~ Collect and discuss corresponding homework for the practice selected.
Phase II	Week 6: Meditate ~ Collect and discuss "Meditate," homework. Week 7: Forgive Yourself ~ Collect and discuss "Forgive Yourself," homework. Week 8: Say Yes ~ Collect and discuss "Say Yes," homework. Week 9: Optional week to repeat a previous practice within Phase II. ~ Collect and discuss corresponding homework for the practice selected. Week 10: Optional week to repeat a previous practice thing Phase II. ~ Collect and discuss corresponding homework for the practice selected.

Phase	Timeline and Practice
Phase III	Week 11: Be Glad ~ Collect and discuss "Be Glad," homework. Week 12: Be Grateful ~ Collect and discuss "Be Grateful," homework. Week 13: See the Good in Yourself ~ Collect and discuss "See the Good in Yourself," homework. Week 14: Find Strengths ~ Collect and discuss "Find Strengths," homework.

Chapter 4: Program Budget

See Manual Appendix B for line item budget.

Personnel

Operation Yoga can easily be incorporated into a community mental health or group practice setting. As such, the budget for the program will not include the salary of the mental health professionals. The only professionals that would potentially have to be hired on are the yoga instructors. According to ONet, a national database created by the US Department Of Labor, the median salary for a yoga instructor is approximately $15.00 hourly, $31,030 annual. Thus, the paid hourly rate will be approximately $15.00 per hour for approximately 10 hours per week, for 14 weeks, for a total salary of $2,100. Salary paid to the talk therapists and yoga therapists may vary based on location and years of experience. In total $1,098 will be budgeted for the training day in which the yoga instructors and mental health professionals will be in attendance.

Operating Expenses

Approximately $1,080 will be spent on yoga mats, yoga blocks, and yoga straps. This is a one-time, start-up expense. Additionally, such equipment may be purchased at a lower cost, depending on the timing and sales. It is also possible that some of the equipment may be donated by yoga companies or studios. Approximately $500 dollars will be spent on printing out the workbooks that will be distributed to the clients and used in conjunction to their talk and yoga therapies. Approximately $50.00 will be spent on

office supplies (i.e. Pens, paper, and printer ink) for the duration of the twelve week program.

Other Costs

Approximately $60.00 per month will be allocated for miscellaneous expenses such as, food, coffee, tea, and beverages for talk and yoga therapy sessions.

Chapter 5: Evaluating the Program

Evaluation of Program

The progress made by veterans through Operation Yoga will be assessed using the following measures. Before the veterans begin Operation Yoga they will be asked to fill out the following measures. They will be asked to fill out the same measures after 7 weeks of attending Operation Yoga to track their progress and to inform any changes that may need to be made to their treatment to ensure their success in the program. The veterans will be asked to fill out the measures at the end of the program to evaluate the program and to track their progress. There are no baseline scores that are necessary for inclusion in the program. There are simply tools to measure the participant's progress.

Assessment of PTSD (symptoms and severity), depression, anxiety and general health. The Penn Inventory, a 26-item scale will be used to measure of the severity of PTSD (range = 0–78). The Impact of Events Scale, a 15-item measure will provide individual scores for intrusions (IES-I; 7 items, range = 0–35) and avoidance (IES-A; 8 items, range = 0–40) (Hammarberg, 1992; IES: Horowitz, Wilner, & Alvarez, 1979). Assessment of general psychopathology and psychiatric seriousness will be measured by the General Health Questionnaire 28, a 28-item measure of general distress that provides a total score (range = 0–28); scores above a threshold of 5 are regarded as indicative of psychiatric cases (GHQ-28; Goldberg & Williams, 1988). The measures proposed to be used to asses PTSD and general psychopathology symptoms have been shown to be reliable and valid.

Assessing the effects of yoga. Five Facet Mindfulness Questionnaire: This instrument is based on a factor analytic study of five independently developed

mindfulness questionnaires. The analysis yielded five factors that appear to represent elements of mindfulness as it is currently conceptualized. The five facets are observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience (Baer et al., 2006). Items were classified as behaviors often thought to be directly targeted by yoga (eg. strength, flexibility, and balance) and behaviors that may be indirectly targeted by yoga (performance at work). The questionnaires selected to measure the affects of yoga have been found to be reliable and effective (Baer et al., 2006). The Effects of Yoga on Well-being Survey will be used to assess if participants experience aspects of their well-being as better, the same, or worse after participating in the yoga intervention. Participants will be given the opportunity to add qualitative responses.

Chapter 6: Program Materials

Yoga and Talk Therapist Guide: Symptoms of Avoidance

This section is intended for use with clients who are avoiding the trauma-related stimuli and are experiencing a numbing of general responsiveness. These clients often try to avoid thoughts, feelings, or conversations concerned with the event. They try to avoid activities, people or places that remind them of the traumatic event. This avoiding can have an impact on the memory of the traumatic event itself, it is possible that they will not be able to remember an important feature of the event. Many of those who are avoiding the traumatic memory report a marked loss of interest in activities that used to be meaningful, they report that life no longer feels fulfilling, and they report feeling detached or isolated from other people. They may report an inability to love or feel other strong emotions.

This section will be broken into three phases. During Phase I clients learn to keep arousal within a window of tolerance by recognizing triggers, changing orienting tendencies, and limiting their access to overstimulating situations. Awareness of the body is emphasized, so clients can learn to recognize the beginning somatic signs that accompany the intrusive and distressing recollections. Techniques to help clients return their physiological and emotional arousal to the window of tolerance are provided. In Phase II, the thoughts, feelings, and images that are being avoided are integrated with physical sensations, emotions, and actions. This helps to ground the troubling material that is being avoided such that it can be processed in a safe and supportive environment. The transformation of the avoided memory and feelings into a coherent narrative and a

linguistic sense of self allows the client to have more control over the experience of the memory. In Phase III, clients are psychologically and somatically equipped to turn their attention to enriching their everyday lives. The resources learned in previous phases of treatment are used again in Phase III to support healthy risk-taking and more active engagement in the world.

Table 6: *Sessions Outlined for Symptoms of Avoidance*

Phase I Developing Self-Soothing Skills	Phase II Building the Narrative	Phase III Enriching Daily Life
Week 1: Understanding the Window of Tolerance	Week 6: Meditate	Week 11: Be Glad
Week 2: Befriend Your Body	Week 7: Forgive Yourself	Week 12: Be Grateful
Week 3: Find Strengths	Week 8: Say Yes	Week 13: See the Good in Yourself
Week 4: Take in the Good		Week 14: Find Strengths (Part II)
Optional Session:Reducing Troubling Self-Talk		Optional Session: Have Faith
Optional Session: Take Pleasure		
Optional Session: Get Excited		
Optional Session: Live of Yourself		

Phase I Developing Self-Soothing Skills	Phase II Building the Narrative	Phase III Enriching Daily Life
Optional Session: Resisting Habits		
Optional Session: Surrender		

Phase I: Developing Self-Soothing Skills

The focus of Phase I is to learn to keep arousal within a window of tolerance by recognizing triggers, changing orienting tendencies, and limiting access to overstimulating situations. The body is used to understand the unnecessary activation of defensive responses, which usurp the functioning of other action systems. For example, the client is taught to explore existing muscle tension and rigidity to understand where in their body they are displacing the avoided recollection. Next, the client can begin to relax those areas of their body, which may allow them to begin to open to the experience they have been avoiding, while they develop the self-soothing techniques to cope with the recollection in a healthy and therapeutic way. Awareness of the body is emphasized so that clients can learn to recognize the beginning somatic signs that they are avoiding and to learn self-soothing techniques to return arousal to the window tolerance. Clients learn to use auto regulatory resources and integrative regulatory resources to change the movement and sensation of their body so as to foster a healthy and manageable psychological and physiological arousal.

For a physical or emotional body that displays the anatomy of avoidance, back-bending poses are used to help "reverse" the anatomical patterns or samskâras. Specifically, postures where the client is lying on their back with the arms outstretched helps to open the chest and heart area and reverse the anatomical habit of rounded shoulders and kyphotic upper thoracic spine commonly seen in depression. Examples of back-bending restorative postures are supported gentle backbend, and supta baddha konâsana, or reclining bound angle pose. Consistent with the principles of yogic philosophy, clients are taught the importance of practicing slowly, with intensity of focus and concentration. When physical or emotional resistance is encountered in the practice, clients are encouraged to remain present to these feelings, but not to identify excessively with them. Clients are instructed to allow feelings to arise and move through them, similar to the teachings of mindfulness meditation. This seeds the ability to be present in the moment amidst strong feelings, which applies to situations off the mat as well.

Stabilizing the Energy Regulation System

Poor sleep or lack of sleep can have an impact on clients who are avoiding the event in various and reciprocal ways. The symptomatology of those who try to avoid their traumatic memories and feelings can lead to a dramatic increase in sleep as an avoidance strategy, but it can also lead to difficulty sleeping. Both too much and too little sleep can increase feelings of isolation and lack of interest or pleasure in daily activities. Poor sleep and lack of sleep have also been connected to difficulty in mood regulation,

which is a symptom of avoiding the event. Poor sleep or lack of sleep can also have noticeable effects on memory, attention, emotions and cognition.

It is also important to consider a client's eating habits throughout the day as well. Food is one of the most basic tools that humans have to care for and nurture themselves. After a traumatic event, it can be easy to fall out of a healthy eating schedule and eat erratically and even skip meals all together. Some people may even feel like they have lost their appetite, or are not interested in eating. This is an important area to address with clients, as poor nutrition and malnourishment can affect memory, attention, emotions and cognition in much the same way as poor sleep or lack of sleep. If a client who is avoiding the traumatic event is both not sleeping well, and not eating well, it is possible that their symptoms are being worsened or prolonged because of daily habits that are relatively easy to address. That is why it is so important to provide psychoeducation for your clients about their eating and sleeping habits. Their ability to care for themselves and get their basic needs of sleep and food met are very important to their long term recovery.

Phase I, Week 1: Understanding the Window of Tolerance. Before a client can begin to directly address their avoidance behaviors, they must first develop healthy and effective coping techniques for when their emotions and thoughts become intense. An important part of this process is developing an understanding of their "window of tolerance." How much emotional, cognitive and physiological arousal can they experience before feeling like they lose control of the situation? This is a very subjective assessment and can change from day to day, from thought to thought and from emotion to

emotion. Some clients will find it easier to tolerate anger than sadness, to tolerate thoughts of personal persecution than thoughts about blaming others. Exploring this with your clients can be very difficult, and this is why it is crucial to have already developed some self-soothing skills that can be practiced throughout this exploration. After you and your client understand their window of tolerance, you can begin to expand the window through daily practice.

Phase I, Week 1: Yoga Therapist Instruction. During the first asana practice it is important to start small and build depending on the readiness of your client. During the first session, ask your client to notice their breath and heart rate. You can begin by having them seated while raising and lowering their arms with their breath. Twisting their torso from side to side in connection with their breath and simply ask them to notice what their breath does, what their heart rate is, what their thoughts and emotions are. You can then move to standing and practice lifting their arms over head and twisting their torso. You can lead them through a basic sun salutation, or choose to lead them through a sun salutation with a chateranga and downward dog. Through all asana practices ask your clients to use 1:1 breathing in which the inhale and exhale are equal in length. Ask your client to notice what they do that increases and decreases their heart rate. Ask your client to practice focusing on their thoughts and emotions. Ask your clients what it feels like to allow thoughts and feelings to move through them as they move through poses. What is their internal dialogue? This session is about observing with the only intervention being

the practice of raising and lowering the heart rate. Use many forward folding poses, as this decreases energy flow and is most likely where they will be most comfortable.

For a client using avoidance, it may be advisable to start with forward-folding and calming poses. The reason for this is that the more "closed" body postures will most likely be where their energy is most comfortable. As they use avoidance and withdrawal, their energy is already very compressed, and it is important to meet the client where they are. Towards the end of the session, begin to introduce back-bending poses that will help them to open and expand their constricted energy. For the first 2-3 sessions, it is advised to follow this pattern of beginning with forward-folding poses and moving to more open or expansive poses. Then, you can move into practices that are almost exclusively comprised of back-folding poses.

Phase I, Week 1: Talk Therapist Instruction. It is important that we help clients begin to tell their story and stay within their window of tolerance. Mindful observation of here and now experience change how information is processed in the brain. Rather than triggering bottom-up hijacking of cognitions, or escalation of trauma related beliefs and emotions about impending danger, the act of mindful exploration facilitates dual processing. When clients become excessively aroused or overwhelmed emotionally, voluntarily narrowing their field of consciousness allows them to assimilate a limited amount of incoming information, thereby optimizing the chance for successful integration. When a client is working hard to avoid the traumatic event, it can be helpful to direct the client to narrow their field of consciousness, because when they do begin to

feel and remember what they have been trying to avoid, they may easily become overwhelmed. Orienting toward a manageable amount of information can be repeated whenever a client has difficulty processing the barrage of unassimilated stimuli and reactions from the past. For example, when becoming overwhelmed from talking about the trauma, asking the client to stop talking, to inhibit the images, thoughts, and emotions that are coming up, and turn all of their attention to their body, which is in the present moment. Ask your client to focus on the physical sensations within their body until the arousal returns to the window of tolerance. Asking a client to place both hands on their legs or chest and apply slight pressure to ground them, to focus on their breath and heart rate and to practice deep breathing. If the client is having difficulty orienting toward their body you can ask them to name objects in the room as a way of orienting to the present moment. It may be helpful to remind clients that this reorienting is not an attempt to avoid or discount their pain and ongoing suffering. Rather, it is a way to help them observe how constant orienting tendencies away from reminders of the past (avoiding) can prolong the trauma related experience of danger and powerlessness. This practice helps clients to experience how choosing to orient to a good feeling can result in the experience of safety and mastery. This exercise helps clients to begin to notice the control they can have over their memories and emotions and that this control can be used to help them explore the traumatic event in a healthy way that will help them to integrate the experience, instead of avoiding the experience.

Phase I, Week 2: Befriend your body. One of the first goals of Phase I is to help a client befriend their body, to help a client learn to trust, listen to, and honor their body, and to begin to use their body as a friend to help themselves manage how they experience their past trauma. This may be particularly hard for a client whose trauma involves their body. If they were burned, sexually assaulted, broke a bone, or even lost a limb. For many clients who are trying to avoid their experience of trauma, their body can begin to feel like it is out of their control, like it is a foreign place or something they are disconnected from.

Phase I, Week 2: Yoga Therapist Instruction. Before beginning the physical practice, ask your clients to imagine a time when they treated a good friend well. What was their attitude toward their friend, and what sorts of things did they do for their friend? How did it feel in their body to be kind toward their friend? Encourage them to embody this feeling, do they sit up straight, release their shoulders, open their heart, maybe they have a smile on their face? Next, imagine having the same feelings towards your body. Imagine your body as another good friend. Imagine loving this friend, your body. Now, move into the physical practice and remind your client to remember this love and appreciation for their body. During each pose ask them to look at and touch the body part that is working and sending their appreciation to this part of their body. As they are creating sensation in their legs, you can remind them of everything their legs do for them as ask them to send their appreciation. Do this for all other parts of the body. You could ask them to consider, if their body could speak, what might it say to you after being

treated with love? In what ways does it feel good? Notice any reluctance to be nice to your body. Explore that reluctance, and see what it's about. Ask your clients to imagine, if you could talk to your body, what might you say?

Phase I, Week 2: Talk Therapist Instruction. Follow up with the questions that were asked during the physical practice. If their body could speak, what might it say to you after being treated with love? In what ways does it feel good? Did you notice any reluctance to be nice to your body? Ask your clients to imagine, if you could talk to your body, what might you say?

Phase I, Week 3: Find strengths. For clients who use avoidance to cope with the traumatic event, it is not uncommon that feelings of fear, inadequacy, blame, shame, and many other negative self effacing emotions begin to develop and take hold over the client's sense of self. It is for this reason that it is important to explore the strengths that the client possesses.

Phase I, Week 3: Yoga Therapist Instruction. During this physical practice make sure to use warrior poses and balance poses, ask your client to bring their attention to parts of their body that are flexed during different poses. Encourage them to feel this strength and to embody this feeling of strength and empowerment. Also, bring their attention to the counter muscle that is soft and yielding, so the flexed muscle can be strong. For example, when the biceps are activated, the triceps must be yielding, when the quadriceps are flexed, the hamstrings are soft. Spend a few moments on each muscle

group, mentally shifting the focus from the flexed muscle to soft muscle. Ask your clients to notice how this presents itself in their lives. Are they trying to be strong all the time? Yielding all the time? Is there a way they can find balance? Explore embodying strength right now: maybe lifting their chin, widening their stance, or breathing deeply. Taking these physical sensations and attitudes of strength so you can tap into them again. Tell yourself that you are strong. You can endure, persist, and cope. You are strong enough to hold your experience and awareness without being overwhelmed. You can use Tree Pose to explore how the winds of life can blow, and blow hard, but you are deeply rooted, and winds can make you even stronger. Notice that you are strong enough to ask for help. Strong enough to have limits.

Phase I, Week 3: Talk Therapist Instruction. Follow up with experiences of strength and experiences of grace and some of the specific questions that were posed during the asana practice: Are they trying to be strong all the time? Yielding all the time? Is there a way they can find balance? How are they able to be strong in their lives and how are they able to be soft and yielding?

Phase I, Week 4: Take in the good. When working with a client who has experienced trauma it is important to remind them that they are allowed to feel good, they are allowed to have positive experiences, and pleasant thoughts. You can ask your clients to look for good facts, and turn them into good experiences. For some clients this might mean getting out of bed in the morning, or doing the laundry, or cleaning a room in their

house. These are good facts that they can turn into good experiences. They might need some encouragement to feel good about themselves for completing these tasks. Remind your clients that when you are in good facts, either something that currently exists or has happened in the past, let yourself feel good about it. Everyday flowers are blooming, someone is kind, a goal has been obtained, and you know it, but you don't feel it. This time, let the fact affect you. Really enjoy the experience.

Phase I, Week 4: Yoga Therapist Instruction. Begin to introduce extensions with slight backbends and encourage 1:1 breathing in which the inhale and exhale are equal in length. Make sure to ask clients to check in with their experience when they are in the backbend as often as possible. During the asana practice, ask your client to notice where in their body they feel good. Where do they feel comfortable, no tension, no pain? Ask your client to notice which poses come easily and with less effort. Notice which poses have become easier. Encourage your clients to let themselves feel good. Encourage your clients to allow this good feeling to sink into and become a deeply rooted part of their body. Ask them to notice how this practice feels as they allow themselves to feel good, or to focus on the good even when they are moving though challenging poses. Remind them that we are being careful that this is not simply putting on a brave face or acting like they are comfortable when they are not. Instead, they are being asked to notice how they can experience discomfort and hold a good feeling at the same time. They can exist together. Now, ask them to notice where they feel uncomfortable and in pain and

imagine the same ‘good feelings’ are able to comfort this discomfort. Ask them to allow the strong parts of them to reach out to the parts that need encouragement.

During the practice, encourage your client to allow themselves to smile. This is not about putting a happy shiny face on depression, grief, fear, or anger. When they are in a neutral pose where they experience mild well-being, ask them to shift into a small smile and think of good acts, as this can make the smile real and can naturally lift their mood and help them act more effectively. For some clients, smiling during poses or throughout the session may be asking too much. Instead, they can picture themselves smiling in their mind’s eye. As they move through challenging and even comfortable poses, encourage them to think about people and memories that make them smile. Ask them to notice how this feels.

Phase I, Week 4: Talk Therapist Instruction. When you practice feeling good with your clients in session, encourage them to give over to it in their body. Imagine that the good experience is sinking into them. You can imagine the good feeling as a warm glow spreading through the chest and becoming a part of you. This way you are not clinging to the external for these good feelings, but noticing how they come from within. We can be inspired by external events, but the good feeling comes from within. When you feel better fed inside, your happiness will become more unconditional, increasingly based on an inner fulfillment rather than on external conditions. In session, this might look like setting a stopwatch for 30 seconds or a minute and “making” them feel good about themselves. Set aside time in session to celebrate their accomplishments and to

have pleasant thoughts. The more this is done in session, the more practice they have at feeling good about themselves, the easier it will be for them to do this on their own.

Phase I, Optional Session: Reduce troubling self-talk. When we internally talk to ourselves or think intensely about an event in the past or future, those sublingual internal vocalizations cause tension in the mouth and jaw. At a subconscious level, when we think about words the muscles in our mouth and jaw flex as though we are saying the words. To help decrease negative self talk or intense thoughts about the past or future relax your tongue and jaw; perhaps touch your lips. Open your lips slightly and create space between your teeth, so they are not touching. This can help decrease stressful thinking by reducing cerebral vocalizations, unconscious movements of the jaw and tongue often associated with mental speech. Do several long exhalations, for a count of three, and exhale for a count of six. For a minute or more, breathe in such a way that your inhalation and exhalation are equally long; count mentally up to five for each inhalation and exploration.

Phase I, Optional Session: Yoga Therapist Instruction. Begin with above mouth and breathing technique to interrupt self talk, and cue clients throughout the practice to notice what their thoughts and emotions are, then ask them to open their mouths to begin to interrupt the thoughts. Use the physical practice as a way for them to experience actively noticing their thoughts and emotions and to practice allowing the thoughts and emotions to pass through. This will be a good practice to introduce more

backward folding bends and to ask them to notice how their thoughts and emotions shift when they are in these poses as opposed to the forward bending poses.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with your client's experience of decreasing troubling self talk. What are their most common troubling thoughts? Where do they come from? What is their significance? What purpose do they serve? Have they been able to decrease them? If so, what has it felt like to have more time without negative self talk?

Phase I, Optional Session: Live for Yourself. As clients are beginning this process in therapy of exploring their experience of avoiding the traumatic event they will experience emotions, thoughts and memories that are very uncomfortable and hard to sit with and observe. There are times when clients have to be strong, determined, compassionate, and understanding with themselves. You can ask your client to embody what it looks and feels like to live for another person. Do they sit up, release their shoulders, open their hands? Then remain in this stance as they evoke the feeling of living for themselves. Just like they live for others, they also live for themselves. As they begin to tell their story and find themselves recalling the event they have been avoiding and having intense emotions and thoughts, they can bring themselves back to this moment of sitting tall with their shoulders relaxed and their heart open, living for their loved ones and living for themselves.

Phase I, Optional Session: Yoga Therapist Instruction. Continue to use forward folds often and 1:1 breathing in which the inhale and exhale are equal in length throughout the practice. Ask your client to dedicate a practice to a person they love, to a person they live for. All of us have at least one family member, friend, child, or a pet for whom we wake up every morning and think about, and look forward to seeing. Someone who we love and care about. This can be someone that you know right now, or this can be someone from your past. Ask your client to bring to mind what it feels like to live for someone. Ask your client to think about this person and notice if they feel loyalty, concern, warmth, determination, or advocacy. Ask your client to let the sense of being on someone's side be big in their awareness. Instruct your client to allow their body to shift into a posture of support and advocacy. Perhaps they sit up a little more straight, shoulders broad, heart open, eyes more intense. Then, ask your client to maintain this posture as they shift into living for themselves. Give them a few breaths to strengthen the experience of living for themselves with their body. This embodied cognition connects to the sensorimotor systems in your brain that underlie and shape your thoughts and feelings. Ask your client to keep them in mind as they begin their practice. As they hold poses and move into new poses, ask them to notice what happens in their body, in their mind. When they fall out of a pose, ask them to imagine how their loved one would comfort them and encourage them to try again. When they cannot go as far into a pose as they want, imagine how their loved would respond to them, how they would react to this response. Halfway through the practice ask your client to take on those characteristics and practice them with themselves. What can they say to comfort themselves? What can

you say to encourage yourself? Ask your clients to open to this experience and shift into embodying it so it is as real as possible for them and so that they are stimulating and strengthening its underlying neural networks.

Phase I, Optional Session: Take pleasure. Related to the above practice, it is important to remind and encourage your clients who have experienced trauma and who are having great difficulty in rejoining their lives before the trauma that they can (and should) take pleasure in their daily lives. You can ask them to start with their senses: What smells good? Taste delicious? Looks beautiful? Sounds wonderful? Feels good on your skin? It may be easier to begin on a concrete level of what literally is ascetically pleasing to their senses. Then you can move to their mind. What are some of their pleasant thoughts or memories?

Phase I, Optional Session: Yoga Therapist Instruction. Before you begin the asana practice, ask your client to bring to mind a favorite setting -- a mountain meadow, tropical beach, a cozy living room chair -- and imagine themselves there. As you begin the asana practice continue to remind them of their pleasurable scene. Encourage them to savor these pleasures, think into them, take your time with them, and let them fill your body and mind. Marinate in pleasure. Notice any resistance to feeling really good, any thoughts that it is foolish or wrong. See if you can let that go, and fall back into pleasure.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with your client about their experience during the asana practice. How did they experience "taking pleasure?" Did they notice any resistance to feeling pleasure? Were there thoughts that feeling good is impossible or stupid? Is there guilt for feeling good, for living when some of their loved ones cannot anymore? Do they deserve to feel good? To enjoy themselves? Or do they "have" to suffer? If they say yes to this question, you may ask, "Is that true?" Have they been able to carry the practice into their daily lives? What are some of the things they take time to fully enjoy in their daily lives?

Phase I, Optional Session: Get excited. Some people who use avoidance to cope with trauma may begin to cut off their emotions from their daily lives. They begin to restrict their emotions and experiences with other people and with themselves. Life can start to feel hollow and shallow. In therapy, you encourage them open up their emotional expression, and often this means emotions of sadness and anger. It is important to encourage them to express emotions that are a little more fun, though possibly just as uncomfortable as the anger and the sadness.

Phase I, Optional Session: Yoga Therapist Instruction. Before your begin the physical practice, ask your clients to find something that excites them, even just a bit. Feel the enjoyment in it. Ask if they can intensify the experience with very quick inhalations, and notice a sense of energy rising in their body. Ask them to lift their chest and head and let the expression of excitement come to their face. Register this feeling of

excitement, and make room for it in your body. During the asana practice, incorporate backbends and ask them to notice their feeling of joy and excitement while they are in the backbend to further reinforce the naturally occurring sensations in this pose.

Then as you go through your day, notice what gets you excited, particularly in subtle ways. Remind yourself that it's okay to be excited. Pick a part of your life that has become static, such as cooking, your job, housework, repetitive parts of parenting, even sex, and create ways to pep it up. Try new cooking dishes, turn up the music, get goofy, dance with the baby, and so on. As you do this, take several deep breaths and sense the energy that is created in the core of your body.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with your client about their experience during the asana practice. How did they experience "getting excited?" Did they notice any resistance to feeling excited? Were there thoughts that feeling excited is impossible or stupid? Is there guilt for feeling excited, for living when some of their loved ones cannot anymore? So they deserve to feel excited? To enjoy themselves? Or do they "have" to suffer? If they say yes to this question, you may ask, "Is that true?" Have they been able to carry the practice into their daily lives? What are some of the things they take time to fully enjoy in their daily lives?

Phase I, Optional Session: Resisting habits. For clients who have begun to isolate themselves, cut off their emotions, and avoid the outside world and themselves, it

can be helpful to practice changing their daily habits to loosen the hold of avoidance has as a form of routine. The idea behind this renunciation or deprivation is that in depriving ourselves of something to which we are habituated, we resist acting in our habitual patterns, which, for clients who use avoidance, can mean avoiding thoughts and emotions. Through renunciation and deprivation our clients are encouraged to find new, hopefully more healthful ways to move through their lives. For clients who avoid, it may be particularly helpful to change up their routine such that leaving their home becomes necessary. Perhaps they have to go to the grocery store everyday to buy an apple, or go to a coffee shop to buy a cup of coffee or to read the newspaper.

Phase I, Optional Session: Yoga Therapist Instruction. Use vinyasa flow for repetitive motions that will be examined throughout the practice for patterns. Encourage clients to notice conditioned responses. How do they place their hands? What do they do with their shoulders? Where do their thoughts go? What do they look at or focus on? Practice pranayama. When we control our breathing we interrupt an automatic process that goes on every moment of our lives, so that pranayama practice can function as a deep and profound method of renunciation of old habits that is immediately accessible to any practitioner. During the pranayama practice, encourage the client to notice how seldom it is that we are 100% focused on what we are doing. How often do distractions, or a reluctance to engage in a deep and meaningful way in what they are doing divide their attention? Ask your clients to notice that when they are not lost in habits it becomes easier to bring their full attention to the present moment.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with your client about their experience of exploring their habits in the asana practice. What did they discover? What are some of the habits they have formed in their daily lives? This can be an important conversation about the relationships they maintain out of habit (with the partner or their children, and even themselves) and what have they done to break these habits? What are the new activities they are using to replace the old habits? What are they doing to be more mindful when performing habitual tasks? Was there any resistance at the thought and practice of changing any habits?

Phase I, Optional Session: Surrender. For clients who have experienced trauma and who are actively avoiding the triggers or memory of their trauma on a daily basis, the idea of surrendering can be terrifying. Reminders that they are out of control of what has happened can be very scary, and are exactly the reason they are isolating and avoiding. The imagined control that people begin to believe they have can create the struggling that feeds their symptoms. It is the belief that they can control their memories and emotions, that they can cut off or stop how they are feeling, that can prolong the recovery process.

Phase I, Optional Session: Yoga Therapist Instruction. Incorporate heart openers and extensions. You can use restorative yoga poses, which use blocks. Have your client lay down and place a block under their upper back and rest their arms out to their sides. Explore attitudes of openness, availability, humility, and gratitude. As you ask your

clients to hold open and vulnerable positions, ask them to explore the idea of surrender. Remind them that they are in a safe and supportive space where they can feel comfortable and can explore their boundaries around being vulnerable. Explore with your clients that we are not in control of everything, that we cannot know what lies ahead, and that we can safely surrender control and stay open to receiving whatever life shows us. Remind them that their present self cannot control their past selves and cannot control others. Imply an open attitude toward mistakes. Veterans of combat might be better able to relate to it as "dedication to the mission." Be mindful that the idea of surrender might bring up associations with surrendering to the enemy.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with your client about their experience of surrendering during the asana practice. What is difficult? Easy? Was there resistance around the idea/practice of surrendering? What was their experience of exploring the limits of their control and power? How did this compare to how they prefer or tend to think about themselves and their control/power over their environment and others?

Phase II: Building the Narrative

In Phase II, the thoughts, images and emotions that have been actively avoided are integrated with physical sensations, emotions, and actions. This helps to ground the memory such that it can be processed in a safe and supportive environment. The transformation of memories and emotions into a coherent narrative and a linguistic sense

of self allows the client to have more control over the experience of the memory such that they will not feel the need to avoid.

In Phase II, the physical sensations, sensory experiences, numbing, emotions, and actions are addressed. Clients identify and embody the resources that help them cope with dramatic events and learn to use the body to discover actions that provide a sense of mastery while remembering past traumatic events. During the yoga sessions, physiological symptoms emerge when the memory is evoked, such as increased heart rate, increased blood pressure, muscle tension or pain, and shallow breathing. Clients are guided through how to mobilize self-soothing techniques that were ineffective at the time of the trauma. Practicing these empowering defensive actions while actively recalling the trauma diminish feelings of helplessness and shame.

The entry point is the story, and the formulation of a coherent narrative is of prime importance. A linguistic sense of self is fostered in this process. In this phase, the body's sensation and movement are the entry points, and changes in sensorimotor experience are used to support self-regulation, memory processing, and success in recovery. Meaning and understanding emerge from new physiological experiences. In Phase II, a shift in the somatic sense of self affects the linguistic sense of self, which aids in the formulation of a coherent narrative of the trauma.

In this phase there are fewer preconceived practices. As your clients have learned how to observe their thoughts, emotions and physiological sensations during their practice, they will begin to have more of an active role during the physical asana. Also, this is where the client is beginning to build their memories through their body. This is a

process that is meant to happen organically, without firm direction from the clinician. Here are three practices that might be helpful as you are working with your client to integrate their physiological sensations with their thoughts and emotions.

After the client has completed Phase I, the differentiation between symptom clusters will decrease dramatically. As such, Phase II and Phase III are the same across symptoms clusters. It remains imperative that the yoga therapy professional and mental health professional remain in close communication about the client's progress, and that they remain sensitive to the individual client's needs in therapy. Keeping this in mind, however, the "work" being done in Phase II and Phase III is the same for all symptom clusters.

Phase II, Week 6: Meditate. Here, meditation is meant to encourage your client to focus. A lot can start to happen as the client begins the work of Phase II. There can be an increase in intense emotions, troubling thoughts, and uncomfortable physical sensations. This can feel overwhelming. This is an important time to remind your clients to use their self-soothing techniques and to meditate, or focus, on one aspect of the experience at a time as they can tolerate, and then switch and focus on another aspect of the experience. Ask your clients to focus on their body, such as the sensations of breathing, or the sensations in the muscles. Then focus on the thoughts that are arising, the images and then the emotions. Finally, combine them and focus on this combination.

Phase II, Week 6: Yoga Therapist Instruction. The asana practice that focuses on meditation will be a much slower practice and will involve fewer asana flows and longer holding of the poses. Remind your clients that the asana poses and movements can be a powerful doorway inward to deeper awareness. Remind them that as they observe their sensations, reactions, sense of ease and difficulty as they stretch and bend, that this consistent willingness to be in the here and now is the basis of meditation. As they pay attention to what arises, they learn to see themselves and their reactions more clearly and can begin to understand that their reactions are habits that they can let go of. Throughout the practice ask them to cultivate a felt sense of stillness in all of the poses. Ask them to notice that as they may struggle to hold poses for an extended period of time, that there is a place inside of them that remains still and they can call their focus to this space when they are having difficulty in a pose. This staying still is a powerful practice. When you learn to hold a pose, the steadiness of the body becomes a backdrop against which you can clearly see the constant movement of the mind.

You may choose to ask your clients to stay in Savasana (corpse pose) for an extended period of time. In the stillness of Savasana, they can move more deeply into relaxation, and begin to enter a state in which thought and memory is experienced as a surface phenomenon. In this space their thoughts and memories can be less threatening and easier to observe without person identification that they “are their thoughts and memories.” With dis-identification comes choice. They can choose to act from and react to the thought, or to release it without action.

Phase II, Week 6: Talk Therapist Instruction. Follow up with your clients about their experience of meditation. Have they found it difficult or easy to make time to sit down everyday and focus their attention to an object or their breath? Have they noticed any thoughts or memories that tend to come up when they are in stillness? Have they allowed uncomfortable thoughts, memories, or emotions to come up when meditating? Have they noticed a place of stillness within them as they interact with the world? Or when they interact with uncomfortable thoughts, emotions, or memories? These sessions will be predominately be used to process troubling material about the trauma that is surfacing and creating a narrative for the experience. You may encourage them to journal about their past experience and current responses.

Phase II, Week 7: Forgive yourself. As your client is digging deeper and deeper into the traumatic experience and integrating their emotional and physiological response to the trauma, it can emerge that the client has a lot that they feel responsible for, embarrassed by, or ashamed of. It is here that forgiveness is important. Clients may have a hard time forgiving themselves for what has happened and may need your help to begin to let go and forgive themselves for what has happened. It may be advisable to start with smaller events to practice forgiveness before moving to the more significant issues.

Phase II, Week 7: Yoga Therapist Instruction. Before the physical practice begins, ask the client to start by getting in touch with the feeling of being cared about by someone in their life today or from the past. As the client to get a sense that this person is

caring for them. Perhaps other aspects of him or her, have been taken into their own mind as parts of their inner protector. Ask them to do this with other beings who care about them, and open to a growing sense of their inner protector. These are facts, not flattery, and they do not need a halo to have good qualities like patience, determination, fairness, or kindness. Now, begin the physical asana practice. This will be a slow practice, holding poses for many breaths. Incorporate strong poses, such as warrior asana. Tell your client that as they begin to bring to mind the events in their life that they would like to forgive themselves (we'll focus on forgiving others in another practice). Acknowledge the facts; what happened, what was in their mind at the time, the relevant context and history, and the results for themselves and others. Notice any facts that are hard to face. Begin to differentiate what they were responsible for and what they did not have control over. Allow the relief of what they are not responsible for sink in. Now ask your client to check in with their inner protector: is there anything else they should face or do? If they truly know that something remains, take care of it. It is now that they actively forgive themselves. Ask them to ay in their mind, "I forgive myself for __________, ____________, ____________. I have taken responsibility and have done what I could do to make things better."

It is important that during this practice, you check in with your clients and remind them to use the self-soothing techniques they have learned in Phase I.

Phase II, Week 7: Talk Therapist Instruction. Follow up with your client's experience of forgiveness. Are they seeking forgiveness? Forgiving others? Forgiving

themselves? What is their definition of forgiveness? What does it mean to forgive? To be forgiven? Look at "forgiveness worksheet" with them to talk about things they are practicing forgiving themselves for. Do they have resistance around forgiving themselves? Others? These sessions will be predominately be used to process troubling material about the trauma that is surfacing and creating a narrative for the experience. You may encourage them to journal about their past experience and current responses.

Phase II, Week 8: Say yes. This is a similar practice to "radical acceptance," that is, saying yes to everything that has happened as a way of acknowledging and accepting that it did, in fact, happen. It may be easier to begin by asking your clients to say yes to something they like, as in, "Yes, I snowboard, "Yes, I am from Colorado" then to say yes to something neutral, as in, "Yes, the sun rises every morning." Both of these are probably easy. Then ask them to say yes to something they don't like, as in, "Yes, I get stuck in traffic." "Yes, I was wounded in combat," "Yes, I have friends who have died." Ask them to try to feel some acceptance, some surrender to the facts as they are, whether they like them or not. It is important to explain that they are not saying yes that they approve of what them. This practice asks your clients to do exactly what they have been avoiding, acknowledging the full truth of the trauma they experienced. Yes, people are poor and hungry across the planet, yes my career has stalled, yes I miscarried, yes my dear friend has cancer. Yes, that's the way it is. Yes, to the body you have.

Phase II, Week 8: Yoga Therapist Instruction. Before you begin the asana practice, encourage your clients to open to the possibility of yes, of accepting their thoughts, feelings, bodies, mistakes, etc. Say yes to what arises in the mind. Before you cue every pose say, "Yes." "Yes, extended forward pose. Yes, hands on shins, back flat. Yes, walk or jump back into plank. Ask your clients to notice their feelings, sensations, thoughts, images, memories, desires. You can state, or ask them to state some of these out loud, "Yes, I'm feeling uncomfortable. Yes, I am thinking about grocery shopping and having trouble focusing. Yes, I struggle with this pose. Yes, I fell out of the balance pose." They can explore different tones of yes. Try a cautious yes, a confident yes, soft, rueful, or enthusiastic. Encourage your clients to feel their yes in their body. Breathing in, feel something positive; breathing out, say yes. Breathe in energy, breathe out yes. Breathe in calm, breathe out yes. Notice when you want to say, "no," and then see what happens if you say yes to some of the things you've previously said no to.

Phase II, Week 8: Talk Therapist Instruction. Follow up with how your client experienced radical acceptance. What are they practicing acknowledging? Do they notice any resistance around accepting particular events? People? Emotions? These sessions will be predominately be used to process troubling material about the trauma that is surfacing and creating a narrative for the experience. You may encourage them to journal about their past experience and current responses.

Phase III: Enriching Daily Life

In Phase III, clients who are psychologically equipped and somatically reinforced can turn their attention to enriching their everyday lives. They have done the work of integrating their memories with their bodies and daily experiences, they are feeling comfortable with their memories, and their body. They are ready to move on.

The resources learned in previous phases of treatment are used again in Phase III to support healthy risk-taking and more active engagement in the world. Integrative capacity requires both differentiating and linking the separate components of internal experience to external events to create meaningful connections among them. As clients become aware of internal experience as it is related to external sensory input, they engage in a process of making sense of the environment and how it pertains to them. If our interpretations and understandings are relatively accurate, appropriate actions result. This accuracy requires the ability to recognize internal experience: thoughts, emotions, internal images, body sensation, and movement.

Differentiation requires separation of current internal and external reality from past experiences, and the accurate prediction of the impact of internal experience and external events on the future. This means learning how to be aware of the present moment while realizing its relevance to the past and its implications for the future. This practice gives a sense of continuity over time, it contributes to a stable sense of self. The ability to be present in the moment includes awareness of which postures and movements are appropriate to the current context in which ones reflect maladaptive somatic tendencies programs by the past.

As stated in Phase II, the differentiation between symptom clusters become much less significant after Phase I. As such, Phase II and Phase III are more uniform across symptom clusters. It is always important to consider the individual needs of each client when determining when to shift from one phase to another and to consider the possible need to revisit a phase that has previously been "completed" depending on the needs of the clients.

Phase III, Week 11: Be glad. As very uncomfortable emotions, memories and thoughts have been struggled through and processed, it might be helpful to remind your clients that along with the bad, a lot of good can exist. Ask them to look for things to be glad about, like: bad days that never happened, or were not as bad as they had feared. Relief that hard or stressful times have passed. Good things that have happened in the past. Good things in their life today, such as: friends, loved ones, children, pets, the health they have, and the positive aspects of their work.

Phase III, Week 11: Yoga Therapist Instruction. Though out the physical practice ask the client to notice what it feels like in their emotions, body, and thoughts to be pleased with something or happy about it. Encourage them to feel pleased with their practice, with their bodies, minds and selves. Ask them to be aware of small, subtle, mild or brief feelings of gladness. Stay with the good news. Even if they fall out of a balance pose, they can be pleased with themselves for attempting it and trying again. Even if they are having difficulty with a pose they tend to do well, or a pose that continues to give

them trouble, they can be pleased that they are doing the work and can be gentle with themselves through this process. Notice when feelings of gladness get hijacked by doubt or judgment. Ask the client to name to themselves what has happened in their mind, such as “hijacking” “brooding” “grumbling” and then freely decide if they want to spiral down into the bad news, or if they want to focus on good news instead.

Phase III, Week 11: Talk Therapist Instruction. Follow up with your client’s experience of being glad during the asana practice and inquire about how it has translated into their daily life. It may be interesting to explore if there are things from their past and possibly the traumatic experience that they are now glad for. Are they able to see the “silver lining?”

Phase III, Week 12: Be grateful. As your clients have moved out of Phase I and Phase II, and have worked through some very painful and difficult memories, it is possible to begin to reframe some of their experience as something that was life changing in a horrifying and awful way, to something that was life changing in a way they can be thankful for. It may be easier to begin being grateful for the gifts of nature, like the flight of a bird, the blooming of flowers, and their amazing brain. Then move to being grateful for the nurturance, helpfulness, good counsel, and love from other people. Finally, you can ask your clients to begin to imagine aspects of their experience that they might be thankful for. Has their connection to themselves, their partner, family, children, friends, community etc. been strengthened? Odds are, after going through the process of Phase I

and Phase II, some aspects of their lives have improved. Notice with them, if this is something they can be grateful for, even under the circumstance that fostered it.

Phase III, Week 12: Yoga Therapist Instruction. During the asana practice, ask your clients to focus on being grateful for every one of their muscle groups, bones, organs, feelings, and thoughts. Grateful because this is what makes them human and allows them to move forward through all of their challenging life experiences. At the end of class, ask everyone to meet the gaze of each person in the room and tell them "Thank you, I appreciate you." Now during savasana, ask your client to allow that grateful feeling to settle in and become a part of who they are, so they can take this grateful into their daily lives.

Phase III, Week 12: Talk Therapist Instruction. Follow up with the client's experience of being grateful during their asana practice. This can be a very important session to see if their perception of the trauma experience has changed such that they are able to be grateful for the positive aspects of the event, or the positive repercussions. For example, that they survived, some friends survived, their family has become stronger as a result, they have made life-long friends in the process, they have a deeper understanding of themselves and their loved ones. They have done the work needed to heal themselves and they are grateful for the lessons they have learned, that they are able to help others in similar positions, etc.

Phase III, Week 13: See the good in yourself. People who have experienced trauma can have a difficult time seeing the good in themselves. You will recall that there is a similar section in Phase I--to encourage your client to find their strengths. This may seem repetitive, but as the client has just completed Phase II, in which they were asked to recall very painful and difficult memories, emotions and thoughts, it is important to remind them that there is a lot of good in them.

Phase III, Week 13: Yoga Therapist Instruction. During the physical practice ask your clients to think of one simple good thing about themselves. Maybe they are particularly friendly, open, conscientious, imaginative, warm, perceptive, or steadfast. Be aware of the experience of that positive characteristic. Encourage them to explore the body sensations, emotional tones, and any attitude or viewpoints that go with it. Ask them to notice any difficulty in accepting that they have this good quality, such as thoughts like, "But I'm not that way all the time, or I have bad parts to." Encourage them to see themselves realistically, including their good qualities. Repeat this process for other strengths and virtues. When in balance poses, ask them to sense a quiet voice inside them, coming from their core, firmly and honestly listing their good qualities. Listen to it. Let what it says sink in. Allow this feeling to follow you off the mat and into your day and your relationships with others.

Talk Therapist Instruction: Follow up with their experience of seeing the good in themselves during the asana. Was this difficult? Easier than expected? Easier than it has been in the past? You can look at the "See the good in yourself worksheet" to guide this

conversation. Ask them to notice any difficulty in accepting that they have good qualities, such as thoughts like, “But I’m not that way all the time, I have bad parts to.” Encourage them to see themselves realistically, including their good qualities. Repeat this process for other strengths and virtues. Have they learned about any new qualities that they may not have seen in themselves prior to this practice? A new ability to listen to themselves or others? An ability to ask for help? An ability to be patient with themselves or others?

Phase III, Week 14: Find strengths (Part II). This is a similar practice to one you did during Phase I, but now it will be interesting to see if they have added or deepened strengths on their list. If you can, refer to their previous list with them and notice how it has stayed the same and how it has changed.

Phase III, Week 14: Yoga Therapist Instruction. This will be the same asana practice as in Phase I, but this will focus on the strength they have gained during their practice. Ask them to recall the poses they had difficulty with when they first started, and how their experience of the pose may have changed. During this physical practice make sure to use worrier poses and balance poses, ask your client to bring their attention to parts of their body that are flexed during different poses. Encourage them to feel this strength and to embody this feeling of strength and empowerment. Also, bring their attention to the counter muscle that is soft and yielding, so the flexed muscle can be strong. For example, when the biceps are activated, the triceps must be yielding, when the quadriceps are flexed, the hamstrings are soft. Spend a few moments on each muscle

group, mentally shifting the focus from the flexed muscle to soft muscle. Ask your clients to notice how this presents itself in their lives. Are they trying to be strong all the time? Yielding all the time? Is there a way they can find balance? Explore embodying strength right now: maybe lifting their chin, widening their stance, or breathing deeply.

Phase III, Week 14: Talk Therapist Instruction. Follow up with your client about their experience of revisiting their strengths in the asana practice. This is a practice they did at the start of the program, and now that they have come to the end, it is a nice practice to look back over their journey and to see what has changed, shifted, stayed the same, etc. You can also use this session to talk about what has been helpful, what will they make sure to continue to do, what did they not find helpful, what have their learned about themselves and those around them?

Phase III, Optional Session: Have faith. For some people who have experienced trauma their faith has been tested. This can mean their faith in a higher power, their faith in their family and friends, their faith in the system, and their faith in themselves. Many may continue to be questioning their faith. How is it possible to have faith in a world that has let you down? After the work has been done in Phase I and Phase II, it might be easier to revisit the idea of faith. Explore with your clients what they believe in, what they have faith in, what they can trust.

Phase III, Optional Session: Yoga Therapist Instruction. You can use balance poses to explore having faith. Ask your clients to practice halving faith in themselves as they take the leap and begin attempting more and more challenging poses. When your clients fall out of the balance pose, you can encourage them to have the faith to continue practicing the pose, have faith in their ability to forgive or be playful when they fall out of the pose. Remind your clients that having faith doesn't mean that everything will work out perfectly or that everything has to work out perfectly for the faith to be "proven" or "real." When in a balance pose, ask them to call to mind something or someone they have a strong faith in. Towards the end of the session, ask them to call to mind something that they need a little help to have faith in, and see if some of the strong faith can mix with the thing they need help having faith in.

Phase III, Optional Session: Talk Therapist Instruction. Follow up with your client's experience of the asana practice. Follow up with the "Have Faith" worksheet and ask about what they were able to identify misplaced faith or places in themselves or others that they have invested too much faith. This can be a very deep conversation about their experience of possibly questioning their faith in a number of things, or if their faith has been tested and strengthened. What/who do they have faith in now?

Phase III, Optional Session: Find beauty. As your clients are beginning to enter their lives in a new way as a new person, the world can feel foreign and strange and in some cases, a little scary. It is important to take a few moments each day to purposefully

open to beauty. Encourage your clients to notice how ordinary everyday events and surroundings can have beauty. Particularly, the ordinary things we tend to tune out, such as the sky, appliances, graphs, cars, or sidewalks. Ask them to try the same with everyday sounds, smells, tastes, and touches. This can be done with memories, feelings and ideas as well. Your clients might need help to notice that even, "mistakes" or, "disappointments" can have beauty or can lead to beautiful things. You can help them to understand the beauty in noble failures, quiet determination, and leaps of insight.

Phase III, Optional Session: Yoga Therapist Instruction. During the meditation before the asana, ask your client to open to a growing sense of boundless beauty above and below and stretching in all directions, like they're floating in a sea of rose petals. Ask them to look around the room and meet the gaze of each person around them and recognize the beauty in others, in their choices, sacrifices, and aspirations. After you have made eye contact with each person in the room and acknowledged their beauty, turn your attention inward and recognize the beauty in your own heart. As you move into the asana practice, notice the beauty in your movements, your body, your breath. Breathe in beauty, let beauty breathe you.

Phase III, Optional Session: Talk Therapist Instruction. Follow up with the client's experience of finding beauty during their asana practice. Was it difficult? Easy? What were they able to find beauty in, within themselves, within their trauma history? Within their current life? How has this practice carried into their daily life?

Yoga and Talk Therapist Guide: Symptoms of Hyperarousal

This section is intended for use with clients who are experiencing hyperarousal as a reaction to the trauma experience and trauma related stimuli. These clients often report experiencing insomnia, with difficulty falling asleep and/or difficulty staying asleep. Hyperarousal can have an impact on their ability to focus on one thing at a time, with many clients presenting with poor concentration. Many people who experience hyperarousal report feeling irritable and hypervigilant, with an exaggerated startle response.

This section will broken into three phases. During Phase I clients learn to keep arousal within a window of tolerance by recognizing triggers, changing orienting tendencies, and limiting their access to overstimulating situations. Awareness of the body is emphasized, so clients can learn to recognize the beginning somatic signs that accompany the intrusive and distressing recollections. Techniques to help clients return their physiological and emotional arousal to the window of tolerance are provided. In Phase II, the thoughts, feelings, and images that create hyperarousal are integrated with physical sensations, emotions, and actions. This helps to ground the troubling material that is being avoided such that it can be processed in a safe and supportive environment. The transformation of the avoided memory and feelings into a coherent narrative and a linguistic sense of self allows the client to have more control over the experience of the memory. In Phase III, clients are psychologically and somatically equipped to turn their attention to enriching their everyday lives. The resources learned in previous phases of

treatment are used again in Phase III to support healthy risk-taking and more active engagement in the world.

Table 7: *Sessions Outlined for Symptoms of Hyperarousal*

Phase I Developing Self-Soothing Skills	Phase II Building the Narrative	Phase III
Week 1: Understanding the Window of Tolerance	Week 6: Meditate	Week 11: Be Glad
Week 2: Befriend Your Body	Week 7: Forgive Yourself	Week 12: Be Grateful
Week 3: Find Strengths	Week 8: Say Yes	Week 13: See the Good in Yourself
Week 4: Take in the Good		Week 14: Find Strengths (Part II)
Optional Session: New Cues to Relax		Have Faith
Optional Session: Live of Yourself		
Optional Session:Reducing Troubling Self-Talk		
Optional Session: Take Pleasure		
Optional Session:Take More Breaks		

Phase I Developing Self-Soothing Skills	Phase II Building the Narrative	Phase III
Optional Session: Resisting Habits		
Surrender		
Be Patient		

Phase I: Developing Self-Soothing Skills

The focus of Phase I is to learn to keep arousal within a window of tolerance by recognizing triggers, changing orienting tendencies, and limiting access to overstimulating situations. The body is used to understand the unnecessary activation of defensive responses, which usurp the functioning of other action systems. For example, the client is taught to explore existing muscle tension and rigidity to understand where in their body they are displacing the avoided recollection. Next, the client can begin to relax those areas of their body, which may allow them to begin to open to the experience they have been avoiding, while they develop the self-soothing techniques to cope with the recollection in a healthy and therapeutic way. Awareness of the body is emphasized so that clients can learn to recognize the beginning somatic signs that they are avoiding and to learn self-soothing techniques to return arousal to the window tolerance. Clients learn to utilize auto regulatory resources and integrative regulatory resources to change the movement and sensation of their body so as to foster a healthy and manageable psychological and physiological arousal.

For a physical or emotional body that displays the anatomy of hyperarousal, forward-bending and neutral poses are used to help "reverse" the anatomical patterns or samskâras. Specifically, postures where the client is folding their upper body over their lower body, including resting the forehead (the area just above the bridge of the nose) on a bolster to relax the anatomical habit of over activity and rigidity commonly seen in clients with anxiety and hyperarousal. Examples of forward-bending postures are child's pose, reclining twist, side-lying pose, and viparita karani, or legs-up-the-wall pose. Consistent with the principles of yogic philosophy, clients are taught the importance of practicing slowly, with intensity of focus and concentration. When physical or emotional resistance is encountered in the practice, clients are encouraged to remain present to these feelings, but not to identify excessively with them. Clients are instructed to allow feelings to arise and move through them, similar to the teachings of mindfulness meditation. This seeds the ability to be present in the moment amidst strong feelings, which applies to situations off the mat as well.

Stabilizing the Energy Regulation System. Poor sleep or lack of sleep can have an impact on clients who are hypervigilant in various and reciprocal ways. The symptomatology of those who experience hyperarousal include insomnia with difficulty in falling asleep and/or staying asleep. Poor sleep and lack of sleep have also been connected to difficulty with concentration, and mood regulation, which are also symptoms of a hypervigilant response pattern to trauma.

It is also important to consider a client's eating habits throughout the day as well. Food is one of the most basic tools that humans have to care for and nurture themselves. After a traumatic event, it can be easy to fall out of a healthy eating schedule and eat erratically and even skip meals all together. Some people may even feel like they have lost their appetite, or are not interested in eating. This is an important area to address with clients, as poor nutrition and malnourishment can effect memory, attention, emotions and cognition in much the same way as poor sleep or lack of sleep. If a client who is experiencing hyperarousal after the traumatic event is both not sleeping well and not eating well, it is possible that their symptoms are being worsened or prolonged because of daily habits that are relatively easy to address. That is why it is so important to provide psychoeducation for your clients about their eating and sleeping habits. Their ability to care for themselves and get their basic needs of sleep and food met are very important to their long-term recovery.

Phase I, Week 1: Understanding the Window of Tolerance. Before a client can begin to directly address their hypervigilance behaviors, they must first develop healthy and effective coping techniques for when their emotions and thoughts become intense. An important part of this process is developing an understanding of their "window of tolerance." How much emotional, cognitive and physiological arousal can they experience before feeling like they lose control of the situation? This is a very subjective assessment and can change from day to day, from thought to though and from emotion to emotion. Some clients will find it easier to tolerate anger than sadness, to tolerate

thoughts of personal persecution than thoughts about blaming others. Exploring this with your clients can be very difficult, and this is why it is crucial to have already developed some self-soothing skills that can be practiced throughout this exploration. After you and your client understand their window of tolerance, you can begin to expand the window through daily practice.

Phase I, Week 1: Yoga Therapist Instruction. During the first asana practice it is important to start small and build depending on the readiness of your client. During the first session, ask your client to notice their breath and heart rate. You can begin by having them seated while raising and lowering their arms with their breath. Twisting their torso from side to side in connection with their breath and simply ask them to notice what their breath does, what their heart rate is, what their thoughts and emotions are. You can then move to standing and practice lifting their arms over head and twisting their torso. You can lead them through a basic sun salutation, or choose to lead them through a sun salutation with a chateranga and downward dog. Through all asana practices ask your clients to use 2:1 breathing, exhaling for twice the count of the inhalation, or an exhalation that is longer than the inhalation. This breathing technique helps to slow the heart and calm the nervous system. You may also choose to practice chandra bhedana (inhaling through the left nostril and exhaling through the right nostril, with the exhale twice as long as the inhale). Ask your client to notice what they do that increases and decreases their heart rate. Ask your client to practice focusing on their thoughts and emotions. Ask your clients what it feels like to allow thoughts and feelings to move

through them as they move through poses. What is their internal dialogue? This session is about observing with the only intervention being the practice of raising and lowering the heart rate.

For a client with hyperarousal, it may be best advised to start with heart openers and back-bending poses. The reason for this is that the more, “open” body postures will most likely be where their energy is most comfortable. As they are hyperactive, their energy is already very expansive, and it is important to meet the client where they are. Towards the end of the session, begin to introduce forward-bending poses that will help them to calm and constrict their expansive energy. For the first 2-3 sessions, it is advised to follow this pattern of beginning with expansive poses and moving to more closed or calming poses. Then, you can move into practices that are almost exclusively composed of forward-folding poses.

Phase I, Week 1: Talk Therapist Instruction. See “Talk therapy” session in Avoidance section (p. 137).

Phase I, Week 2: Befriend your body. One of the first goals of phase one is to help a client befriend their body. To help a client learn to trust, listen to, and honor their body. To begin to use their body as a friend to help themselves manage how they experience their past trauma. This may be particularly hard for a client who’s trauma involves their body. If they were burned, sexually assaulted, broke a bone, or even lost a

limb. For many clients who are hyper-aroused after their experience of trauma, their body can begin to feel like it is out of their control, like it is a foreign place or something they are disconnected from.

Phase I, Week 2: Yoga Therapist Instruction. See “Yoga Therapist Instruction” in Avoidance section (p. 138).

Phase I, Week 2: Talk Therapist Instruction. See “Talk therapy” session in Avoidance section (p. 139).

Phase I, Week 3: Find strengths. For clients who experience hyperarousal after a traumatic event, it is not uncommon that feelings of fear, inadequacy, blame, shame, and many other negative self effacing emotions begin to develop and take hold over the client’s sense of self. It is for this reason that it is important to explore the strengths that the client possesses.

Phase I, Week 3: Yoga Therapist Instruction. See “Yoga Therapist Instruction” from Avoidance section (p. 147).

Phase I, Week 3: Talk Therapist Instruction. See “Talk Therapist Instruction” from Avoidance section (p. 148).

Phase I, Week 4: Take in the good. See "Take in the good" from Avoidance section (p. 142).

Phase I, Week 4: Yoga Therapist Instruction. See "Yoga Therapist Instruction" from Avoidance section (p. 143). Begin to introduce backbends and encourage 2:1 breathing in which the inhale and exhale are equal in length.. Make sure to ask clients to check in with their experience when they are in the forward bend as often as possible.

Phase I, Week 4: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 144).

Phase I, Optional Session: Take more breaks. For a client with hyperarousal it can be important to give them permission to take a moment and take a deep breath, relax their muscles, and calm their thoughts. Most of the breaks will be brief, even a minute or less. The accumulating effects will be really good for them. You can remind them that they have just survived something very difficult and deserve a little rest; that it's important for their health; that their productivity will actually increase with more breaks. When it's time for a break, drop everything for that time; step out of the stream of consciousness for at least a few seconds; close your eyes for a moment; take a couple of deep breaths; shift your visual focus to the farthest point you can see; repeat a saying or prayer; stand up and move around.

Phase I, Optional Session: Yoga Therapist Instruction. Before you begin the asana practice tap into long deep breathing. At the top of each inhale, pause for a moment, and retain the breath. Do this for a few minutes. Then at the end of the exhale, pause for a moment, and hold the lungs empty. Do this for a few minutes. As you move into the asana practice encourage your clients to pause for a moment at the apex of each pose during a flow. You can also emphasize that child's pose and downward dog are resting poses and can be used through out the session when a client needs a break. This may be a good practice to place at the beginning of your clients program, as they are acclimating to the yoga therapy session. Reminding them and encouraging them to take a break if they are having too much difficulty with a pose or feeling too aroused or overwhelmed.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with your client's experience of taking breaks during the yoga session and during their time outside of sessions. Was it hard for them to know when they needed to stop? To allow themselves to stop? What did they think about other people who took breaks? Was is easier or harder to take breaks during the asana practice versus outside of the practice in their daily life? During session, when material becomes emotionally charged, encourage the client to take a break and breath to calm themselves before continuing.

Phase I, Optional Session: Optional Session: Reduce troubling self-talk. See "Reduce troubling self-talk" in Avoidance section (p. 140).

Phase I, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" in Avoidance section (p. 140). This will be a good practice to introduce more forward folding bends and to ask them to notice how their thoughts and emotions shift when they are in these poses as opposed to the back bending poses.

Phase I, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" in Avoidance section (p. 141).

Phase I, Optional Session: New cues to relax. Clients who experience hyperarousal after a traumatic event often report feeling, "jumpy" and having an exaggerated startle response. It is possible to use the same noises or experiences that are startling or unsettling as cues to relax. When the phone rings, imagine that it is a church or temple bell reminding you to breathe and slow down. Whether it is the phone ringing, a knock at the door, the alarm clock, a car alarm, or a police siren, these sounds can all be reframed as reminders to take a deep breath and slow down.

Phase I, Optional Session: Yoga Therapist Instruction. You may choose to use music, a gong, or a chime to cue deep breathing throughout the practice. Throughout the practice, ask your clients to notice what happens when they hear the noise and how easily they can focus their breath on deepening each time they hear the noise. If it is possible to use the specific noise the person finds hyper-arousing, please do this. This may mean

downloading sounds or ring tones on your phone. You may even slam books on the floor or slam the door closed. It may be a good idea to warn your clients of the noise you will be making before you make it so they can prepare themselves to breathe in the beginning. Over time you can begin to incorporate the sounds with less warning and remind them to breathe after the noise.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with their experience during the asana practice of having startling sounds during their practice. How did they handle feeling startled? Were they able to convert that startle sound into a cue to breath and relax? What are the sounds they find to be particularly startling? Have they been able to practice using those sounds as new cues to breath? What is the self-soothing behavior they are choosing to follow the startle response? Perhaps you can practice this with them in session. It may be helpful to remind your client that the startle response may never fully diminish, and in the beginning will continue to he very noticeable. However, they can use the self-soothing technique after they have the immediate startle response has passed.

Phase I, Optional Session: Live for Yourself. As clients are beginning this process in therapy of exploring their experience of hyper-vigilance after the traumatic event they will experience emotions, thoughts and memories that are very uncomfortable and hard to sit with and observe. There are times when clients have to be strong, determined, compassionate, and understanding with themselves. Just like they live for

others, they also live for themselves. You can ask your client to embody what it looks and feels like to live for another person. Do they sit up, release their shoulders, open their hands? Then remain in this stance as they evoke the feeling of living for themselves. Just like they live for others, they also live for themselves. As they begin to tell their story and find themselves recalling the event they have been hyper-aroused by and having intense emotions and thoughts, they can bring themselves back to this moment of sitting tall with their shoulders relaxed and their heart open, living for their loved ones and living for themselves.

Phase I, Optional Session: Yoga Therapist Instruction. See “Yoga Therapist Instruction” from Avoidance section (p. 141).

Continue to use back bends and extensions often and 2:1 breathing in which the inhale is twice as long as the exhale throughout the practice.

Phase I, Optional Session: Take pleasure. See “Take pleasure” from Avoidance section (p. 145).

Phase I, Optional Session: Yoga Therapist Instruction. See “Yoga Therapist Instruction” in Avoidance section (p. 145).

Phase I, Optional Session: Talk Therapist Instruction. See “Talk Therapist Instruction” in Avoidance section (p. 145).

Phase I, Optional Session: Resisting habits. For clients who have poor concentration, feel irritable and are hypervigilant, with an exaggerated startle response, it can be helpful to practice changing their daily habits to loosen the hold the hyper-arousal has as a form of routine. The idea behind this renunciation or deprivation is that in depriving ourselves of something to which we are habituated, we resist acting in our habitual patterns, which, for clients who are hyper-aroused, can mean anxious or pressured thoughts and emotions. Through renunciation and deprivation our clients are encouraged to find new, hopefully more healthful, ways to move through their lives. For clients who are hyper-aroused, it may be particularly helpful to change up their routine such that having quiet and relaxing time at home becomes necessary. Perhaps they have to read an inspirational book, or meditate, or take a bath every evening.

Phase I, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" from Avoidance section (p. 149).

Phase I, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 149).

Phase I, Optional Session: Surrender. For clients who have experienced trauma and who are hyper-aroused by the triggers or memory of their trauma on a daily basis, the idea of surrendering can be terrifying. Reminders that they are out of control of what has

happened can be very scary, and are exactly the reason they are hypervigilant or have difficulty sleeping or concentrating. The imagined control that people begin to believe they have, can create the struggling that feeds their symptoms. It is the belief that they can control their memories and emotions, that they can cut off or stop how they are feeling that can prolong the recovery process.

Phase I, Optional Session: Yoga Therapist Instruction. Incorporate forward folding poses. You can use restorative yoga poses, which utilize blocks. You can use supported Child's Pose. Explore attitudes of containment, calm, humility, and gratitude. As you ask your clients to hold forward folding positions, ask them to explore the idea of surrender. Remind them that they are in a safe and supportive space where they can feel comfortable and can explore their boundaries around being vulnerable. Explore with your clients that we are not in control of everything, that we can not know what lies ahead, and that we can safely surrender control and stay open to receiving whatever life shows us. Remind them that their present self cannot control their past selves and cannot control others. Imply an open attitude toward mistakes. Veterans of combat might be better able to relate to it as "dedication to the mission." Be mindful that the idea of surrender might bring up associations with surrendering to the enemy.

Phase I, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 151).

Phase I, Optional Session: Be patient. Patience may seem like a superficial virtue, but it embodies a deep insight into the nature of things: change takes time. Patience knows you can't make the river flow any faster. This is a particularly important lesson for clients who are hyper-aroused after a trauma. Hyper-arousal can create a rushed feeling, agitation, it can speed up and exaggerate a person's response to their environment. Cultivating patience can help to slow down their agitated energy.

Phase I, Optional Session: Yoga Therapist Instruction. Before you begin the asana practice, ask your clients to tap into what patience feels like. How do they feel about people who are patient, or impatient? Ask them to check in with what makes them impatient and what helps them to stay patient. Use slow moving flows during the asana practice and hold poses for an extended period of time. Ask your clients to tune into the thoughts, emotions, and physical sensations they experience after holding a pose for a "long time." What can they do to help themselves stay in the pose for longer? What can they do to help themselves be more comfortable with the long poses? Remind them that there is usually nothing that is truly urgent. They can always give themselves time to take a deep breath before an action. Ask them to pay particular attention to any body sensations or emotions triggered by delay or frustration -- and see if they can tolerate them without reacting with impatience. Remind them to relax their body, come into the present moment, and open to the feeling that you are basically all right, right now.

Phase I, Optional Session: Talk Therapist Instruction. Follow up with your client's experience of being patient with themselves, others, and their body. How does it

feel to practice patience? To slow down? Do they experience any resistance to the idea or practice of patience? How does it feel to be impatient? Patient? What are things they are impatient about? What are they doing to help themselves be more patient?

Phase II: Building the Narrative

In Phase II, the thoughts, images and emotions that have been hyper-arousing are integrated with physical sensations, emotions, and actions. This helps to ground the memory such that it can be processed in a safe and supportive environment. The transformation of memories and emotions into a coherent narrative and a linguistic sense of self allows the client to have more control over the experience of the memory such that they will not feel as hyperaroused by it.

In Phase II, the physical sensations, sensory experiences, numbing, emotions, and actions are addressed. Clients identify and embody the resources that help them cope with dramatic events and learn to use the body to discover actions that provide a sense of mastery while remembering past traumatic events. During the yoga sessions, physiological symptoms emerge when the memory is evoked, such as increased heart rate, increased blood pressure, muscle tension or pain, and shallow breathing. Clients are guided through how to mobilize self-soothing techniques that were ineffective at the time of the trauma. Practicing these empowering defensive actions while actively recalling the trauma diminish feelings of helplessness and shame.

The entry point is the story, and the formulation of a coherent narrative is of prime importance. A linguistic sense of self is fostered in this process. In this phase, the

body's sensation and movement are the entry points, and changes in sensorimotor experience are used to support self-regulation, memory processing, and success in recovery. Meaning and understanding emerge from new physiological experiences. In Phase II, a shift in the somatic sense of self affects the linguistic sense of self which aids in the formulation of a coherent narrative of the trauma.

In this phase there are fewer preconceived practices. As your clients have learned how to observe their thoughts, emotions and physiological sensations during their practice, they will begin to have more of an active role during the physical asana. Also, this is where the client is beginning to build their memories through their body. This is a process that is meant to happen organically, without firm direction from the clinician. Here are three practices that might be helpful as you are working with your client to integrate their physiological sensations with their thoughts and emotions.

After the client has completed Phase I. the differentiation between symptom clusters will decrease dramatically. As such Phase II and Phase III are the same across symptoms clusters. It remains imperative that the yoga therapy professional and mental health professional remain in close communication about the client's progress, and that they remain sensitive to the individual client's needs in therapy. Keeping this in mind, however, the "work" being done in Phase II and Phase III is the same for all symptom clusters.

Phase II, Week 6: Meditate. See "Meditate" session from Avoidance section (p. 153).

Phase II, Week 6: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 153).

Phase II, Week 6: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 154).

Phase II, Week 7: Forgive yourself. See "Forgive yourself" session from Avoidance section (p. 154).

Phase II, Week 6: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 155). It is important that during this practice, you check in with your clients and remind them to use the self soothing techniques they have learned in Phase I.

Phase II, Week 6: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 156).

Phase II, Week 8: Say yes. See "Say yes" session from Avoidance section (p. 156).

Phase II, Week 8: Yoga Therapist Instruction. See "YOGA THERAPY" session from Avoidance section (p. 157).

Phase II, Week 8: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 157).

Phase III: Enriching Daily Life

In Phase III, clients who are psychologically equipped and somatically reinforced can turn their attention to enriching their everyday lives. They have done the work of integrating their memories with their bodies and daily experiences, they are feeling comfortable with their memories, and their body. They are ready to move on.

The resources learned in previous phases of treatment are used again in Phase III to support healthy risk-taking and more active engagement in the world. Integrative capacity requires both differentiating and linking the separate components of internal experience to external events to create meaningful connections among them. As clients become aware of internal experience as it is related to external sensory input, they engage in a process of making sense of the environment and how it pertains to them. If our interpretations and understandings are relatively accurate, appropriate actions result. This accuracy requires the ability to recognize internal experience: thoughts, emotions, internal images, body sensation, and movement.

Differentiation requires separation of current internal and external reality from past experiences, and the accurate prediction of the impact of internal experience and external events on the future. This means learning how to be aware of the present moment while realizing its relevance to the past and its implications for the future. This practice gives a sense of continuity over time, it contributes to a stable sense of self. The

ability to be present in the moment includes awareness of which postures and movements are appropriate to the current context in which ones reflect maladaptive somatic tendencies programs by the past.

As stated in Phase II, the differentiation between symptom clusters become much less significant after Phase I. As such, Phase II and Phase III are more uniform across symptom clusters. It is always important to consider the individual needs of each client when determining when to shift from one phase to another and to consider the possible need to revisit a phase that has previously been "completed" depending on the needs of the clients.

Phase III, Week 11: Be glad. See "Be glad" session from Avoidance section (p. 160).

Phase III, Week 11: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 160).

Phase III, Week 11: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 161).

Phase III, Week 12: Be grateful. See "Be grateful" session from Avoidance section (p. 163).

Phase III, Week 12: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 164).

Phase III, Week 12: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 164).

Phase III, Week 13: See the good in yourself. See "See the good in yourself" session from Avoidance section (p. 159).

Phase III, Week 13: Yoga Therapist Instruction. See "YOGA SESSION" session from Avoidance section (p. 159).

Phase III, Week 13: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 160).

Phase III, Week 14: Find strengths (Part II). See "Find strengths (Part II)" session from Avoidance section (p. 165).

Phase III, Week 14: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 165).

Phase III, Week 14: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 165).

Phase III, Optional Session: Have faith. See "Have faith" session from Avoidance section (p. 161).

Phase III, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 161).

Phase III, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 162).

Phase III, Optional Session: Find beauty. See "Find beauty" session from Avoidance section (p. 162).

Phase III, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 163).

Phase III, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 163).

Yoga and Talk Therapist Guide: Symptoms of Reliving

This section is intended for use with clients who are experiencing intrusive and distressing recollections of the traumatizing event. These recollections can take the form of thoughts, images, and dreams. Clients may also relive the event through flashbacks, hallucinations or illusions and the client may act or feel as if the event were recurring. This includes experiences that occur when intoxicated and awakening. The client may also experience marked mental distress in reaction to internal or external cues that symbolize or resemble the event. In response, the client experiences physiological reactivity, such as rapid heart beat and elevated blood pressure.

This section will be broken into three phases. During Phase I, clients learn to keep arousal within a window of tolerance by recognizing triggers, changing orienting tendencies, and limiting their access to overstimulating situations. Awareness of the body is emphasized, so clients can learn to recognize the beginning somatic signs that accompany the intrusive and distressing recollections. Techniques to help clients return their physiological and emotional arousal to the window of tolerance are provided. In Phase II, the intrusive thoughts, images and dreams are integrated with physical sensations, emotions, and actions. This helps to ground the memory such that it can be processed in a safe and supportive environment. The transformation of the intrusive memory into a coherent narrative and a linguistic sense of self allows the client to have more control over the experience of the memory. In Phase III, clients are psychologically and somatically equipped to turn their attention to enriching their everyday lives. The

resources learned in previous phases of treatment are used again in Phase III to support healthy risk-taking and more active engagement in the world.

Table 8: *Sessions Outlined for Symptoms of Reliving*

Phase I Developing Self-Soothing Skills	Phase II Building the Narrative	Phase III Enriching Daily Life
Week 1: Understanding the Window of Tolerance	Week 6: Meditate	Week 11: Be Glad
Week 2: Befriend Your Body	Week 7: Forgive Yourself	Week 12: Be Grateful
Week 3: Take in the Good	Week 8: Say Yes	Week 13: See the Good in Yourself
Week 4: Find Strengths		Week 14: Find Strengths (Part II)
Optional Session: Live of Yourself		Optional Session: Have Faith
Optional Session: Reducing Troubling Self-Talk		
Optional Session: Get Excited		
Optional Session: Take More Breaks		
Optional Session: Surrender		

Phase I: Developing Self-Soothing Skills

The focus of Phase I is to learn to keep arousal within a window of tolerance by recognizing triggers, changing orienting tendencies, and limiting access to overstimulating situations. The body is used to understand the unnecessary activation of defensive responses which usurp the functioning of other action systems. For example, the client is taught to explore existing muscle tension and rigidity to understand where in their body they are displacing the intrusive recollection. Next, the client can begin to relax those areas of their body which may allow them to stave off the expression of the intrusive recollection until they have developed the self-soothing techniques to cope with the recollection in a healthy and therapeutic way. Awareness of the body is emphasized so that clients can learn to recognize the beginning somatic signs of intrusive recollections and to develop self-soothing techniques that can be used to help return arousal to the window tolerance. Clients learn to use auto regulatory resources and integrative regulatory resources to change the movement and sensation of their body to foster a healthy and manageable psychological and physiological arousal.

Consistent with the principles of yogic philosophy, clients are taught the importance of practicing slowly, with intensity of focus and concentration. When physical or emotional resistance is encountered in the practice, clients are encouraged to remain present to these feelings, but not to identify excessively with them. Clients are instructed to allow feelings to arise and move through them, similar to the teachings of mindfulness meditation. This seeds the ability to be present in the moment amidst strong feelings, which applies to situations off the mat as well.

Stabilizing the Energy Regulation System. Poor sleep or lack of sleep can have an impact on clients who relive the event in various and reciprocal ways. One of the symptoms of reliving the event is recurrent distressing dreams, which may create a fear of sleep or make sleeping very difficult. The sleep deprivation that may follow can lead to or exacerbate already existing flashbacks, hallucinations, and illusions. Poor sleep and lack of sleep have also been connected to elevated blood pressure, which is a physiological symptom of reliving the event. Poor sleep or lack of sleep can also have noticeable effects on memory, attention, emotions and cognition.

It is also important to consider a client's eating habits throughout the day as well. Food is one of the most basic tools that humans have to care for and nurture themselves. After a traumatic event, it can be easy to fall out of a healthy eating schedule and eat erratically and even skip meals all together. Some people may even feel like they have lost their appetite, or are not interested in eating. This is an important area to address with clients, as poor nutrition and malnourishment can effect memory, attention, emotions and cognition in much the same way as poor sleep or lack of sleep. If a client who is reliving the traumatic event is both not sleeping well and not eating well, it is possible that their symptoms are being worsened or prolonged because of daily habits that are relatively easy to address. That is why it is so important to provide psychoeducation for your clients about their eating and sleeping habits. Their ability to care for themselves and get their basic needs of sleep and food met are very important to their long term recovery.

Phase I, Week 1: Understanding the Window of Tolerance. Before a client can begin to directly address their reliving experiences, they must first develop healthy and effective coping techniques for when their emotions and thoughts become intense. An important part of this process is developing an understanding of their "window of tolerance." How much emotional, cognitive and physiological arousal can they experience before feeling like they lose control of the situation? This is a very subjective assessment and can change from day to day, from thought to thought and from emotion to emotion. Some clients will find it easier to tolerate anger than sadness, to tolerate thoughts of personal persecution than thoughts about blaming others. Exploring this with your clients can be very difficult, and this is why it is crucial to have already developed some self-soothing skills that can be practiced throughout this exploration. After you and your client understand their window of tolerance, you can begin to expand the window through daily practice.

Phase I, Week 1: Yoga Therapist Instruction. During the first asana practice it is important to start small and build depending on the readiness of your client. During the first session, ask your client to notice their breath and heart rate. You can begin by having them seated while raising and lowering their arms with their breath. Twisting their torso from side to side in connection with their breath and simply ask them to notice what their breath does, what their heart rate is, what their thoughts and emotions are. You can then move to standing and practice lifting their arms over head and twisting their torso. You can lead them through a basic sun salutation, or choose to lead them through a sun

salutation with a chateranga and downward dog. Through all asana practices ask your clients to use 2:1 breathing, exhaling for twice the count of the inhalation, or an exhalation that is longer than the inhalation. This breathing technique helps to slow the heart and calm the nervous system. Ask your client to notice what they do that increases and decreases their heart rate. Ask your client to practice focusing on their thoughts and emotions. Ask your clients what it feels like to allow thoughts and feelings to move through them as they move through poses. What is their internal dialogue? This session is about observing with the only intervention being the practice of raising and lowering the heart rate.

For a client who is re-experiencing the event, it may be best advised to start with forward-folding and calming poses. The reason for this is that the more "closed" body postures will most likely be where their energy is most comfortable. As they are reliving the event, their energy is likely already very compressed, and it is important to meet the client where they are. Towards the end of the session, begin to introduce twisting and back-bending poses that will help them to focus in on the present moment and open and expand constricted energy. For the first 2-3 sessions, it is advised to follow this pattern of beginning with forward-folding poses and moving to twisting and expansive poses. Then, you can move into practices that are almost exclusively comprised of twisting poses.

Phase I, Week 1: Talk Therapist Instruction. See "Talk therapy" session in Avoidance section (p.137).

Phase I, Week 2: Befriend your body. One of the first goals of phase one is to help a client befriend their body. To help a client learn to trust, listen to, and honor their body. To begin to use their body as a friend to help themselves manage how they relive their past trauma. This may be particularly hard for a client whose trauma involves their body. If they were burned, sexually assaulted, broke a bone, or even lost a limb. For many clients who experience trauma, their body can begin to feel like it is out of their control, like it is a foreign place or something they are disconnected from.

Phase I, Week 2: Yoga Therapist Instruction. See "Yoga Therapist Instruction" in Avoidance section (p. 138).

Phase I, Week 2: Talk Therapist Instruction. See "Talk Therapist Instruction" in Avoidance section (p. 139).

Phase I, Week 3: Find strengths. For clients who relive the traumatic event over and over, it is not uncommon that feelings of fear, inadequacy, blame, shame, and many other negative self effacing emotions begin to develop and take hold over the client's sense of self. It is for this reason that it is important to explore the strengths that the client possesses.

Phase I, Week 3: Yoga Therapist Instruction. See "Yoga Therapist Instruction" from Avoidance section (p. 147).

Phase I, Week 3: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 148).

Phase I, Week 4: Take in the good. See "Take in the good" from Avoidance section (p. 142).

Phase I, Week 4: Yoga Therapist Instruction. See "Yoga Therapist Instruction" from Avoidance section (p. 143).

Phase I, Week 4: Talk Therapist Instruction. See "Talk therapy" session in Avoidance section (p. 143).

Phase I, Optional Session: Reduce troubling self-talk. See "Reduce troubling self-talk" in Avoidance section (p. 140).

Phase I, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" in Avoidance section (p. 140). This will be a good practice to introduce more twists and to ask them to notice how their thoughts and emotions shift when they are in these poses as opposed to the forward and backward bending poses.

Phase I, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" in Avoidance section (p. 141).

Phase I, Optional Session: Live for yourself. See "Live for yourself" from Avoidance section (p. 141).

Phase I, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" from Avoidance section (p. 141).

Phase I, Optional Session: Get excited. Some people who experience trauma and who begin to relive the experience trauma may begin to cut off their emotions from their daily lives. They begin to restrict their emotions and experiences with other people and with themselves. Life can start to feel hollow and shallow. In therapy, you encourage them open up their emotional expression, and often this means emotions of sadness and anger. It is important to encourage them to express emotions that are a little more fun, though possibly just as uncomfortable as the anger and the sadness.

Phase I, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" from Avoidance section (p. 144).

Phase I, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 144).

Phase I, Optional Session: Resisting habits. For clients who relive their trauma everyday through vivid memories, nightmares, flashbacks, and hallucinations it can be

helpful to practice changing their daily habits to loosen the hold the reliving has as a form of routine. The idea behind this renunciation or deprivation is that in depriving ourselves of something to which we are habituated, we resist acting in our habitual patterns, which, for clients who relive the experience, can mean reliving. Through renunciation and deprivation our clients are encouraged to find new, hopefully more healthful, ways to move through their lives.

Phase I, Optional Session: Yoga Therapist Instruction. See “Yoga Therapist Instruction” from Avoidance section (p. 149).

Phase I, Optional Session: Talk Therapist Instruction. See “Talk Therapist Instruction” from Avoidance section (p. 149).

Phase I, Optional Session: Surrender. For clients who have experienced trauma and who are reliving their trauma on a daily basis, the idea of surrendering can be terrifying. Reminders that they are out of control of what has happened can be very scary, and can be what creates some of the symptoms that people with trauma experience. The imagined control that people begin to believe they have, can create the struggling that feeds their symptoms.

Phase I, Optional Session: Yoga Therapist Instruction. See “Yoga Therapist Instruction” from Avoidance section (p. 151). Incorporate heart openers and extensions.

Phase I, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 151).

Phase II: Building the Narrative

In Phase II, the intrusive thoughts, images and dreams are integrated with physical sensations, emotions, and actions. This helps to ground the memory such that it can be processed in a safe and supportive environment. The transformation of the intrusive memory into a coherent narrative and a linguistic sense of self allows the client to have more control over the experience of the memory.

In Phase II, the physical sensations, sensory experiences, numbing, emotions, and actions are addressed. Clients identify and embody the resources that help them cope with dramatic events and learn to use the body to discover actions that provide a sense of mastery while remembering past traumatic events. During the yoga sessions, physiological symptoms emerge when the memory is evoked, such as increased heart rate, increased blood pressure, muscle tension or pain, and shallow breathing. Clients are guided through how to mobilize self-soothing techniques that were ineffective at the time of the trauma. Practicing these empowering defensive actions while actively recalling the trauma diminish feelings of helplessness and shame.

The entry point is the story, and the formulation of a coherent narrative is of prime importance. A linguistic sense of self is fostered in this process. In this phase, the body's sensation and movement are the entry points, and changes in sensorimotor experience are used to support self-regulation, memory processing, and success in

recovery. Meaning and understanding emerge from new physiological experiences. In Phase II, a shift in the somatic sense of self affects the linguistic sense of self which aids in the formulation of a coherent narrative of the trauma.

In this phase there are fewer preconceived practices. As your clients have learned how to observe their thoughts, emotions and physiological sensations during their practice, they will begin to have more of an active role during the physical asana. Also, this is where the client is beginning to build their memories through their body. This is a process that is meant to happen organically, without firm direction from the clinician. Here are three practices that might be helpful as you are working with your client to integrate their physiological sensations with their thoughts and emotions.

After the client has completed Phase I. the differentiation between symptom clusters will decrease dramatically. As such Phase II and Phase III are the same across symptoms clusters. It remains imperative that the yoga therapy professional and mental health professional remain in close communication about the client's progress, and that they remain sensitive to the individual client's needs in therapy. Keeping this in mind, however, the "work" being done in Phase II and Phase III is the same for all symptom clusters.

Phase II, Week 6: Meditate. See "Meditate" session from Avoidance section (p. 153).

Phase II, Week 6: Yoga Therapist Instruction. See “Yoga Therapist Instruction” session from Avoidance section (p. 153).

Phase II, Week 6: Talk Therapist Instruction. See “Talk Therapist Instruction” from Avoidance section (p. 154).

Phase II, Week 7: Forgive yourself. See “Forgive yourself” session from Avoidance section (p. 154).

Phase II, Week 7: Yoga Therapist Instruction. See “Yoga Therapist Instruction” session from Avoidance section (p. 155). It is important that during this practice, you check in with your clients and remind them to use the self soothing techniques they have learned in Phase I.

Phase II, Week 7: Talk Therapist Instruction. See “Talk Therapist Instruction” from Avoidance section (p. 156).

Phase II, Week 8: Say yes. See “Say yes” session from Avoidance section (p. 156).

Phase II, Week 8: Yoga Therapist Instruction. See “YOGA THERAPY” session from Avoidance section (p. 157).

Phase II, Week 8: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 157).

Phase III: Enriching Daily Life

In Phase III, clients who are psychologically equipped and semantically reinforced can turn their attention to enriching their everyday lives. They have done the work of integrating their memories with their bodies and daily experiences, and they are feeling comfortable with their memories and their body. They are ready to move on.

The resources learned in previous phases of treatment are used again in Phase III to support healthy risk-taking and more active engagement in the world. Integrative capacity requires both differentiating and linking the separate components of internal experience to external events to create meaningful connections among them. As clients become aware of internal experience as it is related to external sensory input, they engage in a process of making sense of the environment and how it pertains to them. If our interpretations and understandings are relatively accurate, appropriate actions result. This accuracy requires the ability to recognize internal experience: thoughts, emotions, internal images, body sensation, and movement.

Differentiation requires separation of current internal and external reality from past experiences, and the accurate prediction of the impact of internal experience and external events on the future. This means learning how to be aware of the present moment while realizing its relevance to the past and its implications for the future. This practice gives a sense of continuity over time, it contributes to a stable sense of self. The

ability to be present in the moment includes awareness of which postures and movements are appropriate to the current context in which ones reflect maladaptive somatic tendencies programs by the past.

As stated in Phase II, the differentiation between symptom clusters becomes much less significant after Phase I. As such, Phase II and Phase III are uniform across symptom clusters. It is always important to consider the individual needs of each client when determining when to shift from one phase to another and to consider the possible need to revisit a phase that has previously been "completed" depending on the needs of the clients.

Phase III, Week 11: Be glad. See "Be glad" session from Avoidance section (p. 160).

Phase III, Week 11: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 160).

Phase III, Week 11: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 161).

Phase III, Week 12: Be grateful. See "Be grateful" session from Avoidance section (p. 163).

Phase III, Week 12: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 164).

Phase III, Week 12: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 164).

Phase III, Week 13: See the good in yourself. See "See the good in yourself" session from Avoidance section (p. 159).

Phase III, Week 13: Yoga Therapist Instruction. See "YOGA SESSION" session from Avoidance section (p. 159).

Phase III, Week 13: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 160).

Phase III, Week 14: Find strengths (Part II). See "Find strengths (Part II)" session from Avoidance section (p. 165).

Phase III, Week 14: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 165).

Phase III, Week 14: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 165).

Phase III, Optional Session: Have faith. See "Have faith" session from Avoidance section (p. 161).

Phase III, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 161).

Phase III, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 162).

Optional Session: Find beauty. See "Find beauty" session from Avoidance section (p. 162).

Phase III, Optional Session: Yoga Therapist Instruction. See "Yoga Therapist Instruction" session from Avoidance section (p. 163).

Phase III, Optional Session: Talk Therapist Instruction. See "Talk Therapist Instruction" from Avoidance section (p. 163).

Client Guide: Symptoms of Avoidance

Avoiding Behaviors Workbook

Phase I: Developing Self-Soothing Skills

Handout 1: The importance of sleep and food in mental health.

Poor sleep or lack of sleep can have an impact on people who are actively trying to avoid the memories, thoughts, and emotions of the traumatic event in various and reciprocal ways. The symptomatology of those who are avoiding traumatic memories and emotions can lead to a dramatic increase in sleep as an avoidance strategy, but it can also lead to difficulty sleeping. Both too much and too little sleep can increase feelings of isolation and lack of interest or pleasure in daily activities. Poor sleep and lack of sleep have also been connected to difficulty in mood regulation, which is a symptom of avoiding the event. Poor sleep or lack of sleep can also have noticeable effects on memory, attention, emotions and cognition.

It is also important to consider your eating habits throughout the day. Food is one of the most basic tools that humans have to care for and nurture themselves. After a traumatic event, it can be easy to fall out of a healthy eating schedule and eat erratically and even skip meals altogether. Some people may even feel like they have lost their appetite, or are not interested in eating. This is an important area to explore, as poor nutrition and malnourishment can affect memory, attention, emotions and cognition in much the same way as poor sleep or lack of sleep. If someone who is trying to avoid the traumatic memory is both not sleeping well and not eating well, it is possible that your symptoms are being worsened or prolonged because of daily habits that are relatively

easy to address. Your ability to care for yourself and get your basic needs of sleep and food met are very important to your long-term recovery. Here are some things you can do to help yourself sleep better.

______It is important that you create a bedtime ritual. Just like when you were a kid and you would brush your teeth, have a story read to you, and say your prayers. Depending on how much time you have at night before you can go to bed your ritual can start I hour before bed time or ten minutes before bed. Either way, it is important that you be consistent and try to have the same ritual every night.

If you find yourself trying to fall asleep for more than 15-20 minutes, get up! Do not lay in bed thinking. Get up and begin your ritual again.

If you have trouble falling asleep...

Turn off the TV and ALL other electronics. As humans we are programed to engage with other human beings. Being able to hear or see another person can be stimulating enough to keep you up longer that you wish. This principal can be applied to reading and listening to music with words.

Before going to bed, rub your head and feet with warm sesame oil.

Take a warm bath.

One hour before bed, drink tea with chamomile, valerian, cat nip or melatonin in it, or hot almond milk with cardamom, ginger, or honey. Make sure that this is consumed well before you try to go to bed so you are not waking up in the middle of the night to go to the bathroom.

Try Moon Breath (Chandra Bhedana) for five minutes. Breathe in through the left nostril and out through the right, closing the opposite one. Follow this with 30 seconds of Bhastrika (Bellows Breath) by taking full, deep breaths like a bellows in and out through your nose, using your full lung capacity. Afterward, do a minute of meditation. Repeat this until your agitating thoughts subside.

Stretch your muscles. You can do this in bed or before you get into bed. Raise your arms overhead, reaching your hands to the stars. Stretch from side to side, and do a forward bend. You may even like to create a bedtime yoga sequence that has forward bends and twists.

Write down your thoughts or the events of the day. Sometimes the difficulty with falling asleep is found in an overactive mind that is thinking about what has happened that day or what will happen tomorrow. Instead, take ten minutes to write those thoughts down on paper and give yourself permission to leave the thoughts on the page and return to them in the morning.

Having a healthful and well-rounded diet can be difficult for many reasons. We are all busy people and many of us are living on a budget, but there are many ways you can make sure that you are eating a healthy amount of wholesome foods. Here are some things you can do to help yourself eat better:

Eat three meals a day with two-three snacks throughout out the day. You might have noticed that after experiencing the trauma you have, that your relationship with food has changed. You might be more or less hungry than you used to be, and you might be eating more comfort foods (usually salty or sweet) than you used to. It is important that

you create a feeding schedule such that you are eating roughly every 3-4 hours. This might mean radically increasing or decreasing your food intake, depending on your natural tendency.

Eat as many fruits, vegetables, lean protein, and whole grains as possible. To help yourself out cost wise, try frozen fruits and vegetables. They are full of the same amount of vitamins as the fresh variety and they do not have the high salt or sugar content of canned fruits and vegetables.

Drink a lot of water. If you are thirsty, you are already dehydrated. Dehydration can lead to headache, which can lead to changes in mood and cognition as you can imagine.

Phase I, Assignment 1: Understanding the Window of Tolerance. Before you can begin to directly address your experience of avoiding the traumatic memories, thoughts and emotions, you must first develop healthy and effective coping techniques to use when your emotions and thoughts become intense. An important part of this process is developing an understanding of your "window of tolerance." How much emotional, cognitive and physiological arousal can you experience before feeling like you lose control of the situation? This is a very subjective assessment and can change from day to day, from thought to though and from emotion to emotion. Some people find it easier to tolerate anger than sadness, to tolerate thoughts of personal persecution than thoughts about blaming others. Exploring this with yourself and your talk therapist can be very difficult, and this is why it is crucial to have already developed some self-soothing skills

that can be practiced throughout this exploration. After you and your yoga therapist understand your window of tolerance, you can begin to expand the window through daily practice.

Finding the parameters of your window of tolerance will happen more in the moment, when you talk with your talk therapist about your experiences. It might be helpful to consider your experience when feeling and thinking about particular emotions and thoughts. As you consider your answers to the following questions, notice how quickly your response comes, or if it takes a lot of time to consider your reaction to the emotion or thought. Consider what your body feels like as you consider the emotions and thoughts. Notice if any memories come to mind as you consider each emotion and thought.

Emotions

What is it like to feel...

Happy:____

____

Angry:____

____

Sad:____

____

Love:____

____

Hate:____

____

Disgust:____

____

Thoughts

What is it like to think…

That it was all your fault:

____

____

That you were out of control:

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That other people blame you for what happened:

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That other people cannot understand what you experienced:

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Phase I, Assignment 2: Befriend your body. For many people who are avoidant after their experience of trauma, their body can begin to feel like it is out of their control, like it is a foreign place or something they are disconnected from. One of the first goals of phase one is to help you befriend your body. To help you learn to trust, listen to, and honor your body. To begin to use your body as a friend to help you manage how you experience your past trauma. This may be particularly hard if your trauma involves your body. If you were burned, sexually assaulted, broke a bone, or even lost a limb.

To begin, imagine a time when you treated a good friend well. What was your attitude toward your friend, and what sorts of things did you do for you friend?

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How did it feel in your body to be kind toward their friend?

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Next, imagine having these same feelings towards your body. Imagine your body as another good friend. Imagine loving this friend, your body. How does it feel to think and act kindly toward your body?

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If your body could speak, what might it say to you after being treated with love?

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In what ways does it feel good? Notice any reluctance to be nice to your body. Explore that reluctance, and see what it's about.

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If you could talk to your body, what might you say?

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After a life-altering experience that has left you feeling disillusioned, confused and possibly scared and sad, it can be hard to feel comfortable with being vulnerable. This can sometimes mean that allowing yourself to be taken care of feels impossible. How can you trust people, or even the universe, after what has happened to you? One place you can start is with trusting and caring for yourself. On a concrete level, this can look like trusting, caring for and befriending your body. When you wake up, help it out of bed. Be gentle with it, stay connected to it, not rushing about... What would this feel like? Imagine cherishing your body as you move through the morning, such as helping it kindly to some water, giving it a nice shower, and serving it healthy and delicious food. Imagine treating your body with love as you do other activities, such as driving, caring for children, having sex, brushing your teeth.

Perhaps write a letter to your body, telling it how you felt about it in the past, and how you want to be nicer to it in the future. Make a short list of how to care better for your body such as taking more time for simple bodily pleasures. Then commit to treating your body better. Kindness begins at home. Your home is your body.

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Phase I, Assignment 3: Find strengths. For people who are actively trying to avoid the memories, thoughts, and emotions of the traumatic event through it is not uncommon that feelings of fear, inadequacy, blame, shame, and many other negative self effacing emotions begin to develop and take hold over your sense of self. It is for this reason that it is important to explore the strengths that you possess.

Recognizing your strengths will help you to feel stronger. During difficult times it can be very easy for focus on all of your faults, the ways you are not measuring up and the many things you could have done differently in various situations. It is during these

times that it is most crucial to remember what you have done well, what is good about you, and what your strengths are.

Make a list of your strengths.	Good things you use your strengths for
i.e. Intelligence	Earning a living for my family.

Tell yourself it is good for me to be strong. My strength helps good things happen. Good people want me to be strong; anyone who wants me to be weak is not on my side.

Notice any beliefs that it is bad to be strong:

Now turn your attention back to the good reasons for being strong. To increase your sense of strength recall times you felt strong.

What did your body feel like then?

What was your posture?

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Explore embodying strength right now: maybe lifting your chin widening your stance or breathing deeply. Create a memory of these physical sensations and attitudes of strength so you can tap into them again. Tell yourself that you are strong, you can endure, persist, and cope. You are strong enough to hold your experience in awareness without being overwhelmed. The winds of life can blow, and blowhard, but you are deeply rooted tree, and winds make you even stronger. When they are done blowing, there you still stand. Offering shade and shelter, flowers and fruits. Strong and lasting. Notice that you are strong enough to ask for help. Strong enough to have limits.

What did you notice during this practice?

Phase I, Assignment 4: Take in the good. When a persona has experienced trauma it can become very difficult to simply feel good, even for just a moment, to feel good about anything. Good things still happen. Everyday flowers are blooming, someone is nice, a goal is obtained, and you know it, but you don't feel it. It may not feel like it all the time, but you are allowed to feel good, you are allowed to have positive experiences, and pleasant thoughts.

This may not be easy at first, because you have become so used to not allowing yourself to feel good. You might even have to force yourself to feel good the first few times you practice this. Look for good facts, and turn them into good experiences. Sometimes this might mean getting out of bed in the morning, or doing the laundry, or cleaning a room in your house. These are good facts that you can turn into good experiences. When you are in good facts, either something that currently exists or has happened in the past, let yourself feel good about it.

When you practice feeling good, you allow yourself to give over to it in your body. Imagine that the good experience is sinking into you. You can imagine the good feeling as a warm glow spreading through the chest and becoming a part of you. This way you are not clinging to the external for these good feelings, but noticing how the good feeling comes from within. We can be inspired by external events, but the good feeling comes from within. When you feel better fed inside your happiness will become more unconditional, increasingly based on an inner fulfillment rather than on external conditions.

Every day this week find one thing to feel good about. This can be a relationship, a person, an experience, a place you go, or something you see.

Sunday:

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Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Saturday:

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Phase I, Optional Assignment: Live for Yourself. All of us have at least one family member, friend, child, or a pet for whom we wake up every morning and think

about, or look forward to seeing. Someone who we love and care about. This can be someone that you know right now, or this can be someone from your past.

Tell me about this person:

____

____

____

Bring to mind what it feels like to live for someone. As you think about this person notice if you feel loyalty, concern, warmth, determination, or advocacy. Let the sense of being on someone's side be big in your awareness. What does it feel like to think about this person?

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Allow your body to shift into a posture of support and advocacy. Perhaps you sit up a little more straight, shoulders broad, heart open, eyes more intense. Strengthen the experience of living for someone with your body. This embodied cognition connects to the sensorimotor systems in your brain that underlie and shape your thoughts and feelings. What happens in your body when you shift into a posture of support and advocacy?

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There are times when you have to be strong, determined, compassionate, and understanding with yourself. Just like you live for others, you also live for yourself. Imagine you can shift all feelings you experience when thinking about this loved one that you live for onto yourself. What does it feel like to imagine living for yourself in the same way you live for others?

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Phase I, Optional Assignment: Get excited. Some people who experience trauma and try to avoid the memory, thoughts and emotions tied to the event begin to cut off their emotions from their daily lives. You might notice ways in your own life that you have begun to restrict your emotions and experiences with other people and with yourself. In other words, you might notice that you do not get as excited or joyful as you used to. You might have even stopped doing the things that you used to be excited about; a hobby, or seeing a friend. Life can start to feel hollow and shallow. As you are working though your experience in therapy, you are encouraged to open up your emotional expression, and often this means emotions of sadness and fear. As you are working so hard to process painful emotions, it is important to remember to also express and experience emotions that are a little more fun, such as joy, happiness, and excitement.

It may be helpful to make a list of the things you used to do (and possibly currently do) that you would get excited about.

1.
2.
3.
4.
5.

The list may be longer, but let's start with five. Now, the practice is to do one of these things every day. Or, try to do these five things within a week. As you do this, take several deep breaths and sense the energy that is created in the core of your body.

The second part of this practice is to try to pep up the more mundane parts of your life. Of course, not every day is going to be filled with excitement and joy during which you are only doing what you love to do. In fact, the truth is that most days can be pretty boring, or at least NOT exciting.

Now, make a list of chores that you do every week, or parts of your life that have become static, such as cooking, your job, housework, repetitive parts of parenting, even sex.

1.
2.
3.
4.
5.

Now, go back over the list and create ways to pep them up. Try new cooking dishes, turn up the music, get goofy, dance with the baby, and so on. As you do this, take several deep breaths and sense the energy that is created in the core of your body.

Phase I, Optional Assignment: Resisting Habits. When your natural response to trauma is to try and avoid the memories, thoughts and emotions that were elicited by the experience, it can be helpful to practice changing your daily habits to loosen the hold this avoidance has as a form of routine. The idea behind this renunciation or deprivation is that in depriving ourselves of something to which we are habituated, we resist acting in our habitual patterns, which can mean reliving. Through renunciation and deprivation you are encouraged to find new, hopefully more healthful, ways to move through your life.

As we move through life it can become very easy to find ourselves in autopilot, mindlessly moving about without much thought or noticing what is happening around us and within us. The idea behind depriving yourself of habits is that in doing so you will force yourself to be mindful during the new activity. For example, instead of watching the news in the morning, try reading the newspaper. Or instead of watching television before going to bed, try reading or meditating or journaling. Try to think of your daily activities, what have you become habituated to? This can even mean going for a run every morning. We are not just targeting "bad habits." Any habit offers the possibility for mindlessness, for "zoning out," which reinforces your natural tendency to avoid.

List five things you do every day.

1.
2.
3.
4.
5.

Next to those five things, think of something you can replace them with or if there is a different time of day you can do them. Notice any resistance to the idea of giving up these things. Are you hesitant or even resentful about the idea of watching less television, giving up your morning run, driving less? It is possible that this resistance is all the more reason that the habits deserve to be addressed. Their grip has become so tight that even the idea of giving them up is upsetting. This is alright. Giving up habits is supposed to feel a little difficult. It is in this struggle that growth can be found. Noticing what you choose to do when you cannot do what you are used to doing can be very revealing. This may be a good place to look for things you can do that get you out of the house and interacting with people. This can mean going to the gym, volunteering, or joining a neighborhood sports team.

After you have had the experience of changing some habits and noticing what it feels like to step outside of your comfort zone, you might find yourself coming back to your habits. This is alright. In this space you can find ways to be mindful during habits. You can practice being mindful as you are washing the dishes, folding laundry, driving, anything that has become habitual. As you perform the activity, practice naming what you are doing, and connecting your breathing to your movement.

Phase I, Optional Assignment: Surrender. When you have experienced trauma the idea of surrendering can be terrifying. Reminders that you are out of control of what has happened in the past can be very scary, and can be what creates some of the symptoms that you experience. The imagined control that you may begin to believe you

have can create the struggling that feeds your symptoms. The struggle to take control of events and people over which you have absolutely no control can be exhausting and frustrating. This can be particularly true as you are reliving your trauma. You cannot change the past. You have no control over the past, and as you relive it every day you are reminded of this lack of control. It might be the struggling against the idea that you are out of control of the past that fuels the traumatic reliving and other symptoms you might experience. Imagine surrendering. What are you avoiding that you have no control over?

What would it mean to surrender to these experiences over which you have no control?

Phase II: Building the Narrative

Phase II, Assignment 6: Meditate. Here, meditation is meant to encourage you to focus. A lot can start to happen as you begin the work of Phase II. A lot of intense emotions, a lot of thoughts, of physical sensations. This can feel overwhelming. This is an important time to remind yourself to use your self-soothing techniques and to meditate, or focus, on one aspect of the experience at a time as you can tolerate, and then switch and focus on another aspect of the experience. Focus on their body, such as the sensations of breathing, or the sensations in the muscles. Then focus on the thoughts that are arising, the images and then the emotions. Finally, combine them and focus on this combination. What did you experience during meditation? How was it helpful? How can it be used throughout the process of Phase II?

Phase II, Assignment 7: Forgive yourself. Forgiveness is hard. Forgiving those who have harmed us, broken our trust, and disappointed us is extremely difficult, but what can be even more difficult is forgiving ourselves. Like those in our lives who have hurt us, we have hurt others. We may have yelled at people who didn't deserve it, lied at work, let down a friend, or cheated on the partner, it is important to what happened, what was in your mind at the time, the relevant context and history, and the results for yourself and others. Moral faults deserve proportionate guilt, remorse, or shame, but unskillfulness calls for correction, no more. In an honest way, take responsibility for your moral faults and unskillfulness.

Specific Example:

What happened:

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What I was thinking and feeling at the time:

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____

Relevant context:

____

____

The results for myself and others:

____

____

What parts of this can be attributed to.....

Moral Faults:

Unskillfulness:

I am responsible for

Notice any facts that are hard to face. Like the look in a child's eyes when you yelled at her, and be especially open to them; they are the ones that are keeping you stuck. It is always the truth that sets us free. Let yourself feel it.

But I am not responsible for

Let the relief of what you are not responsible for sink in. Acknowledge what you have done to learn from this experience, and to repair things and make amends. Let this sink in.

Next decide what, if anything, remains to be done inside your own heart are out there in the world, and then do it.

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Knowing in your heart that what needed to be learned has been learned, and what needed doing has been done. Now actively forgive yourself.

Say: I forgive myself for

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Say: I have taken responsibility and have done what I could to make things better.

Phase II, Assignment 8: Say yes. Denial can be a large hurdle to overcome after experiencing trauma. Some of the details of the trauma are just too terrible to fully acknowledge as fact that they really did happen. This denial can be what feeds many of the symptoms you are currently struggling with. Saying "Yes" is a similar practice to "radical acceptance"; that is, saying yes to everything that has happened as a way of acknowledging and accepting that it did, in fact, happen. It may be easier to begin by saying yes to something you like, as in "Yes, I snowboard," "Yes, I am from Colorado."

Yes,

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Yes,

____

Yes,

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Yes,

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Yes, ____

Then say yes to something neutral, as in, "Yes, the sun rises every morning." Both of these are probably easy.

Yes, ____

Yes, ____

Yes, ____

Yes, ____

Then say yes to something that is uncomfortable, as in, "Yes, I get stuck in traffic." "Yes, I was wounded in combat," "Yes, I have friends who have died." Can you do that, too?

Yes, ____

Yes, ____

Yes, ____

Yes, ____

Yes, ____

Yes, ____

Try to feel some acceptance, some surrender to the facts as they are, whether you like them or not. It is important to remember that you are not saying yes, that you approve of them. This practice asks you to do exactly what you have been avoiding, acknowledging

the full truth of the trauma you experienced. Yes, people are poor and hungry across the planet, yes my career has stalled, yes I miscarried, yes my dear friend has cancer. Yes that's the way it is. Yes to the body you have.

Phase III: Enriching Daily Life

Phase III, Assignment 11: Be glad. As very uncomfortable emotions, memories and thoughts have been struggled through and processed, it might be helpful to remind yourself that along with the bad, good can exist. It is important to look for things to be glad about, like: bad days that never happened, or were not as bad as you had feared. Relief that hard or stressful times have passed. Good things that have happened in the past. Good things in your life today, such as: friends, loved ones, children, pets, the health you have, and the positive aspects of your work.

Every day this week find one thing to feel glad about. This can be a relationship, a person, or an experience. Write down everything that happened that day that you can be glad about. Notice if there is any brooding, self doubt, or worrying that gets in the way of feeling glad and write that down as well.

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Friday:

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Saturday:

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Phase III, Assignment 12: Be grateful. As you have moved out of Phase I and Phase II, and have worked through some very painful and difficult memories, it is possible to begin to approach some of your experience as something that was life changing in a horrifying and awful way, to something that was life changing in a way you can be thankful for. You can begin to imagine aspects of your experience that you might be thankful for. Has your connection to yourself, your partner, family, children, friends, community etc. been strengthened? Odds are, after going through the process of Phase I and Phase II, some aspects of your life have improved. Notice if this is something you can be grateful for, even under the circumstance that fostered it.

I am grateful for...

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Call to mind the people or organizations that you are thankful for. Recognize the benevolence of the giver, whether it is a person, mother nature, or the physical universe -- or, if this is meaningful to you, something divine. Don't minimize the benevolence to avoid feeling unworthy or indebted. Open up to it as a telling of the truth, as a giving back to the giver. Last, soak up the gifts coming to you, whatever they are let them become part of you, woven into your body, brain, and being.

Ways that I allow myself to be grateful and can show I am grateful...

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Phase III, Assignment 13: See the good in yourself. People who have experienced trauma can have a difficult time seeing the good in themselves. You will recall that there is a similar section in Phase I, to encourage you to find your strengths. This may seem repetitive, but as you have just completed Phase II in which you were asked to recall very painful and difficult memories, emotions and thoughts, it is important to remind yourself that there is a lot of good in you.

Have you learned about any new qualities that you may not have seen in yourself before this practice? A new ability to listen to yourself or others? An ability to ask for help? An ability to be patient with yourself or others?

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Have you noticed that you have changed your mind about any qualities that you originally viewed negatively? Such as, asking for help? Acknowledging your weakness? Admitting when you are wrong?

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How has this process changed how you view yourself and other people in your life?
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Phase III, Assignment 14: Find strengths (Part II). You completed this task during Phase I. A lot has changed between then and now, and it is time to recognize that. You can write a new list of your strengths and look back to see which strengths you have deepened and if you have cultivated new strengths. Recognizing your strengths will help you to feel stronger. During difficult times it can be very easy for focus on all of your faults, the ways you are not measuring up and the many things you could have done differently in various situations. It is during these times that it is most crucial to remember what you have done well, what is good about you, and what your strengths are.

Make a list of your strengths.	Good things you use your strengths for
i.e. Intelligence	Earning a living for my family.

Phase III, Optional Assignment: Have Faith. For some people who have experienced trauma, faith is often called into question and tested. This can mean your faith in a higher power, your faith in your family and friends, your faith in the system, and your faith in yourself. You may continue to question your faith. How is it possible to have faith in a world that has let you down? After the work has been done in Phase I and Phase II, it might be easier to revisit the idea of faith. Explore what you believe in, what you have faith in, what you can trust. Complete this sentence a few times:

"I have faith in…"

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Now, ask yourself whether your faith might be misplaced. Be sure to consider too much faith in certain aspects of your own mind, such as in beliefs that you are weak or tainted, that others don't care about you, or that somehow you're going to get different results by doing the same old things.

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Then pick one instance of misguided faith and consciously step away from it: reflect on how you came to develop it and what it has cost you; imagine the beliefs of a life without it; and develop a different resource to replace it.

Make another list, this one of what you could reasonably have faith in. Such as in people who could be trusted more (including children), and the basic safety of most days for most people, and in your own strengths and virtues.

Then pick one and see if you can have more faith in it. Remember the good reasons for relying upon it. Consider some of the good qualities and aspirations in your innermost heart. Give yourself over to them for a moment. What is it like?

Phase III, Optional Assignment: Find beauty. As you are beginning to enter your life in a new way as a new person, the world can feel foreign and strange and in some cases, a little scary. It is important to take a few moments each day to purposefully open to beauty. Really look at the things around you -- particularly at the ordinary things we tend to tune out, such as the sky, appliances, graphs, cars, or sidewalks. Try the same with everyday sounds, smells, tastes, and touches. Also, seek out lovely memories, feelings, or ideas. Open to a growing sense of boundless beauty above and below and stretching in all directions, like you're floating in a sea of rose petals. Recognize the

beauty in others, in their choices, sacrifices, aspirations. Understand the beauty in noble failures, quiet determination, and leaps of insight. Recognize the beauty in your own heart.

I see beauty in ordinary things.

I find beauty in unlikely places.

I see beauty in people.

I see beauty in myself.

Client Guide: Symptoms of Hyperarousal

Hyper-aroused Workbook

Phase I: Developing Self-Soothing Skills

Phase I, Handout 1: The importance of sleep and food in mental health. Poor sleep or lack of sleep can have an impact on people who are hypervigilant in various and reciprocal ways. The symptomatology of those who experience hyperarousal include insomnia with difficulty in both falling asleep and staying asleep. Poor sleep and lack of sleep have also been connected to difficulty with concentration, and mood regulation, which are also symptoms of a hypervigilant response pattern to trauma.

It is also important to consider your eating habits throughout the day as well. Food is one of the most basic tools that humans have to care for and nurture themselves. After a traumatic event, it can be easy to fall out of a healthy eating schedule and eat erratically and even skip meals all together. Some people may even feel like they have lost their appetite, or are not interested in eating. This is an important area to explore, as poor nutrition and malnourishment can effect memory, attention, emotions and cognition in much the same way as poor sleep or lack of sleep. If you are experiencing hyperarousal after the traumatic event and are both not sleeping well and not eating well, it is possible that your symptoms are being worsened or prolonged because of daily habits that are relatively easy to address. Your ability to care for yourself and get your basic needs of

sleep and food met are very important to your long-term recovery. Here are some things you can do to help yourself sleep better.

It is important that you create a bedtime ritual. Just like when you were a kid and you would brush your teeth, have a story read to you, and say your prayers. Depending on how much time you have at night before you can go to bed your ritual can start one hour before bed time or ten minutes before bed. Either way, it is important that you be consistent and try to have the same ritual every night.

If you find yourself trying to fall asleep for more than 15-20 minutes, get up!!! Do not lay in bed thinking. Get up and begin your ritual again.

If you have trouble falling asleep...

Turn off the TV and ALL other electronics. As humans we are programed to engage with other human beings. Being able to hear or see another person can be stimulating enough to keep you up longer that you wish. This principal can be applied to reading and listening to music with words.

Before going to bed, rub your head and feet with warm sesame oil.

Take a warm bath.

One hour before bed, drink tea with chamomile, valerian, cat nip or melatonin in it, or hot almond milk with cardamom, ginger, or honey. Make sure that this is consumed well before you try to go to bed so you are not waking up in the middle of the night to go to the bathroom.

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Bhastrika (Bellows Breath) by taking full, deep breaths like a bellows in and out through your nose, using your full lung capacity. Afterward, do a minute of meditation. Repeat this until your agitating thoughts subside.

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Write down your thoughts or the events of the day. Sometimes the difficulty with falling asleep is found in an overactive mind that is thinking about what has happened that day or what will happen tomorrow. Instead, take ten minutes to write those thoughts down on paper and give yourself permission to leave the thoughts on the page and return to them in the morning.

Here are some things you can do to help yourself eat better.

Having a healthful and well-rounded diet can be difficult for many reasons. We are all busy people and many of us are living on a budget, but there are many ways you can make sure that you are eating a healthy amount of wholesome foods.

Eat three meals a day with two- three snacks throughout out the day. You might have noticed that after experiencing the trauma you have, that your relationship with food has changed. You might be more or less hungry than you used to be, and you might be eating more comfort foods (usually salty or sweet) than you used to. It is important that you create a feeding schedule such that you are eating roughly every 3-4 hours. This

might mean radically increasing or decreasing your food intake, depending on your natural tendency.

Eat as many fruits, vegetables, lean protein, and whole grains as possible. To help yourself out cost wise, try frozen fruits and vegetables. They are full of the same amount of vitamins as the fresh variety and they do not have the high salt or sugar content of canned fruits and vegetables.

Drink a lot of water. If you are thirsty, you are already dehydrated. Dehydration can lead to headache, which can lead to changes in mood and cognition as you can imagine.

Phase I, Assignment 1: Understanding the Window of Tolerance. Before you can begin to directly address your experience of hyperarousal is reaction to memories, thoughts and emotions, you must first develop healthy and effective coping techniques to use when your emotions and thoughts become intense. An important part of this process is developing an understanding of your "window of tolerance." How much emotional, cognitive and physiological arousal can you experience before feeling like you lose control of the situation? This is a very subjective assessment and can change from day to day, from thought to though and from emotion to emotion. Some people find it easier to tolerate anger than sadness, to tolerate thoughts of personal persecution than thoughts about blaming others. Exploring this with yourself and your talk therapist can be very difficult, and this is why it is crucial to have already developed some self-soothing skills that can be practiced throughout this exploration. After you and your yoga therapist

understand your window of tolerance, you can begin to expand the window through daily practice.

Finding the parameters of your window of tolerance will happen more in the moment, when you talk with your talk therapist about your experiences. It might be helpful to consider your experience when feeling and thinking about particular emotions and thoughts. As you consider your answers to the following questions, notice how quickly your response comes, or if it takes a lot of time to consider your reaction to the emotion or thought. Consider what your body feels like as you consider the emotions and thoughts. Notice if any memories come to mind as you consider each emotion and thought.

Emotions

What is it like to feel...

Happy:____

____

Angry:____

____

Sad:____

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Love:____

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Hate:____

____

Disgust:____

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Thoughts

What is it like to think…

That it was all your fault:

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That you were out of control:

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That other people blame you for what happened:

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That other people cannot understand what you experienced:

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Phase I, Assignment 2: Befriend your body. For many people who are hyper-aroused after their experience of trauma, their body can begin to feel like it is out of their control, like it is a foreign place or something they are disconnected from. One of the first goals of phase one is to help you befriend your body. To help you learn to trust, listen to, and honor your body. To begin to use your body as a friend to help you manage how you experience your past trauma. This may be particularly hard if your trauma involves your body. If you were burned, sexually assaulted, broke a bone, or even lost a limb.

To begin, imagine a time when you treated a good friend well. What was your attitude toward your friend, and what sorts of things did you do for you friend?

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How did it feel in your body to be kind toward their friend?

Next, imagine having these same feelings towards your body. Imagine your body as another good friend. Imagine loving this friend, your body. How does it feel to think and act kindly toward your body?

If your body could speak, what might it say to you after being treated with love?

In what ways does it feel good? Notice any reluctance to be nice to your body. Explore that reluctance, and see what it's about.

If you could talk to your body, what might you say?

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After a life altering experience that has left you feeling disillusioned, confused and possibly scared and sad, it can be hard to feel comfortable with being vulnerable. This can sometimes mean that allowing yourself to be taken care of feels impossible. How can you trust people, or even the universe, after what has happened to you? One place you can start is with trusting and caring for yourself. On a concrete level, this can look like trusting, caring for and befriending your body. When you wake up, help it out of bed. Be gentle with it, stay connected to it, not rushing about... What would this feel like? Imagine cherishing your body as you move through the morning, such as helping it kindly to some water, giving it a nice shower, and serving it healthy and delicious food. Imagine treating your body with love as you do other activities, such as driving, caring for children, having sex, brushing your teeth.

Perhaps write a letter to your body, telling it how you felt about it in the past, and how you want to be nicer to it in the future. Make a short list of how to care better for your body such as taking more time for simple bodily pleasures. Then commit to treating your body better. Kindness begins at home. Your home is your body.

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Phase I, Assignment 3: Find strengths. For people who are actively trying to avoid the memories, thoughts, and emotions of the traumatic event through it is not uncommon that feelings of fear, inadequacy, blame, shame, and many other negative self effacing emotions begin to develop and take hold over your sense of self. It is for this reason that it is important to explore the strengths that you possess.

Recognizing your strengths will help you to feel stronger. During difficult times it can be very easy for focus on all of your faults, the ways you are not measuring up and the many things you could have done differently in various situations. It is during these times that it is most crucial to remember what you have done well, what is good about you, and what your strengths are.

Make a list of your strengths.	Good things you use your strengths for
i.e. Intelligence	Earning a living for my family.

Tell yourself it is good for me to be strong. My strength helps good things happen. Good people want me to be strong; anyone who wants me to be weak is not on my side.

Notice any beliefs that it is bad to be strong:

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Now turn your attention back to the good reasons for being strong. To increase your sense of strength recall times you felt strong.

What did your body feel like then?

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What was your posture?

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Explore embodying strength right now: maybe lifting your chin widening your stance or breathing deeply. Create a memory of these physical sensations and attitudes of strength so you can tap into them again. Tell yourself that you are strong, you can endure, persist, and cope. You are strong enough to hold your experience in awareness without being overwhelmed. The winds of life can blow, and blowhard, but you are deeply rooted tree, and winds make you even stronger. When they are done blowing, there you still stand. Offering shade and shelter, flowers and fruits. Strong and lasting. Notice that you are strong enough to ask for help. Strong enough to have limits.

What did you notice during this practice?

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Phase I, Assignment 4: Take in the good. When a person has experienced trauma it can become very difficult to simply feel good, even for just a moment, to feel good about anything. Good things still happen. Everyday flowers are blooming, someone is nice, a goal is obtained, and you know it, but you don't feel it. It may not feel like it all the time, but you are allowed to feel good, you are allowed to have positive experiences, and pleasant thoughts.

This may not be easy at first, because you have become so used to not allowing yourself to feel good. You might even have to force yourself to feel good the first few times you practice this. Look for good facts, and turn them into good experiences. Sometimes this might mean getting out of bed in the morning, or doing the laundry, or cleaning a room in your house. These are good facts that you can turn into good experiences. When you are in good facts, either something that currently exists or has happened in the past, let yourself feel good about it.

When you practice feeling good allow yourself to give over to it in your body. Imagine that the good experience is sinking into you. You can imagine the good feeling as a warm glow spreading through the chest and becoming a part of you. This way you are not clinging to the external for these good feelings, but noticing how the good feeling comes from within. We can be inspired by external events, but the good feeling comes from within. When you feel better fed inside your happiness will become more

unconditional, increasingly based on an inner fulfillment rather than on external conditions.

Every day this week find one thing to feel good about. This can be a relationship, a person, an experience, a place you go, or something you see.

Sunday:

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Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Saturday:

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Phase I, Optional Assignment: Take more breaks. When you are feeling anxious and hyperaroused it can be important to give yourself permission to take a moment and

take a deep breath, relax your muscles, and calm your thoughts. Most of the breaks will be brief, even a minute or less. The accumulating effects will be really good for you. You have just survived something very difficult and deserve a little rest; it's important for your health; your productivity will actually increase with more breaks. When it's time for a break, drop everything else for that time; step out of the stream of consciousness for at least a few seconds; close your eyes for a moment; take a couple of deep breaths; shift your visual focus to the farthest point you can see; repeat a saying or prayer; stand up and move around.

Everyday this week find time to take a break. Make note of what was happening (the event, your emotions, thoughts, body sensations) before you took the break, and how you felt after the break.

Sunday
Before: ____
After:____

Monday
Before: ____
After:____

Tuesday
Before:____
After:____

Wednesday
Before:____

After:____

Thursday

Before:____

After:____

Friday

Before:____

After:____

Sunday

Before:____

After:____

Phase I, Optional Assignment: Reduce troubling self-talk. When we internally talk to ourselves or think intensely about an event in the past or future, those sublingual internal vocalizations cause tension in the mouth and jaw. At a subconscious level, when we think about words the muscles in our mouth and jaw flex to a lesser degree) as though we are saying the words. To help decrease negative self talk or intense thoughts about the past or future relax your tongue and jaw; perhaps touch your lips. Open your lips slightly and let your jaw hang a bit so your teeth are not touching. This can help decrease stressful thinking by reducing cerebral vocalizations, unconscious movements of the jaw and tongue often associated with mental speech. Do several long exhalations, for a count of three, and exhale for a count of six. For a minute or more, breathe in such a way that your

inhalation and exhalation are equally long; count mentally up to five for each inhalation and exploration.

Every day this week try to catch yourself when you are very deep in thought about the past or worrying about the future, and practice opening your mouth and taking three deep breaths. What happened?

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Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Saturday:

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Phase I, Optional Assignment: New cues to relax. People who experience hyperarousal after a traumatic event often report feeling “jumpy” and having an exaggerated startle response. It is possible to use the same noises or experiences that are startling or unsettling as cues to relax. When the phone rings, imagine that it is a church or temple bell reminding you to breathe and slow down. Whether it is the phone ringing, a knock at the door, the alarm clock, a car alarm, or a police siren, these sounds can all be reframed as reminders to take a deep breath and slow down.

What are the sounds that you find startling or unsettling?

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What can you try to do differently when you hear these noises? (Take a deep breath, slow down, ground your hands on your body, think of a person you love, imagine a calming presence)

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Phase I, Optional Assignment: Live for Yourself. All of us have at least one family member, friend, child, or a pet for whom we wake up every morning and think about, a look forward to seeing. Someone who we love and care about. This can be someone that you know right now, or this can be someone from your past.

Tell me about this person:

____

____

____

Bring to mind what it feels like to live for someone. As you think about this person notice if you feel loyalty, concern, warmth, determination, or advocacy. Let the sense of being on someone's side be big in your awareness.

What does it feel like to think about this person?

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Allow your body to shift into a posture of support and advocacy. Perhaps you sit up a little more straight, shoulders broad, heart open, eyes more intense. Strengthen the experience of living for someone with your body. This embodied cognition connects to the sensory motor systems in your brain that underlie and shape your thoughts and feelings.

What happens in your body when you shift into a posture of support and advocacy?

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There are times when you have to be strong, determined, compassionate, and understanding with yourself. Just like you live for others, you also live for yourself. Imagine you can shift all feelings you experience when thinking about this loved one that you live for onto yourself.

What does it feel like to imagine living for yourself in the same way you live for others?

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Phase I, Optional Assignment: Take pleasure. Related to the above practice, it is important to remind and encourage yourself that you can (and should) take pleasure in your daily lives. You can start with your senses: what smells good? Taste delicious? Looks beautiful? Sounds wonderful? Feels good on your skin? It may be easier to begin on a concrete level of what literally is ascetically pleasing to your senses. Then you can move to your mind. What are some of their thoughts or memories?

What smells good?

Tastes delicious?

Looks beautiful?

Sounds wonderful?

Feels good on your skin?

Pleasant emotions?

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Pleasant memories?

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Phase I, Optional Assignment: Resisting Habits. When your natural response to trauma is to be hyper-aroused by memories, thoughts and emotions that were elicited by the experience, it can be helpful to practice changing your daily habits to loosen the hold this hyperarousal has as a form of routine. The idea behind this renunciation or deprivation is that in depriving ourselves of something to which we are habituated, we resist acting in our habitual patterns, which can mean being hypervigilant and on edge. Through renunciation and deprivation you are encouraged to find new, hopefully more healthful, ways to move through your life.

As we move through life it can become very easy to find ourselves in autopilot, mindlessly moving about without much thought or noticing what is happening around us and within us. The idea behind depriving yourself of habits is that in doing so you will force yourself to be mindful during the new activity. For example, instead of watching the news in the morning, try reading the newspaper. Or instead of watching television before going to bed, try reading or meditating or journaling. Try to think of your daily activities, what have you become habituated to? This can even mean going for a run every morning. We are not just targeting “bad habits.” Any habit offers the possibility for mindlessness, for “zoning out,” which reinforces your natural tendency to avoid.

List five things you do every day:

1.
2.
3.
4.
5.

Next to those five things, think of something you can replace them with or if there is a different time of day you can do them. Notice any resistance to the idea of giving up these things. Are you hesitant or even resentful about the idea of watching less television, giving up your morning run, driving less? It is possible that this resistance is all the more reason that the habits deserve to be addressed. Their grip has become so tight that even the idea of giving them up is upsetting. This is alright. Giving up habits is supposed to feel a little difficult. It is in this struggle that growth can be found. Noticing what you choose to do when you cannot do what you are used to doing can be very revealing. This may be a good place to look for things you can do that get you out of the house and interacting with people. This can mean going to the gym, volunteering, or joining a neighborhood sports team.

After you have had the experience of changing some habits and noticing what it feels like to step outside of your comfort zone, you might find yourself coming back to your habits. This is alright. In this space you can find ways to be mindful during habits. You can practice being mindful as you are washing the dishes, folding laundry, driving, anything that has become habitual. As you perform the activity, practice naming what you are doing, and connecting your breathing to your movement.

Phase I, Optional Assignment: Surrender. When you have experienced trauma the idea of surrendering can be terrifying. Reminders that you are out of control of what has happened in the past can be very scary, and can be what creates some of the symptoms that you experience. The imagined control that you may begin to believe you have can create the struggling that feeds your symptoms. The struggle to take control of events and people over which you have absolutely no control can be exhausting and frustrating. This can be particularly true as you are feeling hyperaroused after trauma. You cannot change the past. You have no control over the past, and as you relive it every day you are reminded of this lack of control. It might be the struggling against the idea that you are out of control of the past that fuels the traumatic reliving and other symptoms you might experience. Imagine surrendering.

What are you hyper-aroused by that you have no control over?

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What would it mean to surrender to these experiences over which you have no control?

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Phase I, Optional Assignment: Be patient. Patience may seem like a superficial virtue, but actually it embodies a deep insight into the nature of things: change takes time. Patience also teaches about desire: it is alright to wish for something, but be at peace when you can't have it. Patience knows you can't make the river flow any faster. This is a particularly important lesson for people who are hyper-aroused after a trauma. Hyper-arousal can create a rushed feeling, agitation, it can speed up and exaggerate a person's response to their environment. Cultivating patience can help to slow down your agitated energy.

How do you feel about people who are patient, or impatient?

What are you impatient about?

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What do you do to help yourself to stay patient?____

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Phase II: Building the Narrative

Phase II, Assignment 6: Meditate. Here, meditation is meant to encourage you to focus. A lot can start to happen as you begin the work of Phase II. A lot of intense emotions, a lot of thoughts, of physical sensations. This can feel overwhelming. This is an important time to remind yourself to use your self-soothing techniques and to meditate, or focus, on one aspect of the experience at a time as you can tolerate, and then switch and focus on another aspect of the experience. Focus on their body, such as the sensations of breathing, or the sensations in the muscles. Then focus on the thoughts that are arising, the images and then the emotions. Finally, combine them and focus on this combination.

What did you experience during meditation? How was it helpful? How can it be used throughout the process of Phase II?

Phase II, Assignment 7: Forgive yourself. Forgiveness is hard. Forgiving those who have harmed us, broken our trust, and disappointed us is extremely difficult, but what can be even more difficult is forgiving ourselves. Like those in our lives who have

hurt us, we have hurt others. We may have yelled at people who didn't deserve it, lied at work, let down a friend, or cheated on the partner, it is important to what happened, what was in your mind at the time, the relevant context and history, and the results for yourself and others. Moral faults deserve proportionate guilt, remorse, or shame, but unskillfulness calls for correction, no more. In an honest way, take responsibility for your moral faults and unskillfulness. Specific Example:

What happened:

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What I was thinking and feeling at the time:

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Relevant context:

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The results for myself and others:

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What parts of this can be attributed to...

Moral Faults:

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Unskillfulness:

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I am responsible for

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Notice any facts that are hard to face. Like the look in a child's eyes when you yelled at her, and be especially open to them; they are the ones that are keeping you stuck. It is always the truth that sets us free. Let yourself feel it.

But I am not responsible for

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Let the relief of what you are not responsible for sink in. Acknowledge what you have done to learn from this experience, and to repair things and make amends. Let this sink in.

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Next decide what, if anything, remains to be done inside your own heart are out there in the world, and then do it.

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Knowing in your heart that what needed to be learned has been learned, and what needed doing has been done. Now actively forgive yourself.

Say: I forgive myself for

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Say: I have taken responsibility and have done what I could to make things better.

Phase II, Assignment 8: Say yes. Denial can be a large hurdle to overcome after experiencing trauma. Some of the details of the trauma are just too terrible to fully acknowledge as fact that they really did happen. This denial can be what feeds many of the symptoms you are currently struggling with. Saying "Yes," is a similar practice to "radical acceptance," that is, saying yes to everything that has happened as a way of acknowledging and accepting that it did, in fact, happen. It may be easier to begin by saying yes to something you like, as in "Yes, I snowboard," "Yes, I am from Colorado."

Yes,

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Yes,

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Yes,

Yes,

Yes,

Then say yes to something neutral, as in, “Yes, the sun rises every morning.” Both of these are probably easy.

Yes,

Yes,

Yes,

Yes,

Then say yes to something that is uncomfortable, as in, “Yes, I get stuck in traffic.” “Yes, I was wounded in combat,” “Yes, I have friends who have died.” Can you do that, too?

Yes,

Yes,

Yes,

Yes, ____

Yes, ____

Yes, ____

Try to feel some acceptance, some surrender to the facts as they are, whether you like them or not. It is important to remember that you are not saying yes, that you approve of them. This practice asks you to do exactly what you have been avoiding, acknowledging the full truth of the trauma you experienced. Yes, people are poor and hungry across the planet, yes my career has stalled, yes I miscarried, yes my dear friend has cancer. Yes that's the way it is. Yes to the body you have.

Phase III: Enriching Daily Life

Phase III, Assignment 11: Be glad. As very uncomfortable emotions, memories and thoughts have been struggled through and processed, it might be helpful to remind yourself that along with the bad, good can exist. It is important to look for things to be glad about, like: bad days that never happened, or were not as bad as you had feared. Relief that hard or stressful times have passed. Good things that have happened in the past. Good things in your life today, such as: friends, loved ones, children, pets, the health you have, and the positive aspects of your work.

Every day this week find one thing to feel glad about. This can be a relationship, a person, or an experience. Write down everything that happened that day that you can be glad about. Notice if there is any brooding, self-doubt, or worrying that gets in the way of feeling glad and write that down as well.

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Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Saturday:

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Phase III, Assignment 12: Be grateful. As you have moved out of Phase I and Phase II, and have worked through some very painful and difficult memories, it is possible to begin to approach some of your experience as something that was life changing in a horrifying and awful way, to something that was life changing in a way you can be thankful for. You can begin to imagine aspects of your experience that you might be thankful for. Has your connection to yourself, your partner, family, children, friends, community etc. been strengthened? Odds are, after going through the process of Phase I and Phase II, some aspects of your life have improved. Notice if this is something you can be grateful for, even under the circumstance that fostered it.

I am grateful for...

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Call to mind the people or organizations that you are thankful for. Recognize the benevolence of the giver, whether it is a person, mother nature, or the physical universe—or, if this is meaningful to you, something divine. Don’t minimize the

benevolence to avoid feeling unworthy or indebted. Open up to it as a telling of the truth, as a giving back to the giver. Last, soak up the gifts coming to you, whatever they are let them become part of you, woven into your body, brain, and being.

Ways that I allow myself to be grateful and can show I am grateful...

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Phase III, Assignment 13: See the good in yourself. People who have experienced trauma can have a difficult time seeing the good in themselves. You will recall that there is a similar section in Phase I, to encourage you to find your strengths. This may seem repetitive, but as you have just completed Phase II in which you were asked to recall very painful and difficult memories, emotions and thoughts, it is important to remind yourself that there is a lot of good in you.

Have you learned about any new qualities that you may not have seen in yourself before this practice? A new ability to listen to yourself or others? An ability to ask for help? An ability to be patient with yourself or others?

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Have you noticed that you have changed your mind about any qualities that you originally viewed negatively? Such as, asking for help? Acknowledging your weakness? Admitting when you are wrong?

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How has this process changed how you view yourself and other people in your life?

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Phase III, Assignment 14: Find strengths (Part II). You completed this task during Phase I. A lot has changed between then and now, and it is time to recognize that. You can write a new list of your strengths and look back to see which strengths you have deepened and if you have cultivated new strengths. Recognizing your strengths will help you to feel stronger. During difficult times it can be very easy for focus on all of your faults, the ways you are not measuring up and the many things you could have done differently in various situations. It is during these times that it is most crucial to remember what you have done well, what is good about you, and what your strengths are.

Make a list of your strengths.	Good things you use your strengths for
i.e. Intelligence	Earning a living for my family.

Phase III, Optional Assignment: Have Faith. For some people who have experienced trauma, faith is often called into question and tested. This can mean your faith in a higher power, your faith in your family and friends, your faith in the system, and your faith in yourself. You may continue to question your faith. How is it possible to have faith in a world that has let you down? After the work has been done in Phase I and Phase II, it might be easier to revisit the idea of faith. Explore what you believe in, what you have faith in, what you can trust. Complete this sentence a few times:

"I have faith in:

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Now, ask yourself whether your faith might be misplaced. Be sure to consider too much faith in certain aspects of your own mind, such as in beliefs that you are weak or tainted, that others don't care about you, or that somehow you're going to get different results by doing the same old things.

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Then pick one instance of misguided faith and consciously step away from it: reflect on how you came to develop it and what it has cost you; imagine the beliefs of a life without it; and develop a different resource to replace it.

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Make another list, this one of what you could reasonably have faith in. Such as in people who could be trusted more (including children), and the basic safety of most days for most people, and in your own strengths and virtues.

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Then pick one and see if you can have more faith in it. Remember the good reasons for relying upon it. Consider some of the good qualities and aspirations in your innermost heart. Give yourself over to them for a moment. What is it like?

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Phase III, Optional Assignment: Find beauty. As you are beginning to enter your life in a new way as a new person, the world can feel foreign and strange and in some cases, a little scary. It is important to take a few moments each day to purposefully open to beauty. Really look at the things around you, particularly at the ordinary things we tend to tune out, such as the sky, appliances, graphs, cars, or sidewalks. Try the same with everyday sounds, smells, tastes, and touches. Also, seek out lovely memories, feelings, or ideas.

Open to a growing sense of boundless beauty above and below and stretching in all directions, like you're floating in a sea of rose petals. Recognize the beauty in others,

in their choices, sacrifices, aspirations. Understand the beauty in noble failures, quiet determination, and leaps of insight. Recognize the beauty in your own heart.

I see beauty in ordinary things...

I find beauty in unlikely places.

I see beauty in people.

I see beauty in myself…

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Client Guide: Symptoms of Reliving

Reliving the Event Workbook

Phase I: Developing Self-Soothing Skills

Phase I, Handout 1: The importance of sleep and food in mental health. Poor sleep or lack of sleep can have an impact on those who respond to trauma by reliving the traumatic event in various and reciprocal ways. One of the symptoms of reliving the event is recurrent distressing dreams, which may create a fear of sleep or make sleeping very difficult. The sleep deprivation that may follow can lead to or increase already existing flashbacks, hallucinations, and illusions. So, you've had a terrible night's sleep, your symptoms increase, which make you more weary of sleeping, so you don't sleep well for another night, and your symptoms continue and in some cases they increase. Poor sleep and lack of sleep have also been connected to elevated blood pressure, which is a physiological symptom of reliving the event. Poor sleep or lack of sleep can also have noticeable effects on memory, attention, emotions and cognition.

It is also important to consider your habits throughout the day as well. Food is one of the most basic tools that humans have to care for and nurture themselves. After a

traumatic event, it can be easy to fall out of a healthy eating schedule and eat erratically and even skip meals all together. Some people may even feel like they have lost their appetite, or are not interested in eating. This is an important area to consider, as poor nutrition and malnourishment can effect memory, attention, emotions and cognition in much the same way as poor sleep or lack of sleep. If you are reliving the traumatic event and you are not sleeping well and not eating well, it is possible that your symptoms are being worsened or prolonged because of daily habits that are relatively easy to address. That is why it is so important to consider your eating and sleeping habits. Your ability to care for yourself and get your basic needs of sleep and food met are very important to your long-term recovery. Here are some things you can do to help yourself sleep better.

It is important that you create a bedtime ritual. Just like when you were a kid and you would brush your teeth, have a story read to you, and say your prayers. Depending on how much time you have at night before you can go to bed your ritual can start one hour before bedtime or ten minutes before bed. Either way, it is important that you be consistent and try to have the same ritual every night.

If you find yourself trying to fall asleep for more than 15-20 minutes, get up!!! Do not lay in bed thinking. Get up and begin your ritual again.

If you have trouble falling asleep...

Turn off the TV and ALL other electronics. As humans we are programed to engage with other human beings. Being able to hear or see another person can be stimulating enough to keep you up longer that you wish. This principal can be applied to reading and listening to music with words.

Before going to bed, rub your head and feet with warm sesame oil.

Take a warm bath.

One hour before bed, drink tea with chamomile, valerian, catnip or melatonin in it, or hot almond milk with cardamom, ginger, or honey. Make sure that this is consumed well before you try to go to bed so you are not waking up in the middle of the night to go to the bathroom.

Try Moon Breath (Chandra Bhedana) for five minutes. Breathe in through the left nostril and out through the right, closing the opposite one. Follow this with 30 seconds of Bhastrika (Bellows Breath) by taking full, deep breaths like a bellows in and out through your nose, using your full lung capacity. Afterward, do a minute of meditation. Repeat this until your agitating thoughts subside.

Stretch your muscles. You can do this in bed or before you get into bed. Raise your arms overhead, reaching your hands to the stars. Stretch from side to side, and do a forward bend. You may even like to create a bedtime yoga sequence that has forward bends and twists.

Write down your thoughts or the events of the day. Sometimes the difficulty with falling asleep is found in an overactive mind that is thinking about what has happened that day or what will happen tomorrow. Instead, take ten minutes to write those thoughts down on paper and give yourself permission to leave the thoughts on the page and return to them in the morning.

Here are some things you can do to help yourself eat better.

Having a healthful and well-rounded diet can be difficult for many reasons. We are all busy people and many of us are living on a budget, but there are many ways you can make sure that you are eating a healthy amount of wholesome foods.

Eat three meals a day with two-three snacks throughout out the day. You might have noticed that after experiencing the trauma you have, that your relationship with food has changed. You might be more or less hungry than you used to be, and you might be eating more comfort foods (usually salty or sweet) than you used to. It is important that you create a feeding schedule such that you are eating roughly every 3-4 hours. This might mean radically increasing or decreasing your food intake, depending on your natural tendency.

Eat as many fruits, vegetables, lean protein, and whole grains as possible. To help yourself out cost wise, try frozen fruits and vegetables. They are full of the same amount of vitamins as the fresh variety and they do not have the high salt or sugar content of canned fruits and vegetables.

Drink a lot of water. If you are thirsty, you are already dehydrated. Dehydration can lead to headache, which can lead to changes in mood and cognition as you can imagine.

Phase I, Assignment 1: Understanding the Window of Tolerance. Before you can begin to directly address your experience of reliving the traumatic event, you must first develop healthy and effective coping techniques to use when your emotions and thoughts become intense. An important part of this process is developing an

understanding of your "window of tolerance." How much emotional, cognitive and physiological arousal can you experience before feeling like you lose control of the situation? This is a very subjective assessment and can change from day to day, from thought to though and from emotion to emotion. Some people find it easier to tolerate anger than sadness, to tolerate thoughts of personal persecution than thoughts about blaming others. Exploring this with yourself and your talk therapist can be very difficult, and this is why it is crucial to have already developed some self-soothing skills that can be practiced throughout this exploration. After you and your yoga therapist understand your window of tolerance, you can begin to expand the window through daily practice.

Finding the parameters of your window of tolerance will happen more in the moment, when you talk with your talk therapist about your experiences. It might be helpful to consider your experience when feeling and thinking about particular emotions and thoughts. As you consider your answers to the following questions, notice how quickly your response comes, or if it takes a lot of time to consider your reaction to the emotion or thought. Consider what your body feels like as you consider the emotions and thoughts. Notice if any memories come to mind as you consider each emotion and thought.

Emotions

What is it like to feel...

Happy:____

____

Angry:____

____

Sad:____

____

Love:____

____

Hate:____

____

Disgust:____

____

Thoughts

What is it like to think…

That it was all your fault:

____

____

That you were out of control:

____

____

That other people blame you for what happened:

____

____

That other people cannot understand what you experienced:

____

____

Phase I, Assignment 2: Befriend your body. For many people who relive the experience after their trauma, their body can begin to feel like it is out of their control, like it is a foreign place or something they are disconnected from. One of the first goals of phase one is to help you befriend your body. To help you learn to trust, listen to, and

honor your body. To begin to use your body as a friend to help you manage how you experience your past trauma. This may be particularly hard if your trauma involves your body. If you were burned, sexually assaulted, broke a bone, or even lost a limb.

To begin, imagine a time when you treated a good friend well. What was your attitude toward your friend, and what sorts of things did you do for you friend?

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How did it feel in your body to be kind toward their friend?

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Next, imagine having the same feelings towards your body. Imagine your body as another good friend. Imagine loving this friend, your body. How does it feel to think and act kindly toward your body?

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If your body could speak, what might it say to you after being treated with love?

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In what ways does it feel good? Notice any reluctance to be nice to your body. Explore that reluctance, and see what it's about.

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If you could talk to your body, what might you say?

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After a life altering experience that has left you feeling disillusioned, confused and possibly scared and sad, it can be hard to feel comfortable with being vulnerable. This can sometimes mean that allowing yourself to be taken care of feels impossible. How can you trust people, or even the universe, after what has happened to you? One place you can start is with trusting and caring for yourself. On a concrete level, this can look like trusting, caring for and befriending your body. When you wake up, help it out

of bed. Be gentle with it, stay connected to it, not rushing about... What would this feel like? Imagine cherishing your body as you move through the morning, such as helping it kindly to some water, giving it a nice shower, and serving it healthy and delicious food. Imagine treating your body with love as you do other activities, such as driving, caring for children, having sex, brushing your teeth.

Perhaps write a letter to your body, telling it how you felt about it in the past, and how you want to be nicer to it in the future. Make a short list of how to care better for your body such as taking more time for simple bodily pleasures. Then commit to treating your body better. Kindness begins at home. Your home is your body.

Phase I, Assignment 3: Find strengths. For people who relive the traumatic event over and over, through nightmares, vivid memories, and hallucinations, it is not uncommon that feelings of fear, inadequacy, blame, shame, and many other negative self effacing emotions begin to develop and take hold over your sense of self. It is for this reason that it is important to explore the strengths that you possess.

Recognizing your strengths will help you to feel stronger. During difficult times it can be very easy for focus on all of your faults, the ways you are not measuring up and the many things you could have done differently in various situations.It is during these times that it is most crucial to remember what you have done well, what is good about you, and what your strengths are.

Make a list of your strengths.	Good things you use your strengths for
i.e. Intelligence	Earning a living for my family.

Tell yourself it is good for me to be strong. My strength helps good things happen. Good people want me to be strong; anyone who wants me to be weak is not on my side.

Notice any beliefs that it is bad to be strong:

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Now turn your attention back to the good reasons for being strong. To increase your sense of strength recall times you felt strong. What did your body feel like then?

____

____

What was your posture?

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____

Explore embodying strength right now: maybe lifting your chin widening your stance or breathing deeply. Create a memory of these physical sensations and attitudes of strength so you can tap into them again. Tell yourself that you are strong, you can endure, persist, and cope. You are strong enough to hold your experience in awareness without being overwhelmed. The winds of life can blow, and blowhard, but you are deeply rooted tree, and winds make you even stronger. When they are done blowing, there you still stand. Offering shade and shelter, flowers and fruits. Strong and lasting. Notice that you are strong enough to ask for help. Strong enough to have limits. What did you notice during this practice?

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Phase I, Assignment 4: Take in the good. When a persona has experienced trauma it can become very difficult to simply feel good, even for just a moment, to feel good about anything. Good things still happen. Everyday flowers are blooming, someone is nice, a goal is obtained, and you know it, but you don't feel it. It may not feel like it all the time, but you are allowed to feel good, you are allowed to have positive experiences, and pleasant thoughts.

This may not be easy at first, because you have become so used to not allowing yourself to feel good. You might even have to force yourself to feel good the first few times you practice this. Look for good facts, and turn them into good experiences. Sometimes this might mean getting out of bed in the morning, or doing the laundry, or cleaning a room in your house. These are good facts that you can turn into good experiences. When you are in good facts, either something that currently exists or has happened in the past, let yourself feel good about it.

When you practice feeling good allow yourself to give over to it in your body. Imagine that the good experience is sinking into you. You can imagine the good feeling as a warm glow spreading through the chest and becoming a part of you. This way you

are not clinging to the external for these good feelings, but noticing how the good feeling comes from within. We can be inspired by external events, but the good feeling comes from within. When you feel better fed inside your happiness will become more unconditional, increasingly based on an inner fulfillment rather than on external conditions.

Every day this week find one thing to feel good about. This can be a relationship, a person, an experience, a place you go, or something you see.

Sunday:

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Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Saturday:

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Phase I, Optional Assignment: Live for Yourself. All of us have at least one family member, friend, child, or a pet for whom we wake up every morning and think about, a look forward to seeing. Someone who we love and care about. This can be someone that you know right now, or this can be someone from your past. Tell me about this person:

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____

____

Bring to mind what it feels like to live for someone. As you think about this person notice if you feel loyalty, concern, warmth, determination, or advocacy. Let the sense of being on someone's side be big in your awareness. What does it feel like to think about this person?

____

____

____

Allow your body to shift into a posture of support and advocacy. Perhaps you sit up a little more straight, shoulders broad, heart open, eyes more intense. Strengthen the experience of living for someone with your body. This embodied cognition connects to the sensorimotor systems in your brain that underlie and shape your thoughts and feelings.

What happens in your body when you shift into a posture of support and advocacy?

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There are times when you have to be strong, determined, compassionate, and understanding with yourself. Just like you live for others, you also live for yourself. Imagine you can shift all feelings you experience when thinking about this loved one that you live for onto yourself. What does it feel like to imagine living for yourself in the same way you live for others?

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Phase I, Optional Assignment: Get excited. Some people who experience trauma and who begin to relive the experience trauma may begin to cut off emotions from their daily lives. You might notice ways in your own life that you have begun to restrict your emotions and experiences with other people and with yourself. In other words, you might notice that you do not get as excited or joyful as you used to. You might have even stopped doing the things that you used to be excited about; a hobby, or seeing a friend. Life can start to feel hollow and shallow. As you are working though your experience in therapy, you are encouraged to open up your emotional expression, and often this means emotions of sadness and fear. As you are working so hard to process

painful emotions, it is important to remember to also express and experience emotions that are a little more fun, such as joy, happiness, and excitement.

It may be helpful to make a list of the things you used to do (and possibly currently do) that you would get excited about.

1.
2.
3.
4.
5.

The list may be longer, but let's start with five. Now, the practice is to do one of these things every day. Or, try to do these five things within a week. As you do this, take several deep breaths and sense the energy that is created in the core of your body.

The second part of this practice is to try to pep up the more mundane parts of your life. Of course, not every day is going to be filled with excitement and joy during which you are only doing what you love to do. In fact, the truth is, that most days can be pretty boring, or at least NOT exciting.

Now, make a list of chores that you do every week, or parts of your life that have become static, such as cooking, your job, housework, repetitive parts of parenting, even sex.

1.
2.
3.
4.
5.

Now, go back over the list and create ways to pep them up. Try new cooking dishes, turn up the music, get goofy, dance with the baby, and so on. As you do this, take several deep breaths and sense the energy that is created in the core of your body.

Phase I, Optional Assignment: Resisting Habits. When you relive your trauma everyday through vivid memories, nightmares, flashbacks, and hallucinations it can be helpful to practice changing your daily habits to loosen the hold the reliving has as a form of routine. The idea behind this renunciation or deprivation is that in depriving ourselves of something to which we are habituated, we resist acting in our habitual patterns, which can mean reliving. Through renunciation and deprivation you are encouraged to find new, hopefully more healthful, ways to move through your life.

As we move through life it can become very easy to find ourselves in autopilot, mindlessly moving about without much thought or noticing what is happening around us and within us. The idea behind depriving yourself of habits is that in doing so you will force yourself to be mindful during the new activity. For example, instead of watching the news in the morning, try reading the newspaper. Or instead of watching television before going to bed, try reading or meditating or journaling. Try to think of your daily activities, what have you become habituated to? This can even mean going for a run every morning. We are not just targeting "bad habits." Any habit offers the possibility for mindlessness for "zoning out," which reinforces your natural tendency to avoid.

List five things you do every day:

1.
2.
3.
4.
5.

Next to those five things, think of something you can replace them with or if there is a different time of day you can do them. Notice any resistance to the idea of giving up these things. Are you hesitant or even resentful about the idea of watching less television, giving up your morning run, driving less? It is possible that this resistance is all the more reason that the habits deserve to be addressed. Their grip has become so tight that even the idea of giving them up is upsetting. This is alright. Giving up habits is supposed to feel a little difficult. It is in this struggle that growth can be found. Noticing what you choose to do when you cannot do what you are used to doing can be very revealing. This may be a good place to look for things you can do that get you out of the house and interacting with people. This can mean going to the gym, volunteering, or joining a neighborhood sports team.

After you have had the experience of changing some habits and noticing what it feels like to step outside of your comfort zone, you might find yourself coming back to your habits. This is all right. In this space you can find ways to be mindful during habits. You can practice being mindful as you are washing the dishes, folding laundry, driving, anything that has become habitual. As you perform the activity, practice naming what you are doing, and connecting your breathing to your movement.

Phase I, Optional Assignment: Surrender. When you have experienced trauma and are reliving your trauma on a daily basis, the idea of surrendering can be terrifying. Reminders that you are out of control of what has happened in the past can be very scary, and can be what creates some of the symptoms that you experience. The imagined control that you may begin to believe you have can create the struggling that feeds your symptoms. The struggle to take control of events and people over which you have absolutely no control can be exhausting and frustrating. This can be particularly true as you are reliving your trauma. You cannot change the past. You have no control over the past, and as you relive it every day you are reminded of this lack of control. It might be the struggling against the idea that you are out of control of the past that fuels the traumatic reliving and other symptoms you might experience. Imagine surrendering.

What do you relive, that you have no control over?

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What would it mean to surrender to these experiences over which you have no control?

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Phase II: Building the Narrative

Phase II, Assignment 6: Meditate. Here, meditation is meant to encourage you to focus. A lot can start to happen as you begin the work of Phase II. A lot of intense emotions, a lot of thoughts, of physical sensations. This can feel overwhelming. This is an important time to remind yourself to use your self-soothing techniques and to meditate, or focus, on one aspect of the experience at a time as you can tolerate, and then switch and focus on another aspect of the experience. Focus on their body, such as the sensations of breathing, or the sensations in the muscles. Then focus on the thoughts that are arising, the images and then the emotions. Finally, combine them and focus on this combination.

What did you experience during meditation? How was it helpful? How can it be used throughout the process of Phase II?

Phase II, Assignment 7: Forgive yourself. Forgiveness is hard. Forgiving those who have harmed us, broken our trust, and disappointed us is extremely difficult, but what can be even more difficult is forgiving ourselves. Like those in our lives who have hurt us, we have hurt others. We may have yelled at people who didn't deserve it, lied at work, let down a friend, or cheated on the partner, it is important to what happened, what was in your mind at the time, the relevant context and history, and the results for yourself and others. Moral faults deserve proportionate guilt, remorse, or shame, but unskillfulness calls for correction, no more. In an honest way, take responsibility for your moral faults and unskillfulness. Specific Example:

What happened:

What I was thinking and feeling at the time:

Relevant context:

____

____

The results for myself and others:

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What parts of this can be attributed to....
Moral Faults:

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____

Unskillfulness:

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I am responsible for

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Notice any facts that are hard to face. Like the look in a child's eyes when you yelled at her, and be especially open to them; they are the ones that are keeping you stuck. It is always the truth that sets us free. Let yourself feel it.

But I am not responsible for

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Let the relief of what you are not responsible for sink in. Acknowledge what you have done to learn from this experience, and to repair things and make amends. Let this sink in.

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Next decide what, if anything, remains to be done inside your own heart are out there in the world, and then do it.

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Knowing in your heart that what needed to be learned has been learned, and what needed doing has been done. Now actively forgive yourself.

Say: I forgive myself for

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Say: I have taken responsibility and have done what I could to make things better.

Phase II, Assignment 8: Say yes. Denial can be a large hurdle to overcome after experiencing trauma. Some of the details of the trauma are just too terrible to fully

acknowledge as fact, that they really did happen. This denial can be what feeds many of the symptoms you are currently struggling with. Saying, “Yes,” is a similar practice to “radical acceptance,” that is, saying yes to everything that has happened as a way of acknowledging and accepting that it did, in fact, happen. It may be easier to begin by saying yes to something you like, as in, “Yes, I snowboard, “Yes, I am from Colorado.”

Yes,____

Yes,____

Yes,____

Yes,____

Yes,____

Then say yes to something neutral, as in, “Yes, the sun rises every morning.” Both of these are probably easy.

Yes,____

Yes,____

Yes,____

Yes,____

Then say yes to something that is uncomfortable, as in, “Yes, I get stuck in traffic.” “Yes, I was wounded in combat,” “Yes, I have friends who have died.” Can you do that, too?

Yes,____

Yes,____

Yes,____

Yes,____

Yes,____

Yes,____

Try to feel some acceptance, some surrender to the facts as they are, whether you like them or not. It is important to remember that you are not saying yes, that you approve of them. This practice asks you to do exactly what you have been avoiding, acknowledging the full truth of the trauma you experienced. Yes, people are poor and hungry across the planet, yes my career has stalled, yes I miscarried, yes my dear friend has cancer. Yes that's the way it is. Yes to the body you have.

Phase III: Enriching Daily Life

Phase III, Assignment 11: Be glad. As very uncomfortable emotions, memories and thoughts have been struggled through and processed, it might be helpful to remind yourself that along with the bad, good can exist. It is important to look for things to be glad about, like: bad days that never happened, or were not as bad as you had feared. Relief that hard or stressful times have passed. Good things that have happened in the past. Good things in your life today, such as: friends, loved ones, children, pets, the health you have, and the positive aspects of your work.

Every day this week find one thing to feel glad about. This can be a relationship, a person, or an experience. Write down everything that happened that day that you can be glad about. Notice if there is any brooding, self doubt, or worrying that gets in the way of feeling glad and write that down as well.

Sunday:

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Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Phase III, Assignment 12: Be grateful. As you have moved out of Phase I and Phase II, and have worked through some very painful and difficult memories, it is possible to begin to approach some of your experience as something that was life changing in a horrifying and awful way, to something that was life changing in a way you can be thankful for. You can begin to imagine aspects of your experience that you might be thankful for. Has your connection to yourself, your partner, family, children, friends, community etc. been strengthened? Odds are, after going through the process of Phase I

and Phase II, some aspects of your life have improved. Notice if this is something you can be grateful for, even under the circumstance that fostered it.

I am grateful for...

Call to mind the people or organizations that you are thankful for. Recognize the benevolence of the giver, whether it is a person, mother nature, or the physical universe—or, if this is meaningful to you, something divine. Don't minimize the benevolence to avoid feeling unworthy or indebted. Open up to it as a telling of the truth, as a giving back to the giver. Last, soak up the gifts coming to you, whatever they are let them become part of you, woven into your body, brain, and being.

Ways that I allow myself to be grateful and can show I am grateful...

Phase III, Assignment 13: See the good in yourself. People who have experienced trauma can have a difficult time seeing the good in themselves. You will recall that there is a similar section in Phase I, to encourage you to find your strengths. This may seem repetitive, but as you have just completed Phase II in which you were asked to recall very painful and difficult memories, emotions and thoughts, it is important to remind yourself that there is a lot of good in you.

Have you learned about any new qualities that you may not have seen in yourself before this practice? A new ability to listen to yourself or others? An ability to ask for help? An ability to be patient with yourself or others?

Have you noticed that you have changed your mind about any qualities that you originally viewed negatively? Such as, asking for help? Acknowledging your weakness? Admitting when you are wrong?

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How has this process changed how you view yourself and other people in your life?

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Phase III, Assignment 14: Find strengths (Part II). You completed this task during Phase I. A lot has changed between then and now, and it is time to recognize that. You can write a new list of your strengths and look back to see which strengths you have deepened and if you have cultivated new strengths. Recognizing your strengths will help you to feel stronger. During difficult times it can be very easy for focus on all of your faults, the ways you are not measuring up and the many things you could have done differently in various situations.

It is during these times that it is most crucial to remember what you have done well, what is good about you, and what your strengths are.

Make a list of your strengths.	Good things you use your strengths for
i.e. Intelligence	Earning a living for my family.

Phase III, Optional Assignment: Have Faith. For some people who have experienced trauma, faith is often called into question and tested. This can mean your faith in a higher power, your faith in your family and friends, your faith in the system, and your faith in yourself. You may continue to question your faith. How is it possible to have faith in a world that has let you down? After the work has been done in Phase I and Phase II, it might be easier to revisit the idea of faith. Explore what you believe in, what you have faith in, what you can trust. Complete this sentence a few times:

I have faith in:

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Now, ask yourself whether your faith might be misplaced. Be sure to consider too much faith in certain aspects of your own mind, such as in beliefs that you are weak or tainted, that others don't care about you, or that somehow you're going to get different results by doing the same old things.

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Then pick one instance of misguided faith and consciously step away from it: reflect on how you came to develop it and what it has cost you; imagine the beliefs of a life without it; and develop a different resource to replace it.

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Make another list, this one of what you could reasonably have faith in. Such as in people who could be trusted more (including children), and the basic safety of most days for most people, and in your own strengths and virtues.

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Then pick one and see if you can have more faith in it. Remember the good reasons for relying upon it. Consider some of the good qualities and aspirations in your innermost heart. Give yourself over to them for a moment. What is it like?

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Phase III, Optional Assignment: Find beauty. As you are beginning to enter your life in a new way as a new person, the world can feel foreign and strange and in some cases, a little scary. It is important to take a few moments each day to purposefully open to beauty. Really look at the things around you -- particularly at the ordinary things we tend to tune out, such as the sky, appliances, graphs, cars, or sidewalks. Try the same with everyday sounds, smells, tastes, and touches. Also, seek out lovely memories, feelings, or ideas. Open to a growing sense of boundless beauty above and below and stretching in all directions, like you're floating in a sea of rose petals. Recognize the beauty in others, in their choices, sacrifices, aspirations. Understand the beauty in noble failures, quiet determination, and leaps of insight. Recognize the beauty in your own heart.

I see beauty in ordinary things...

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I find beauty in unlikely places.

I see beauty in people.

I see beauty in myself.

Appendix B: Brief Overview and Description of Operation Yoga for Program Development

Operation Yoga is a yoga program that will use the connection between the mind and the body to address and reduce the symptoms commonly experienced among combat veterans who have experienced trauma. Operation Yoga will provide veterans who have experienced trauma with the tools and knowledge needed to overcome the often debilitating and life changing symptoms that accompany combat during war time. The connection between emotions, experiences held in the body, physical movement and meditation will be used as a way to access and process those memories and emotions. Yoga will be an integral part of Operation Yoga to facilitate a healthy way to experience, process, and integrate symptoms that arise after overwhelming experiences of trauma.

Operation Yoga is unique in that it offers an opportunity to engage the body in therapy in a way that other more traditional therapies do not. This integration of the body in therapy plays a particularly important role when working with traumatic memories because the emotional arousal that accompanies trauma can be dissociated into the body in a way that make interpreting and understanding emotions and thoughts very difficult. Emotions function as signals that help to inform expectations of the world and help in selecting and implementing adaptive action (van der Kolk, van der Hart, Burbridge, 1995). The emotions of people who have experienced overwhelming trauma seem to lose much of their alerting function, as the internal "alarm system" becomes overly sensitive and hyperactive and eventually numb. In Operation Yoga the yoga and talk therapist have a unique ability to interactively regulate the dysregulated states and to cultivate self-awareness of inner body sensations. Operation Yoga Therapy engages the affected areas

of the body and incorporates them into the dialogue about the experience in a way that can facilitate a healthy integration of how the body experiences emotions and how the mind experiences emotions.

The yoga interventions in Operation Yoga are designed to facilitate self-efficacy, stress management and clarity. The use of these techniques will be of particular importance when addressing the biological changes involved in the posttraumatic stress reaction. The yoga interventions will include a physical practice of asana, which includes various forms of stretching. The stretches can be done sitting or standing and will include balancing, forward bends and back bends. The yoga interventions will also include meditation. Participants will learn to sit quietly and focus their attention on an inward stillness in an effort to objectively observe thoughts, emotions and physical sensations. Finally, the yoga intervention will include pranayama, which is the practice of controlling the breath. Participants will learn various breathing techniques which include lengthening the inhale and exhale and retention of the breath.

Benefits of Participation

Operation Yoga will provide veterans who have experienced trauma with the tools and knowledge needed to overcome the often debilitating and life changing symptoms that accompany combat during war time. Possible benefits include, but are not limited to, symptom reduction, new outlook on past experiences, increased life satisfaction, recuperative sleep, increased ability to self-sooth, and a deep understanding

of how past experiences can influence current thought pattens, emotions, and emotional expression.

Risks to Participation

It is possible that beginning to address and examine past trauma may elicit reactions that are uncomfortable and possibly re-traumatizing. It is important to move through this program at a slow and comfortable process so as to understand the current window of tolerance and to build self-soothing techniques that can allow for safe and productive self-exploration.

Confidentiality

We will make every effort to maintain the privacy of our participants. During individual talk therapy, all information shared is protected and confidential with some important exceptions. If the mental health professional has cause to be concerned that the participant intends to harm themselves or another person, they have a legal obligation to report this to the authorities. Also, some of the material discussed during individual sessions will be shared with the yoga instructor so as to ensure that the talk therapy and yoga therapy are working together to meet the participants goals. During group yoga sessions, the participants will be reminded about group confidentiality and the importance of protecting each others privacy. This means that the details of what happens in a yoga session is to stay in the session with the group.

Appendix C: Budget

The budget includes funds for yoga equipment, yoga instructor training in specific Operation yoga techniques of practice, training of clinical psychologists, salary for yoga instructors and clinicians.

	Price	**Quantity**	**Total**
Yoga Mats	$18	30	$540
Yoga Blocks	$10	30	$300
Yoga Straps	$8	30	$240
Yoga Instructor Training	$15	1 instructor, 6 hour training	$90
Clinical Psychologist Training	$33	2 clinicians, 6 hour training	$396
Mental Health Counselor (Masters Level) Training	$18/hr	2 counselors, 6 hour training	$216
Yoga Instructor Salary	15/hr	10hrs/wk	$2,100
Office Supplies	$50		$50
Printing workbooks	$10 per book	50 workbooks	$500
Other costs	$60		$60
		Total:	4,492

Appendix D: Pose-by-Pose Instructions and Tips

Heart Openers: To counteract avoidance and induce energy

Savasana, Corpse Pose

To find a neutral position, lay on your back and lift your pelvis slightly off the floor and, with your hands, push the back of the pelvis toward the tailbone, then return the pelvis to the floor. Release both legs, softening the groins, and allow the feet turn out equally. Soften (but don't flatten) the lower back. With your hands lift the base of the skull away from the back of the neck and release the back of the neck down toward the tailbone. Reach your arms toward the ceiling and rock slightly from side to side and broaden the back ribs and the shoulder blades away from the spine. Then release the arms to the floor with palms facing up. Soften the tongue, release the muscles on the face, especially around the bridge of the nose between the eyebrows. Let the eyes sink to the back of the head. To exit, first roll gently with an exhalation onto one side. Take 2 or 3 breaths. With another exhalation press your hands against the floor and lift your torso. The head should always come up last.

Dhanurasana (Bow Pose)

Lie on your stomach with your hands alongside your torso, palms up. Exhale and bend your knees, to bring your heels towards your buttocks. Reach back with your hands and take hold of your ankles. Make sure your knees aren't wider than the width of your hips, and keep your knees hip width for the duration of the pose. Inhale and strongly lift your heels away from your buttocks and, at the same time, lift your thighs away from the floor.

This will help to pull your upper torso and head off the floor. Push the tailbone down toward the floor, and keep your back muscles soft. As you continue lifting the heels and thighs higher, press your shoulder blades firmly against your back to open your heart. Draw the tops of the shoulders away from your ears. Gaze forward. Stay in this pose anywhere from 20 to 30 seconds. Release as you exhale. You can repeat the pose once or twice more.

Ustrasana (Camel Pose)

Kneel on the floor with your knees hip width and thighs perpendicular to the floor. Rotate your thighs inward slightly, and firm but don't harden your buttocks. Keep your outer hips as soft as possible. Press your shins and the tops of your feet firmly into floor. Place your hands on the back of your pelvis, bases of the palms on the tops of the buttocks, fingers pointing down. Inhale and lift your heart by pressing the shoulder blades against your back ribs. Lean back against the firmness of the tail bone and shoulder blades. Keep your head up, chin near the sternum, and your hands on the pelvis. Turn your toes under and elevate your heels. Turn your arms outwardly so the elbow creases face forward, without squeezing the shoulder blades together. You can keep your neck in a relatively neutral position, neither flexed nor extended, or drop your head back. Be careful not to strain your neck and harden your throat. You can stay in this pose anywhere from 30 seconds to a minute. To exit, bring your hands onto the front of your pelvis, at the hip points. Inhale and lift the head and torso up by pushing the hip points down, toward the floor.

Matsvasana (Fish Pose)

Lie on your back on the floor with your knees bent, feet on the floor. Inhale, lift your pelvis slightly off the floor, and slide your hands, palms down, below your buttocks. Then rest your buttocks on the backs of your hands. Tuck your forearms and elbows up close to the sides of your torso. Inhale, lift your upper torso and head away from the floor. Then release your head back onto the floor. Depending on how high you arch your back and lift your chest, either the back of your head or the crown will rest on the floor. There should be a minimal amount of weight on your head to avoid crunching your neck. Stay for 15 to 30 seconds, breathing smoothly. With an exhalation lower your torso and head to the floor. Draw your thighs up into your belly and squeeze.

Setu Bandha Sarvangasana (Bridge Pose)

Lie supine on the floor, bend your knees and set your feet on the floor, heels as close to the sitting bones as possible. Exhale and, pressing your inner feet and arms actively into the floor, push your tailbone upward toward the pubis, and lift the buttocks off the floor. Keep your thighs and inner feet parallel. Clasp the hands below your pelvis and extend through the arms to help you stay on the tops of your shoulders. Lift your buttocks until the thighs are about parallel to the floor. Keep your knees directly over the heels, but push them forward, away from the hips. Firm the outer arms, broaden the shoulder blades, and try to lift the space between them at the base of the neck up into the torso. Stay in the pose anywhere from 30 seconds to 1 minute. Release with an exhalation, rolling the spine slowly down onto the floor.

Utthita Trikonasana (Extended Side Angle Pose)

From a standing position, with an exhalation, step or lightly jump your feet 3 1/2 to 4 feet apart. Raise your arms parallel to the floor and reach them actively out to the sides, shoulder blades wide, palms down. Turn your left foot in slightly to the right and your right foot out to the right 90 degrees. Align the right heel with the left heel. Exhale and extend your torso to the right directly over the plane of the right leg, bending from the hip joint, not the waist. Rotate the torso to the left, keeping the two sides equally long. Let the left hip come slightly forward and lengthen the tailbone toward the back heel. Rest your right hand on your shin, ankle, or the floor outside your right foot, whatever is possible without distorting the sides of the torso. Stretch your left arm toward the ceiling, in line with the tops of your shoulders. Keep your head in a neutral position or turn it to the left, eyes gazing softly at the left thumb. Stay in this pose for 30 seconds to 1 minute. Inhale to come up, strongly pressing the back heel into the floor and reaching the top arm toward the ceiling. Reverse the feet and repeat for the same length of time to the left.

Eka Pada Rajakapotasana II (One Legged Pigeon Pose)

Begin kneeling on both knees. Bend your right knee and place the foot on the floor just in front of the right sitting bone. The shin will be approximately perpendicular to the floor. Bend your left knee and raise the shin approximately perpendicular to the floor. Your body weight will balance on the right foot and left knee. Inhale as you lift your right arm up and, bending the elbow, exhale and take the left foot. Holding the foot firmly, lift your chest and drop your head back toward the sole of your left foot. Press your elbows

toward the ceiling. Hold for about 15 to 30 seconds, breathing as smoothly as possible. Exhale and release the left foot and bring the leg back to the floor. Repeat on the left side for the same length of time.

Urdhva Dhanurasana (Wheel Pose)

Lie on your back on the floor. Bend your knees and set your feet on the floor, heels as close to the sitting bones as possible. Bend your elbows and spread your palms on the floor beside your head, forearms relatively perpendicular to the floor, fingers pointing toward your shoulders.

Pressing your inner feet actively into the floor, exhale and push your tailbone up toward the pubis, firming (but not hardening) the buttocks, and lift the buttocks off the floor. Keep your thighs and inner feet parallel. Take 2 or 3 breaths. Then firmly press the inner hands into the floor and your shoulder blades against the back and lift up onto the crown of your head. Keep your arms parallel. Take 2 or 3 breaths.

Press your feet and hands into the floor, tailbone and shoulder blades against your back, and with an exhalation, lift your head off the floor and straighten your arms. Turn the upper thighs slightly inward and firm the outer thighs. Narrow the hip points and lengthen the tailbone toward the backs of the knees, lifting the pubis toward the navel.

Turn the upper arms outward but keep the weight on the bases of the index fingers. Spread the shoulder blades across the back and let the head hang, or lift it slightly to look down at the floor.

Stay in the pose anywhere from 5 to 10 seconds or more, breathing easily. Repeat anywhere from 3 to 10 times.

Sphinx Pose

Lie on your belly, legs side by side. Rotate your thighs inwardly by rolling your outer thighs toward the floor. Reach actively through your toes to the wall behind you. Your buttocks should be firm but not clenched. Now set your elbows under your shoulders and your forearms on the floor parallel to each other. Inhale and lift your upper torso and head away from the floor into a mild backbend. Lightly draw the lower belly away from the floor to create a dome that rounds up toward your lower back. Stay for five to 10 breaths, then exhale and slowly release your belly and lower your torso and head to the floor. Turn your head to one side. Lie quietly while, broadening your back with each inhale, and releasing any tension with each exhale. Repeat once or twice more.

Urdhva Mukha Svanasana (Upward Facing Dog)

Lie on your belly. Stretch your legs back, with the tops of your feet on the floor. Bend your elbows and spread your palms on the floor beside your waist so that your forearms are perpendicular to the floor. Inhale and press your inner hands firmly into the floor and

slightly back. Then straighten your arms and simultaneously lift your torso up and your legs a few inches off the floor on an inhalation. Keep the thighs firm and slightly turned inward, the arms firm and turned out so the elbow creases face forward. Firm the shoulder blades against the back and puff the side ribs forward. Lift through the top of the sternum. Look straight ahead or tip the head back slightly. Hold this pose for a full exhale or anywhere from 15 to 30 seconds.

Camatkarasana (Flipped Downward Facing Dog)

Start in Downward-Facing Dog. Bring your weight into your right hand and roll onto the outer edge of your right foot like in Side Plank Pose. On an inhalation, lift your hips. Stay strong in your right hand making a clawing action with the fingers. Keep the head of the right arm bone back. On an exhalations, step your left foot back and place your toes on the floor with your knee partially bent.Curl back through your upper back to create a sweeping action of the shoulder blades into the back of the rib cage. On an inhalation lift your hips higher until you curl more into a backbend with your right foot solid on the ground. Hold for 5-10 breaths breaths, return to Down Dog and repeat on the other side.

Utkatasana (Chair Pose)

Begin standing. Inhale and raise your arms perpendicular to the floor. Either keep the arms parallel, palms facing inward, or join the palms. Exhale and bend your knees, trying to take the thighs as nearly parallel to the floor as possible. The knees will project out over the feet, and the torso will lean slightly forward over the thighs until the front torso

forms approximately a right angle with the tops of the thighs. Keep the inner thighs parallel to each other and press the heads of the thigh bones down toward the heels. Stay for 30 seconds to a minute. To come out of this pose straighten your knees with an inhalation, lifting strongly through the arms. Exhale and release your arms to your sides into Tadasasa (standing).

High Lunge

Lay your torso on your front thigh and lengthen it forward. Look forward. Simultaneously, firm the left thigh and push it up toward the ceiling, holding the left knee straight. Stretch your left heel toward the floor. Inhale and raise your torso to upright. At the same time, sweep your arms wide to the sides and raise them overhead, palms facing. Exhale and step your right foot back beside the left. Repeat the above instructions, but reverse left and right. Or come into Downward-Facing Dog, inhale, and step the right foot forward between your hands.

Anjaneyasana (Low Lunge)

From (Downward-Facing Dog), exhale and step your right foot forward between your hands, aligning the right knee over the heel. Then lower your left knee to the floor and, keeping the right knee fixed in place, slide the left back until you feel a comfortable stretch in the left front thigh and groin. Turn the top of your left foot to the floor. Inhale and lift your torso to upright. As you do, sweep your arms out to the sides and up, perpendicular to the floor. Lift your chest from the firmness of your shoulder blades

against the back torso.Take your head back and look up. Hold for a minute, exhale your torso back to the right thigh and your hands to the floor, and turn your back toes under. With another exhale, lift your left knee off the floor and step back to Downward Facing Dog. Repeat with the left foot forward for the same length of time.

Parivrtta Trikonasana (Revolved Triangle Pose)

Begin standing. With an exhalation, step or lightly jump your feet 3½ to 4 feet apart. Raise your arms parallel to the floor and reach them actively out to the sides, shoulder blades wide, palms down. Turn your left foot in 45 to 60 degrees to the right and your right foot out to the right 90 degrees. Align the right heel with the left heel. Firm your thighs and turn your right thigh outward, so that the center of the right kneecap is in line with the center of the right ankle.With an exhalation, turn your torso to the right, and square your hip points as much as possible with the front edge of your mat. With another exhalation, turn your torso further to the right and lean forward over the front leg. Reach your left hand down, either to the floor (inside or outside the foot) or, onto a block positioned against your inner right foot. Allow the left hip to drop slightly toward the floor. Turn the head and gaze up at the top thumb. From the center of the back, between the shoulder blades, press the arms away from the torso. Bring most of your weight to bear on the back heel and the front hand. Stay in this pose anywhere from 30 seconds to one minute. Exhale, release the twist, and bring your torso back to upright with an inhalation. Repeat for the same length of time with the legs reversed, twisting to the left.

Vrksasana (Tree Pose)

Begin standing. Shift your weight slightly onto the left foot, keeping the inner foot firm to the floor, and bend your right knee. Reach down with your right hand and clasp your right ankle. Draw your right foot up and place the sole against the inner left thigh; if possible, press the right heel into the inner left groin, toes pointing toward the floor. Make sure the pelvis is in a neutral position. Firmly press the right foot sole against the inner thigh and resist with the outer left leg. Gaze softly at a fixed point in front of you on the floor about 4 or 5 feet away. Stay for 30 seconds to 1 minute. Step back to standing with an exhalation and repeat for the same length of time with the legs reversed.

Urdhva Hastasana (Upward Salute)

Begin standing. Turn your arms outward so your palms face away from your torso and thumbs point backward. With an inhale, sweep your arms out to the sides and up toward the ceiling. Stop when your arms are approximately parallel to each other. If possible, without hunching your shoulders forward, press your palms firmly together by, touching the bases of your palms first, then the palms themselves, and finally the fingers. Extend your elbows fully and reach up through your pinkies so your thumbs turn slightly down toward the crown of your head. Gaze at your thumbs. Then lift your rib cage evenly away from your pelvis to stretch the circumference of your belly. Hold for a few breaths.

Sputa Virasana (Reclining Hero Pose)

Kneel on the floor (on a folded blanket to pad your knees, shins, and feet if necessary), with your thighs perpendicular to the floor, and touch your inner knees together. Slide your feet apart, slightly wider than your hips, with the tops of the feet flat on the floor. Exhale and sit back halfway, with your torso leaning slightly forward. Wedge your thumbs into the backs of your knees and draw the skin and flesh of the calf muscles toward the heels. Then sit down between your feet. You may sit on a block or thick book placed between the feet. Make sure both sitting bones are evenly supported. Turn your thighs inward and press the heads of the thigh bones into the floor with the bases of your palms. Then lay your hands in your lap, one on the other, palms up, or on your thighs, palms down. Exhale and lower your back torso toward the floor. First lean onto your hands, then your forearms and elbows. Once you are on your elbows, place your hands on the back of the pelvis and release your lower back and upper buttocks by spreading the flesh down toward the tailbone. Then finish reclining, either onto the floor or a support. Stay in this pose for 30 seconds to 1 minute. Gradually extend your stay to 5 minutes. To come out, press your forearms against the floor and come onto your hands. Then use your hands to lift your torso. As you come up, lead with your sternum, not your head or chin.

Vasisthasana (Side Plank Pose)

Begin in plank position. Shift onto the outside edge of your left foot, and stack your right foot on top of the left. Now swing your right hand onto your right hip, turn your torso to the right as you do, and support the weight of your body on the outer left foot and left

hand. Straighten the arm by firming the triceps muscle, and press the base of the index finger firmly against the floor. You can stretch the top arm toward the ceiling, parallel to the line of the shoulders. Keep the head in a neutral position, or turn it to gaze up at the top hand. Stay in this position for 15 to 30 seconds. Come back to plank position, take a few breaths, and repeat to the right side for the same length of time. Then return to plank position for a few more breaths.

Natarajazana (Lord of the Dance Pose)

Begin Standing. Inhale, shift your weight onto your right foot, and lift your left heel toward your left buttock as you bend the knee. Press the head of your right thigh bone back, deep into the hip joint, and pull the knee cap up to keep the standing leg straight and strong. Reach back with your left hand and grasp the outside of your left foot or ankle. To avoid compression in your lower back, actively lift your pubis toward your navel, and at the same time, press your tailbone toward the floor. Begin to lift your left foot up, away from the floor, and back, away from your torso. Extend the left thigh behind you and parallel to the floor. Stretch your right arm forward, in front of your torso, parallel to the floor. Stay in the pose for 20 to 30 seconds. Then release the grasp on the foot, place the left foot back onto the floor, and repeat for the same length of time on the other side.

Forward Folding Poses: To counteract hyperarousal and induce calm.

Padangusthasana (Big Toe Pose)

Stand upright with your inner feet parallel and about six inches apart. Keeping your legs completely straight, exhale and bend forward from your hip joints, moving your torso and head as one unit. Slide the index and middle fingers of each hand between the big toes and the second toes. Then curl those fingers under and grip the big toes firmly, wrapping the thumbs around the other two fingers to secure the wrap. If you can't reach your toes without overly rounding your back, pass a strap under the ball of each foot and hold the straps. Release your hamstrings and hollow your lower belly (below your navel) as well, lightly lifting it toward the back of your pelvis. Exhale, bend your elbows out to the sides, pull up on your toes, lengthen the front and sides of your torso, and gently lower into the forward bend. Hold the final position for one minute. Then release your toes, bring your hands to your hips, and re-lengthen your front torso. With an inhale, swing your torso and head as a single unit back to upright. Kneel on the floor. Touch your big toes together and sit on your heels, then separate your knees about as wide as your hips.

Balasana (Child's Pose)

Exhale and lay your torso down between your thighs. Broaden your sacrum across the back of your pelvis and narrow your hip points toward the navel, so that they nestle down onto the inner thighs. Lengthen your tailbone away from the back of the pelvis while you lift the base of your skull away from the back of your neck. Lay your hands on the floor alongside your torso, palms up, and release the fronts of your shoulders toward the floor.

Or you can stretch the arms out in front of the body, palms face down. Stay anywhere from 30 seconds to a few minutes. To come up, first lengthen the front torso, and then with an inhalation lift from the tailbone as it presses down and into the pelvis.

Adho Mukha Svanasana (Downward-Facing Dog)

Begin on the floor on your hands and knees. Set your knees directly below your hips and your hands slightly forward of your shoulders. Spread your palms, index fingers parallel or slightly turned out, and turn your toes under. Exhale and lift your knees away from the floor and lift the sitting bones toward the ceiling, and from your inner ankles draw the inner legs up into the groins. Then with an exhalation, push your top thighs back and stretch your heels onto or down toward the floor. Straighten your knees but be sure not to lock them. Firm the outer thighs and roll the upper thighs inward slightly. Firm your shoulder blades against your back, then widen them and draw them toward the tailbone. Keep the head between the upper arms. Stay in this pose anywhere from 1 to 3 minutes. Then bend your knees to the floor with an exhalation and rest in Child's Pose.

Uttana Shishosana (Extended Puppy Pose)

Come onto all fours. Place your shoulders above your wrists and your hips above your knees. Walk your hands forward a few inches and curl your toes under. As you exhale, move your buttocks halfway back toward your heels. Keep your arms active; and elbows off the ground. Drop your forehead to the floor or to a blanket and let your neck relax. Keep a slight curve in your lower back. To feel a nice long stretch in your spine, press the

hands down and stretch through the arms while pulling your hips back toward your heels. Hold for 30 seconds to a minute, then release your buttocks down onto your heels.

Janu Sirsaskna (Head-to-knee forward bend)

Sit on the floor with your buttocks lifted on a folded blanket and your legs straight in front of you. Inhale, bend your right knee, and draw the heel back toward your perineum. Rest your right foot sole lightly against your inner left thigh, and lay the outer right leg on the floor, with the shin at a right angle to the left leg. Exhale and turn the torso slightly to the left, lifting the torso as you push down on and ground the inner right thigh. You can just stay here, or you can reach out with your right hand to take the inner left foot, thumb on the sole. Inhale and lift the front torso, pressing the top of the left thigh into the floor and extending actively through the left heel. With the arms fully extended, lengthen the front torso from the pubis to the top of the sternum. Lengthen forward into a comfortable stretch. The lower belly should touch the thighs first, the head last. Stay in the pose anywhere from 1 to 3 minutes. Come up with an inhalation and repeat the instructions with the legs reversed for the same length of time.

Parsvottanasana (Intense Side Stretch Pose)

Begin Standing. With an exhalation, step or lightly jump your feet 3½ to 4 feet apart. Rest your hands on your hips. Turn your left foot in 45 to 60 degrees to the right and your right foot out to the right 90 degrees. Align the right heel with the left heel. Firm your thighs and turn your right thigh outward, so that the center of the right knee cap is in line

with the center of the right ankle. Exhale and rotate your torso to the right, squaring the front of your pelvis as much as possible with the front edge of your mat. With another exhalation, lean the torso forward from the groins over the right leg. Stop when the torso is parallel to the floor. Press your fingertips to the floor on either side of the right foot. If it isn’t possible for you to touch the floor, support your hands on a pair of blocks or the seat of a folding chair. Hold your torso and head parallel to the floor for a few breaths. Hold your maximum position for 15 to 30 seconds, then come up with an inhalation by pressing actively through the back heel and dragging the coccyx first down and then into the pelvis. Then go to the left side.

Marichyasana I

Sit with legs extended. Bend your left knee and place the foot on the floor, with the heel as close to the left sitting bone as possible. Keep the right leg strong and rotated slightly inward, grounding the head of the thighbone into the floor. Press the back of the right heel and the base of the big toe away from the pelvis. Make sure the inner left thigh presses firmly against the left side of the torso. Twist your torso to the right and press the back of the left shoulder against the inside of the left knee. Use this leverage to lengthen the left side of the torso along the thigh. Then gently unwind and face forward. Reach your left arm forward and rotate it inwardly, so the thumb points to the floor and the palm faces out to the left. As you reach the left arm forward, lengthen your torso forward and snuggle the left shin into the armpit. Then on an exhalation, sweep the forearm around the outside of the leg. The left hand will press against the outside of the left thigh or

buttock. With another exhalation, sweep the right arm around behind your back. Clasp the right wrist in the left hand. Exhale and extend your torso forward from the groins, keeping the lower belly long. Lower the front torso as closely as possible to the right leg. Stay in position for 30 seconds to a minute, then come up as you inhale. Repeat on the other side for the same length of time.

Paschimottanasana (Seated Forward Bend)

Sit on the floor with your buttocks supported on a folded blanket and your legs straight in front of you. Press actively through your heels. Rock slightly onto your left buttock, and pull your right sitting bone away from the heel with your right hand. Repeat on the other side. Inhale, and keeping the front torso long, lean forward from the hip joints, not the waist. If possible take the sides of the feet with your hands, if this isn't possible, loop a strap around the foot soles, and hold the strap firmly. Be sure your elbows are straight, not bent. With each inhalation, lift and lengthen the front torso just slightly; with each exhalation release a little more fully into the forward bend. Stay in the pose anywhere from 1 to 3 minutes. To come up, first lift the torso away from the thighs and straighten the elbows again if they are bent. Then inhale and lift the torso up by pulling the tailbone down and into the pelvis.

Uttanasana (Standing Forward Bend)

Begin standing, hands on hips. Exhale and bend forward from the hip joints, not from the waist. If possible, with your knees straight, bring your palms or finger tips to the floor

slightly in front of or beside your feet, or bring your palms to the backs of your ankles. If this isn't possible, cross your forearms and hold your elbows. Press the heels firmly into the floor and lift the sitting bones toward the ceiling. With each inhalation in the pose, lift and lengthen the front torso just slightly; with each exhalation release a little more fully into the forward bend. Let your head hang from the root of the neck. Stay in the pose for 30 seconds to 1 minute. It can also be practiced as a pose in itself. To come up, bring your hands back onto your hips and reaffirm the length of the front torso. Then press your tailbone down and into the pelvis and come up on an inhalation with a long front torso.

Prasarita Padottanasana (Wide-Legged Forward Bend)

Begin standing, step or lightly hop your feet apart anywhere from 3 to 4 1/2 feet (depending on your height: taller people should step wider). Rest your hands on your hips. Make sure your inner feet are parallel to each other. Engage the thigh muscles by drawing them up. Inhale and lift your chest, making the front torso slightly longer than the back. Exhale and, maintaining the length of the front torso, lean the torso forward from the hip joints. As your torso approaches parallel to the floor, press your fingertips onto the floor directly below your shoulders. Move your spine evenly into the back torso so that your back is slightly concave from the tailbone to the base of the skull. Walk your fingertips between your feet. Take a few more breaths and then, with an exhalation, bend your elbows and lower your torso and head into a full forward bend. Make sure as you move down that you keep your front torso as long as possible. If possible rest. Stay in the pose anywhere from 30 seconds to 1 minute. To come out, bring your hands back on the

floor below your shoulders and lift and lengthen your front torso. Then with an inhalation, rest your hands on your hips, pull your tail bone down toward the floor, and swing the torso up.

Purvottanasana (Upward Plank Pose)

Sit I with legs outstretched in front of the body, with your hands several inches behind your hips and your fingers pointing forward. Bend your knees and place your feet on the floor, big toes turned inward, heels at least a foot away from your buttocks. Exhale, press your inner feet and hands down against the floor, and lift your hips until you come into a reverse tabletop position, torso and thighs approximately parallel to the floor, shins and arms approximately perpendicular. Without losing the height of your hips, straighten your legs one at a time. Lift your hips still higher without hardening your buttocks. Press your shoulder blades against your back torso to support the lift of your chest. Without compressing the back of your neck, slowly drop your head back. Hold for 30 seconds, then lower the hips and sit back down with an exhale.

Twisting Poses: Ideal for clients who are reliving the event.

Ardha Matsyendrasana (Half-Lord of the Fishes Pose)

Sit on the floor with your legs straight out in front of you, buttocks supported on a folded blanket. Bend your knees, put your feet on the floor, then slide your left foot under your right leg to the outside of your right hip. Lay the outside of the left leg on the floor. Step the right foot over the left leg and stand it on the floor outside your left hip. The right

knee will point directly up at the ceiling. Exhale and twist toward the inside of the right thigh. Press the right hand against the floor just behind your right buttock, and set your left upper arm on the outside of your right thigh near the knee. Pull your front torso and inner right thigh snugly together. Continue the twist of the torso by turning it to the right; or counter the twist of the torso by turning it left and looking over the left shoulder at the right foot. With every inhalation lift a little more through the sternum, pushing the fingers against the floor to help. Twist a little more with every exhalation. Stay for 30 seconds to 1 minute, then release with an exhalation, return to the starting position, and repeat to the left for the same length of time.

Marichyasana III (Marichi's Pose)

Sit with your legs in front of your body, then bend your right knee and put the foot on the floor, with the heel as close to the right sitting bone as possible. Also press the inner right foot actively into the floor, but soften the inner right groin to receive the pubis as you twist. Grounding the straight-leg thigh and bent-knee foot will help you lengthen your spine. With an exhalation, rotate your torso to the right and wrap your left arm around the right thigh. Hold the outer thigh with your left hand, then pull the thigh up as you release the right hip toward the floor. Press your right fingertips onto the floor just behind your pelvis to lift the torso slightly up and forward. Continue lengthening the spine with each inhalation, and twist a little more with each exhalation. Stay in the pose for 30 seconds to 1 minute. Then release with an exhalation, reverse the legs and twist to the left for an equal length of time.

Pasadena (Noose Pose)

Begin standing next to a wall with your feet hip-width and parallel to each other, with the wall on your right side, turn to the right and press your right palm into the wall-from wrist to elbow, your forearm should be parallel to the ground. Adjust your distance to the wall accordingly and turn your torso back to center. Bend your knees into a full squat, with your buttocks sitting on your heels. If you're not able to get the heels fully on the floor, squat with the heels raised on a thickly folded blanket or sandbag. Swing your knees slightly to the left. As you exhale, turn your torso to the right and press both hands into the wall. As your left hand presses into the wall, the elbow should press against the outside of your right knee. Support the pose by using your right hand for leverage-the right hand will be high and the left hand will be low. For the full pose, it's necessary to close any space between the left side of the torso and the tops of the thighs. So work the back of the left arm down the leg, moving the back of the left shoulder toward the outside of the right knee. Keep the right hand on the wall or bring the palms together with the elbows angled sharply away from each other. Use the pressure of the palms to increase the twist. Stay in this pose for 30 seconds to a minute. Release the twist with an exhalation, then repeat for the same length of time to the left.

Parivrtta Trikonasana (Revolved Triangle Pose)

Begin standing. With an exhalation, step or lightly jump your feet 3½ to 4 feet apart. Raise your arms parallel to the floor and reach them actively out to the sides, shoulder blades wide, palms down. Turn your left foot in 45 to 60 degrees to the right and your

right foot out to the right 90 degrees. Align the right heel with the left heel. Firm your thighs and turn your right thigh outward, so that the center of the right kneecap is in line with the center of the right ankle. With an exhalation, turn your torso to the right, and square your hip points as much as possible with the front edge of your mat. With another exhalation, turn your torso further to the right and lean forward over the front leg. Reach your left hand down, either to the floor (inside or outside the foot) or, onto a block positioned against your inner right foot. Allow the left hip to drop slightly toward the floor. Turn the head and gaze up at the top thumb. From the center of the back, between the shoulder blades, press the arms away from the torso. Bring most of your weight to bear on the back heel and the front hand. Stay in this pose anywhere from 30 seconds to one minute. Exhale, release the twist, and bring your torso back to upright with an inhalation. Repeat for the same length of time with the legs reversed, twisting to the left.

Parivrtta Parsvakonasana (Revolved Side-Angle Pose)

Begin standing. With an exhalation, step or lightly jump your feet 3½ to 4 feet apart. Rest your hands on your hips. Turn your right foot out to the right 90 degrees and turn your left foot in slightly to the right. Align the right heel with the left heel. Firm your thighs and turn your right thigh outward, so that the center of the kneecap is in line with the center of the right ankle. Exhale and turn your torso to the right until you’re facing directly out over the right leg; as you do this, lift your left heel off the floor and spin on the ball of the foot until the inner left foot is parallel to the inner right foot. Then exhale again and bend your right knee to a ninety degree angle With another exhale turn further

to the right and lean the torso down, placing the left hand on the floor inside the right foot. Stay for 30 seconds to 1 minute. Inhale to come up, exhale to release the twist. Reverse the feet and repeat for the same length of time to the left. Then return to standing.

Balance Poses: Ideal for practicing humility, forgiveness and nonjudgement

Garudasana (Eagle Pose)

Begin standing. Bend your knees slightly, lift your left foot up and, balancing on your right foot, cross your left thigh over the right. Point your left toes toward the floor, press the foot back, and then hook the top of the foot behind the lower right calf. Balance on the right foot. Stretch your arms straight forward, parallel to the floor, and spread your scapulas wide across the back of your torso. Cross the arms in front of your torso so that the right arm is above the left, then bend your elbows. Snug the right elbow into the crook of the left, and raise the forearms perpendicular to the floor. The backs of your hands should be facing each other. Press the right hand to the right and the left hand to the left, so that the palms are now facing each other. Lift your elbows up, and stretch the fingers toward the ceiling. Stay for 15 to 30 seconds, then unwind the legs and arms and come to standing again. Repeat for the same length of time with the arms and legs reversed.

Vrksasana (Tree Pose)

Begin standing. Shift your weight slightly onto the left foot, keeping the inner foot firm to the floor, and bend your right knee. Reach down with your right hand and clasp your right ankle. Draw your right foot up and place the sole against the inner left thigh; if possible, press the right heel into the inner left groin, toes pointing toward the floor. Make sure the pelvis is in a neutral position. Firmly press the right foot sole against the inner thigh and resist with the outer left leg. Gaze softly at a fixed point in front of you on the floor about 4 or 5 feet away. Stay for 30 seconds to 1 minute. Step back to standing with an exhalation and repeat for the same length of time with the legs reversed.

Natarajazana (Lord of the Dance Pose)

Begin Standing. Inhale, shift your weight onto your right foot, and lift your left heel toward your left buttock as you bend the knee. Press the head of your right thigh bone back, deep into the hip joint, and pull the knee cap up to keep the standing leg straight and strong. Reach back with your left hand and grasp the outside of your left foot or ankle. To avoid compression in your lower back, actively lift your pubis toward your navel, and at the same time, press your tailbone toward the floor. Begin to lift your left foot up, away from the floor, and back, away from your torso. Extend the left thigh behind you and parallel to the floor. Stretch your right arm forward, in front of your torso, parallel to the floor. Stay in the pose for 20 to 30 seconds. Then release the grasp

on the foot, place the left foot back onto the floor, and repeat for the same length of time on the other side.

Ardha Chandrasana (Half-Moon Pose)

From a standing position, with an exhalation, step or lightly jump your feet 3 1/2 to 4 feet apart. Raise your arms parallel to the floor and reach them actively out to the sides, shoulder blades wide, palms down. Turn your left foot in slightly to the right and your right foot out to the right 90 degrees. Align the right heel with the left heel. Exhale and extend your torso to the right directly over the plane of the right leg, bending from the hip joint, not the waist. Rotate the torso to the left, keeping the two sides equally long. Let the left hip come slightly forward and lengthen the tailbone toward the back heel. Rest your right hand on your shin, ankle, or the floor outside your right foot, whatever is possible without distorting the sides of the torso. Stretch your left arm toward the ceiling, in line with the tops of your shoulders. Keep your head in a neutral position or turn it to the left, eyes gazing softly at the left thumb. Inhale, bend your right knee, and slide your left foot about 6 to 12 inches forward along the floor. At the same time, reach your right hand forward, beyond the little-toe side of the right foot, at least 12 inches. Exhale, press your right hand and right heel firmly into the floor, and straighten your right leg, simultaneously lifting the left leg parallel (or a little above parallel) to the floor. Rotate your upper torso to the left, but keep the left hip moving slightly forward. Stay in this position for 30 seconds to 1 minute. Then lower the raised leg to the floor with an exhalation, and return to Trikonasana. Then perform the pose to the left for the same length of time.

Urdhva Prasarita Eka Pasadena (Standing Split)

Perform Warrior II Pose, right leg forward. Inhale and cartwheel your left arm up and over your head, creating n opening in the left ribs. With an exhale, twist your torso to the right, pivoting on the ball of the left foot to lift the heel off the floor. Then lean forward, lay your front torso onto the right thigh, and set your hands on the floor on either side of the right foot, or a block. Walk your hands slightly ahead of, and shift your weight onto, the right foot. Then, inhale and slowly straighten your right leg, simultaneously lifting the left leg parallel to the floor. Try to keep the front pelvis parallel to the floor by internally rotating the left thigh. Stay for 30 seconds to 1 minute. Then, lower the raised leg with an exhale and repeat on the other side for the same length of time.

Virabhadrasana III (Warrior III Pose)

Begin standing. Exhale and fold foward, stay here for one breath. Then exhale and step your left foot back into a high lunge position. Your right knee should be more or less at a right angle. Lay the midline of your torso down on the midline of the right thigh and bring your hands to your right knee, right hand to the outer knee, left hand to the inner. Now from the lunge position, stretch your arms forward, parallel to the floor and parallel to each other, palms facing each other. Exhale and press the head of the right thighbone back and press the heel actively into the floor. Shift weight into the standing leg and lift the back leg. The arms, torso, and raised leg should be positioned relatively parallel to the floor. Release the hip of the raised leg toward the floor until the two hip points are even and parallel to the floor. Stay in this position for 30 seconds to a minute. Release back to

the lunge on an exhalation. Bring your hands to the floor on either side of the right foot, and on an exhalation, step your left foot forward to meet your right. Stay in this forward bend for a few breaths, then repeat for the same length of time on the other side.

Bakasana (Crane Pose)

Squat down from standing with your inner feet a few inches apart. If it isn't possible to keep your heels on the floor, support them on a thickly folded blanket. Separate your knees wider than your hips and lean the torso forward, between the inner thighs. Stretch your arms forward, then bend your elbows, place your hands on the floor and the backs of the upper arms against the shins. Snuggle your inner thighs against the sides of your torso, and your shins into your armpits, and slide the upper arms down as low onto the shins as possible. Lift up onto the balls of your feet and lean forward even more, taking the weight of your torso onto the backs of the upper arms. With an exhalation, lean forward even more onto the backs of your upper arms, to the point where the balls of your feet leave the floor. Keep the head in a neutral position with your eyes looking at the floor, or lift the head slightly, without compressing the back of the neck, and look forward. Stay in the pose anywhere from 20 seconds to 1 minute. To release, exhale and slowly lower your feet to the floor, back into a squat.

Parsva Bakasana (Side Crane Pose)

Bend your knees to a half-squat, thighs parallel to the floor. If your heels don't rest comfortably on the floor, support them on a thickly folded blanket. Take your left elbow

to the outside of your right thigh as you soften your belly. Exhaling, twist your torso to the right, bringing your left lower ribs across toward your right thigh as far as you can. Now squat down fully, buttocks just above your heels. Place your left palm on the floor just outside your right foot. If the hand doesn't easily reach the floor, tip your torso to the right until you can put your palm down flat. Your hands should be shoulder width apart and positioned on an imaginary line drawn diagonally away from your right foot angled in the direction of the heel.Concentrate on maintaining the point of contact between your left arm and right thigh as you slowly lift your pelvis and shift it to the right, aiming to bring the middle of your abdomen above and between your hands. This is not the precise balance point, but if you get this close you'll probably be able to find the perfect position by feel. As you get close, the weight on your hands will increase, while that on your feet will decrease until they lift easily. Hold the pose for 20 seconds or longer, then lower your feet back to the floor with an exhale. Repeat it on the other side for the same length of time.

Pranayama Practice.

Asana is meditation on the body, pranayama is meditation on the breath. While practicing asana, clients are advised when to inhale and exhale, but no additional manipulation of the breath is introduced. Four basic pranayama techniques are routinely taught to beginners: Deergha Swasam; Kapalabhati or rapid diaphragmatic breathing; and Nadi Suddhi, Integral Yoga's name for alternate nostril breathing.

1. Deergha Swasam: This can be used with all clients who have experienced trauma as a way to help the slow down their thoughts and connect with their body and emotions. Ask your clients to breathe slowly and deeply while envisioning that they are filling their lungs from bottom to top. Envision a glass of water being filled. First, expand the abdomen, then the middle rib cage, and finally the upper chest. When exhaling, envision the breath emptying in reverse, from top to bottom, pulling in the abdomen slightly at the end to empty the lungs completely.
2. Ujjayi Pranayama (Victorious Breath): This can be used with all clients who have experienced trauma. During this breathing practice, the throat is slightly constricted and the breath made softly audible. Some may observe that the audible breath sounds similar to Star Wars's Darth Vader. Ujjayi breathing keeps the mind focused. By returning again and again to the subtle sound of,this breath, the mind is forced to concentrate and become quiet.

3. Kapalabhati: It may be advised to use caution when considering this breathing technique with clients who are experiencing hyperarousal after trauma. It consists of multiple rounds of rapid breathing in which the breath is forcefully expelled from the lungs with a strong inward thrust of the abdomen. This may be too overstimulating for a client who is already hyperaroused. Students might start out with one round of 15 breaths in quick succession and build up to several hundred breaths in one round.

4. Nadi Suddhi: Again, used caution when using this technique with clients who are hyperaroused. While this pranayama helps to slow down the breath and has a calming effect, the closing of one nostril may be overstimulating for a client with hyperarousal.

During this breathing technique, the fingers and thumb of the right hand are used to close off first one nostril and then the other. This pranayama starts with an exhalation and an inhalation through the left nostril, followed by a full breath through the right, with the whole pattern repeated several times.

As clients become more familiar with the breathing technique, you can choose to incorporate specific breathing ratios—inhaling for a count of 8, for example, while exhaling for a count of 12. You may also choose to incorporate retention, or breath holding, into pranayama.

Pranayama Tips

1. The basic techniques of pranayama are best taught with the client lying down, but make sure to encourage your client to practice while seated if they do not feel comfortable lying down. With the client laying on their back, you can use a bolster to help expand their chest and a blanket to form a thin pillow.
2. If using a seated meditative pose, try Half or Full lotus pose with the addition of jalandhara bandha the chin or throat lock. To perform jalandhara bandha, raise the top of your sternum toward your chin, tuck the hinge of your jaw toward your inner ear, and softly lower your chin toward your sternum.
3. In pranayama encourage your client to distribute their breath evenly throughout their entire lungs—top and bottom, left and right, front and back.

Appendix E: Asana Practice by Symptom Cluster

Asana practice for reliving the event: Twisting exercise.

Warm-up poses:

1. Sukhasana (easy pose): sit with legs crossed. Rest hands on knees and close the eyes. Put your left hand on your right knee and twist to the right. Inhale and lengthen the spine; exhale and twist further. After five breaths switch sides. Repeat for 1 to 2 minutes
2. Cat-Cow Pose: Come onto hands and knees. Align knees under hips and wrists under shoulders. Inhale, drop your belly, and arch your back. Exhale, drive to be in, and round your back. Repeat for 1 to 2 minutes.
3. Parighasana (gate pose) variation: Kneel and extend your right leg to the side. Reach your left hand to the sky as you slide the right hand toward the right foot. Hold for several breaths.
4. Ardha Chandrasana (Half-moon pose), variation: From Gate Pose, place your left hand on the floor. Extend your right hand and lift the right way until nearly parallel to the floor. Hold for several breaths.
    a. Go back to pose three, and repeat on the other side.

5. Adho Mukha Savannas (Downward-facing dog pose), variation: come to all fours. Tuck your toes and lift up and back to Down Dog. Slowly raise your right leg to the ceiling, bend the right knee, and then the right hip. Relax the gaze. Hold for several breaths.

6. Lizard Lunge: From Downward Dog, step the right foot between the hands. Bring both hands inside the right foot. Keep the right knee over the right ankle. To go deeper into the pose, lower onto the forearms. Hold for several breaths.
7. High Lunge: Come out of Lizard by bringing your hands back to either side if your right foot. Inhale, lift the torso, and reach your arms up.
8. Adha Chandrasana (Half-moon pose): place the right hand on the floor in front of the right foot. Straighten the right leg as you lift the left leg. Then, step back to high lunch and repeat poses 5-8 on the other side.

You can repeat 5-8 as a vinyasa if you come to Mountain Pose after half-moon Pose and move through chaterunga and them begin again at step 5, the Downward-facing Dog variation.

9. Uttanasana (standing forward bend): From Half-moon Pose, come to your forward fold with your feet hip width apart. Cradle the elbows to release the upper spine. Tuck your chin slightly to lengthen the neck. Hold for several minutes.
10. Malasana (Garland Pose): Step feet wider than hip with; turn it toes out. Lower into a squat. Bring palms together and press upper arms into size. If your heels lift, support with a blanket. Hold for several breaths.
11. Tarragona (Star Pose), with side stretch: Sit with soles of the feet together. Open the knees. Hold your ankles with your left hand and nestle the left elbow inside the knee. Reach right arm over right ear. Hold for several breaths. Repeat on other side. Repeat both sides several times.

12. Purvottanasana (Upward Plank Pose), variation: Lift your needs and put your feet flat on the floor. Place your hands behind your hips. Keep knees above ankles and shoulders above wrists. Inhale and raise the hips for several breaths, before releasing down. Repeat pose several times.

13. Jathara Parivartanasana (Revolved Abdomen Pose): embrace your right knee and lengthen your left leg. To twist, bringing your right knee into your left side and gaze over your right shoulder. Hold for several minutes. Release and switch sides.

14. Savasana (Corpse Pose): Roll up a blanket, slide it under your knees, and lie back. Feel free to place a pillow under your head for support, or cover yourself with a blanket for warmth.

Asana practice for avoiding behaviors: Build energy.

Main Sequence:

1.Virabhadrasana II (Warrior Pose II): Inhale, and your right knee, and extend your arms at shoulder height, coming into Warrior II.

2. Utthita Trikonasana (extended triangle pose): With your feet wide apart, turn your right foot out and left foot in slightly. Straighten your right leg and reach down to the right to come into triangle. Reach your left arm up; gaze at the left thumb.

3. Utthita Parsvakonasana (Extended Side Angle Pose): Exhale, bend your right knee and place your right hand on the floor to the outside of your right foot. Extend of the left arm over the last year. Feel one continuous line from the left foot to the left fingertips.

4. Plank Pose: Exhale and step the right foot back into Plank. Draw your tailbone towards your heels and your lower belly and end up.
5. Chatterunga: Down trough push-up to upward facing dog,
6. Adho Mukha Svanasana: Downward-facing Dog: Rest in Down Dog for five breaths, press your hands and feet strongly in onto the mat. Then inhale, step your left foot forward and repeat steps 1-5. Move through flow on each side several times.
7. Utkatasana (Chair Pose): Step or hop forward into Chair Pose. Reach her arms up as you dry your shoulders away from your ears.
8. Garudasana (Eagle Pose): Cross your right leg over the left. Wrap your right arm underneath the left and press your palms together. Leaned forward and hope the elbows in front of the knees. Still for five breaths, and then repeat on the other side.
9. Bakasana (Crane Pose): Bring your hands to the floor, shoulder distance apart. Lean forward and place your knees high on the backs of the arms, lifting your feet off the floor. Lift your lower belly back toward your spine for support.
10. Adho Mukha Svanasana (Downward-facing Dog): Step back to down dog. Engage the legs and draw your navel toward the spine. Exhaling either hop or walk your feet forward to sit down.
11. Paschimottanasana (Seated forward bend): Extend the leg forward and flex your feet. Inhale; lift your heart. Exhale; lengthen your spine as you fold forward. Repeat the inhale to lift, and the exhale the lengthen. Clasp your right wrist behind your feet or place your hands on your shins.

12. Sukhasana (Easy Pose): Come to a crosslegged position, keeping your spine Paul. Close your eyes and rest your hands on your knees with palms up. You may choose to ask your client's to visualize the practice they have just done, and lead them through each pose in their mind.

13. Tolasana (Scales Pose): Place your hands next to your hips, press your hands down, and lift the seat and legs up as you inhale. Exhale and lower yourself down. Repeat several times.

14. Purvottanasana (Upward Plank Pose): Extend their legs forward, pointing your toes. Place your hands on the floor behind your seat, with fingertips facing toward the feet. Inhale and lift your hips. Drop your head back if it's comfortable.

15. Baddha Konasana (Bound Angle Pose): Lower your seat onto the floor and hug your knees into your chest, and then allow the needs to drop out to the sides. Open the bottoms of your feet toward the sky. Keep your spine along and fold forward.

Finishing Poses:

16: Reclined Twist: Line your back, hug both knees into your chest, and draw them to the left side of your body. Reach your arms out to the sides and gaze at your right hand. Repeat on the other side. Repeat both sides several times with variations.

17: Savasana: Lie back on the floor, close your eyes, and rest your hands with palms facing up. Allow your feet to fall slightly outward.

Asana practice for hyper-arousal: Cultivate calm.

Warm-up poses:

1. Adho Mukha Svanasana (Downward-facing Dog):In Downward-facing Dog, see that your hands are shoulder-distance apart and press them into the mat. Sink your heels toward the ground and tilt your tailbone toward the sky.
2. Virabhadrasana I (Warrior Pose I): Step your right foot forward into a lunge. Turn your back heel to the floor, pressing the back edge of your foot into the mat. Squeeze the muscles of your back thigh toward the bone as you reach your arms overhead and lift your chest.
3. Virabhadrasana II (Warrior Pose II): Open into Warrior II. Stack your front knee on top of the front ankle and activate your back leg. Exhale and transition into Down Dog. Do the left side of warrior one and two; then step back into town dog. Repeat both sides several times and encourage your clients to notice the difference in each side and the difference as they continue to practice.

Main Sequence:

4. Garudasana (Eagle Pose): Swing your right arm under your left, crossing at the elbows. Bend your knees and cross your right leg over your left, wrapping your right foot behind the left calf. Hold for five breaths; then unwind and for your right foot back into a high lunge.
5. High Lunge, variation: Bend your left knee deeply until your front thigh is parallel to the floor. Press strongly through your back heel. Draw the pit of your belly in and up.

6. Virabhadrasana III (Warrior Pose III with Eagle Pose arms): Wrap your right arm under your left, bring your weight onto your front leg, and come into Warrior III. Draw your arms forward and press your right foot back.
7. Ardha Chandrasana (Half Moon Pose): Unbind your arms, stretching your left hand to a block or to the floor and your right fingertips to the ceiling. Gaze up at your right fingertips.
8. Standing Splits: Keep your right leg active as you release both hands to the floor. Root down into your standing foot as you reach your left leg up. Wrap your right arm around the standing calf. Relax into the pose.
9. Parivrtta Ardha Chandrasana (Revolved Half Moon Pose): Square your hips toward the floor and place your right hand on a block or on the floor. Extend your left arm up. Inhale, lengthen, and then twist your torso to the left.
10. Uttanasana (Standing Forward Bend): With your feet hip width apart and parallel, fold forward. Soften your knees and hang forward.
11. Goddess Squat: Open your feet as wide apart as your mat and squat down toward the floor. With hands in prayer position, press your elbows against the inside of your knees. As your tailbone draws down toward the ground, draw your chest in the crown of your head up.
12. Bakasana (Crow Pose): From the squat, reach forward and place your hands on the mat a little wider apart than shoulder width. Pull your belly into your spine, lift your hips, and tilt your weight forward into your hands. Press the inner edges of your feet together.

13. Chaturanga Dandasana (Four Limbed Staff Pose): From Crow Pose, extend your chest forward as you float your feet back into a low plank position.

14. Urdhva Mukha Svanasana (Upward-facing God Pose): Straighten your arms and press the tops of your feet into the floor. Broaden your collarbones.

15. Adho Mukha Svanasana (Downward-facing Dog): Turn your toes under in lift your hips up and back down dog. Jump forward. Returned to standing. Go back to step 5 and repeat on other side. Repeat on both sides several times.

Asana practice for hyperarousal: Decrease energy.

Main Sequence:

1. Cat-cow Pose: Come into a tabletop position. Inhale, tilt your sitting bones to the sky, draw your shoulder blades down your back, and lift your gaze. Exhale and round your spine toward the ceiling, lifting your navel toward your spine. Repeat Cat-Cow for several minutes.
2. Thread the Needle Pose: From tabletop, thread your left arm under your right until you are resting on your left shoulder and ear. Ease your left shoulder down your back, creating space in your neck and ribs. Repeat on the left side.
3. Balasana (child's pose): Stretch your arms forward and draw your hips to your heals, knees wide.
4. Bhujangasana (Cobra Pose): Lie on your belly, hands in line with your shoulders. Gently lift your abdominal muscles in and up. Press your hands down, as you lift your head, chest, and shoulders off the mat.

5. Adho Mukha Svanasana (Downward-facing Dog): Lift your hips up and back to Downward Dog. Reach your sitting bones up, root your heals toward the floor, and press the back of your thighs to the wall behind you.
6. Anjaneyasana (Low Lunge): Step your right foot forward and drop your back need to the floor. Places both hands on the front knee and lift your chest to come into a gentle backbend.
7. Revolved High Lunge: Place your left-handed to the inside of your right foot and extend your right hand to the sky. Repeat step 5-7 on the other side. Repeat several times on both sides.
8. Lizzard Lunge: Come to a low lunge on the right side with your hands underneath your shoulders. Turn your right foot out and drop your right knee out and down toward the mat. Stay supported on the fingertips or bring your forearms to the mat.
9. Lizzard Lunge, variation: Stay in Lizard Lunge and support yourself with the left hand. Reach your right hand back to grasp your left foot. Hug your foot toward your hips as you turn your heart open toward the ceiling.
10. Adho Mukha Svanasana (Downward-facing Dog): Lift your hips up and back to Downward Dog. Reach your sitting bones up, root your heals toward the floor, and press the back of your thighs to the wall behind you. Repeat step 8-10 on the other side. Repeat several times on both sides.
11. Ardha Ustrasana (Half Camel Pose): Step your right foot forward to kneel on the mat. Place your left hand on your left heel. With square hips, reach your right arm

overhead and then to the wall behind you, opening into a backbend. Or use Full Camel with variations.

12. Adho Mukha Svanasana (Downward-facing Dog): Reach your sitting bones up, root your heals toward the floor, and press the back of your thighs to the wall behind you. Repeat Camel on other side.

13. Half Pigeon Pose: Step your right foot forward into Pigeon Pose. Move your right shin forward until it is parallel to the front edge of your mat. With square hips, fold your torso over your right leg.

14. Adho Mukha Svanasana (Downward-facing Dog): Reach your sitting bones up, root your heals toward the floor, and press the back of your thighs to the wall behind you. Repeat Pigeon Pose on other side.

Finishing Pose

14. Toes Pose: From Down Dog, bring your knees to the floor in a tabletop position. Tuck your toes and bring your hips to rest on your heels. Interlaced your fingers and extend your palms to the sky.

15. Virasana: Rest on your shins and place a block beneath your seat for support. Rest your hands in your lap with your fingertips touching. Stay here for a seated meditation.

Asana practice for avoiding behaviors: Build energy.

Main sequence

1. Adho Mukha Svanasana (Downward-facing Dog): Press your hands into the mat and lift your hips to the upper back corner of the room. Reach your sitting bones to the ceiling. Review your heels toward the earth. Press your thighs toward the wall behind you.
2. Flip Dog: From down dog, lift your right leg and bend your knee. With control, bring your right foot to the floor so that you flip over, landing face up. Reach her right hand toward the wall at the front of your mat. As you inhale flip back over into downward dog. Repeat on other side.
3. Adho Mukha Svanasana (Downward-facing Dog): Expand the base of this Down Dog by moving your feet toward the back of the mat, and your hands toward the front of your mat.
4. Plank Pose: Press down through your hands, reach back through your heels, and draw your belly back toward your spine for support in this challenging pose.
5. Vasisthasana (Side Plank Pose): Spin onto the outer edge of your right foot. Root your right hand down as you reach your left hand up. Return to Down Dog. Repeat the sequence from step 1-5 to through step five on the other side.
6. Adho Mukha Svanasana (Downward-facing Dog): After repeating the sequence on the other side, returned to Down Dog.

7. Bakasana (Crane Pose): Move your hands back about 12 inches. Bring your feet together, bend your knees, tilt your weight forward, and rest your knees in your armpits as you lift your feet.
8. Adho Mukha Svanasana (Downward-facing Dog): From Crane, bring your feet down and walk your hands forward to down dog.
9. Parivrtta Parsvakonasana (Revolved Side Angle Pose), variation: Step your right foot forward into a lunch. Twist your left elbow to your right knee, hands together. Inhale, extend your spine; exhale, rotate your chest toward the sky.
10. Virabhadrasana II (Warrior II): Spin your back foot down and open to Warrior II. Create a wide base and power through your back leg as you bend your right knee deeply.
11. Reverse Warrior: Tell your arms back, bringing your left hand to your left thigh and reaching your right fingertips overhead. Stay deep in your thigh with your right knee stacked over your right ankle.
12. Utthita Trikonasana (Extended Triangle Pose): Straighten your right leg. Reach your right arm forward and rest your right hand on the ground or a block. Reach your left fingertips up. Keep both sides of your torso long as you turn your heart to the ceiling.
13. Adho Mukha Svanasana (Downward-facing Dog): Step back into Downward Dog. Then repeat step 9-12 on the second side, finishing in Downward Dog. Repeat several times on both sides.

14. Utkatasana (Chair Pose): Jump to the head of your mat, feet together. Bend your knees deeply, as though you are reaching for a chair at the back of your mat. Reach your arms forward and up, abdominal pulling in toward your spine.

15. Parsva Bakasana (Side Crane Pose): From chair, twist to the right, bring your hand to the floor, bend your elbows, and rest your right knee on your left elbow. Shift your weight forward to balance. Come back to chair and do the other side.

16. Ardha Matsyendrasana (Half Lord of the Fishes Pose): From side crane, sits on your Mac with your right knee pointing toward the ceiling and your left foot outside your right hip. Inhale and lengthen your spine. Then exhale and twist. Switch sides.

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