

Yoga Teachers as Part of the Clinical Team *An Interview with David Emerson*



David Emerson is the director of Yoga Services at the Trauma Center at Justice Resource Institute in Brookline, MA, where he offers classes for individuals impacted by trauma. He is also responsible for the yoga intervention component of two recent pilot studies conducted by Dr. Bessel van der Kolk to assess the effectiveness of body-based yoga for adults with complex post-traumatic stress disorder (PTSD). In this interview, David discusses the importance of yoga teachers being on the clinical team when serving as an adjunctive treatment for individuals recovering from the aftermath of trauma.

Laura Douglass (LD): What role do you see yoga playing in the treatment of trauma?

David Emerson (DE): Yoga will be part of the future of treatment. It has to be. In our latest research study we showed that a ten-week practice of yoga helped women with complex trauma reduce their symptoms by 33 percent. From the fMRIs we conducted it looks like yoga has an impact on the insular cortex, the part of the brain that helps to regulate emotion, increase self-awareness, and is involved in the perception of one's self in time and space.

The measurable impact of yoga on individuals with trauma is significant in that it will determine the future of how PTSD is addressed. Equally important are the subjective narratives we are collecting that help us to understand how the data impacts individuals' daily lives. For example, in our recent pilot study, one of the questions was, "As a result of these ten weeks of yoga what did you notice?" One comment was, "I feel like I deserve life more. The study kicked in a connection to my body." This is a description of the sense of self that resides in such areas of the brain as the insular cortex and illustrates the experience of feeling oneself in a safe way. Someone else said, "I

was able to move my body and be in my body in a safe way without hurting myself or being hurt." This is what we mean by reclaiming your body. While we are just beginning to develop a clear model as to why yoga works, what we do know is that it does work.

LD: The Trauma Sensitive Yoga Program offers yoga classes for men, women, and veterans. How many yoga teachers currently teach for the Trauma Center?

DE: We have four yoga teachers who actively run two women's classes and one men's class. I teach fifteen sessions with teenagers every week and I also run a veterans group. This doesn't reflect the depth of our work, however, as we have trained between 700 and 800 people in our 40-hour teacher training program, called Trauma Sensitive Yoga Instruction. There are people doing this work internationally. Our teacher training program is co-led by the neuroscientist Bessel van der Kolk, clinicians, and yoga teachers with considerable experience and knowledge of the impact of trauma. Not only yoga teachers take this training, but clinicians and social workers are beginning to see the value of bringing yoga into their psychotherapy practice.

Those of us who have been teaching yoga in a clinical setting for a while remember feeling like we had to go into clinical settings with hat in hand, apologetic—let me try it, or, I'll volunteer. It is time to shift that. This work requires highly skilled people to come in and teach.

LD: What kind of training do therapists need to begin bringing yoga into their offices?

DE: One of the key insights people working with trauma need is an understanding that the frontal lobe is damaged by trauma, and because of this asking people to process through their cognitive functions is not effective. Individuals with a history of trauma will learn to tell you what you want to hear, but they are so disorganized that processing through cognitive functioning is not that helpful for them. Research is pointing to the body as a critical way to help people process trauma. Clinicians need to have some yoga experience, but I don't think they need to be trained as yoga teachers. A therapist can say, "Do you want to try something? Would you like to experiment with this?" But there may not be any verbal processing—and that can be hard for therapists who are trained to work cognitively.

We just completed a study with people who were in therapy for three years or more; they were talking all the time and the diagnosis did not change. We did ten weeks of yoga with people and there was a 33 percent decrease in the symptom severity for people with PTSD. No talking. It may be that therapists have to get a little more comfortable with not talking at times. The talking shifts from "how does this make you feel?" to "what did you notice in your body?" This shift in inquiry helps people begin to investigate their actual experience in the present moment and to cultivate some language around that. It is a challenge for therapists, but an exciting one.

LD: Do you have any suggestions for yoga teachers who are interested in bringing yoga to individuals with PTSD?

DE: If you are going to do trauma-sensitive work, partner with an agency where there are clinicians and part of your agreement is that you are joining the team. You will be going to clinical meetings. The clinical director where you work has to see you as a significant part of the team. We now have clinical evidence that yoga is effective and it needs to become easier for yoga teachers to be viewed as part of an overall team that impacts physical and mental wellness.

LD: Do teachers at the Trauma Center get paid for the hours they spend in clinical meetings the way clinicians do?

DE: No, teachers don't get paid for clinical meetings. They are welcome to go to the clinical meetings as much as they want, but they don't get paid for that time. I hope this will change. For now, yoga teachers can view this time as free clinical supervision. All of the yoga teachers at the Trauma Center can email the clinical director, Bessel, any time they want to. We have a constant email exchange. There is a lot of input between the yoga teachers and the clinical staff.

LD: Because yoga teachers are not getting paid for clinical meetings, preparation for the classes, and in most cases they are not receiving payment for retirement, sick time, or other benefits, what do you think is adequate payment now that there is evidence yoga reduces symptoms of trauma?

DE: We aim to pay our teachers in a range from \$100 to \$125 per class. Teachers need to be paid well. We were going on hunches before. When we started teaching yoga to individuals with trauma ten years ago there was no evidence that what we were doing was effective. There were tons of claims on the Internet, but there was zero evidence. Ten years ago if you went to the Veterans Administration they laughed at the thought of including yoga—in part because there was no evidence and in part because they didn't know what yoga was. We have clinical and research evidence now that yoga is effective, and this should make it easy for clinical directors to see that yoga is an important part of their program. It is easy to make the case that you should get \$125 for an hour-long class. You should get money for supervision or they should provide supervision as part of your work at the clinic. Yoga is now one of the most effective things out there in terms of evidence for reducing symptoms of trauma—and it's cost effective; \$125 for a group class is incredibly cheap to have such a radical difference in people's lives.

At the schools where I work I have asked for a five-year contract. This is the ideal. Programs have money for trips to the aquarium or recreational activities and they need to begin structuring their finances to have \$125-\$150 a week for a yoga class. Of course, the clinical director may want to try it out for a few weeks and see if people like it, but once you know yoga will work for a given population and that you are the right teacher for a population—ask for a set commitment.

LD: I think some clinical directors are still struggling with how to integrate yoga in their programs. The hiring for these positions tends to be "I know this person" rather than looking for someone with a certain skill set and asking for a resumé, references, and an interview. There is not always an understanding that this is a professional position.

DE: Clinical directors should not think that yoga is a luxury or that yoga teachers are providing entertainment. This perspective is the crux of the problems you mentioned. I have a colleague who works in a women's prison in North Carolina and many people ask, "Why would you give these women yoga? Why do they deserve that?" There has to be a shift. Yoga is not a luxury, it is therapeutic. That is the change we all have to understand. One of our roles as yoga teachers is

to help people understand the clinical significance of yoga and to do that we need to be conversant with the research that exists on yoga's effectiveness. We are not helping people kill time—this is therapy. Research studies will help clarify this misunderstanding. There are four or five studies coming out next year that should really help clinical directors understand the significance of yoga. Those of us who have been teaching yoga in a clinical setting for a while remember feeling like we had to go into clinical settings with hat in hand, apologetic—let me try it, or, I'll volunteer. It is time to shift that. This work requires highly skilled people to come in and teach.

LD: Do you see IAYT as helping refine what skills yoga teachers need who work in mental health?

DE: It is definitely a good thing for IAYT to talk about. I am so focused on trauma that it is difficult for me to say what role IAYT needs to play for mental health as a whole. I do know there is a lot that trauma-sensitive yoga teachers need to focus on, and I would feel more comfortable speaking to these specific issues. I do feel trauma is so specific in the way it impacts someone that you have to specialize. In Trauma Sensitive Yoga Instruction, we have a protocol that we believe prepares teachers to begin this work teaching classes. It requires time with Dr. Van der Kolk, time with clinical workers, time understanding the brain, getting feedback, and really focusing on adapting yoga. Understanding what specific populations need in terms of yoga could be something for the board members of IAYT to consider as we begin to think about adapting yoga to individuals with mental health needs. **YTI**



Laura Douglass, PhD, teaches at Lesley University and runs mindfulness and yoga education courses at a residential program for individuals with eating disorders. www.yogapsychology.org.



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