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JUNE 19–22 • SEATTLE

# Whole Health Coaching: A New Approach for Promoting Psychosocial Recovery

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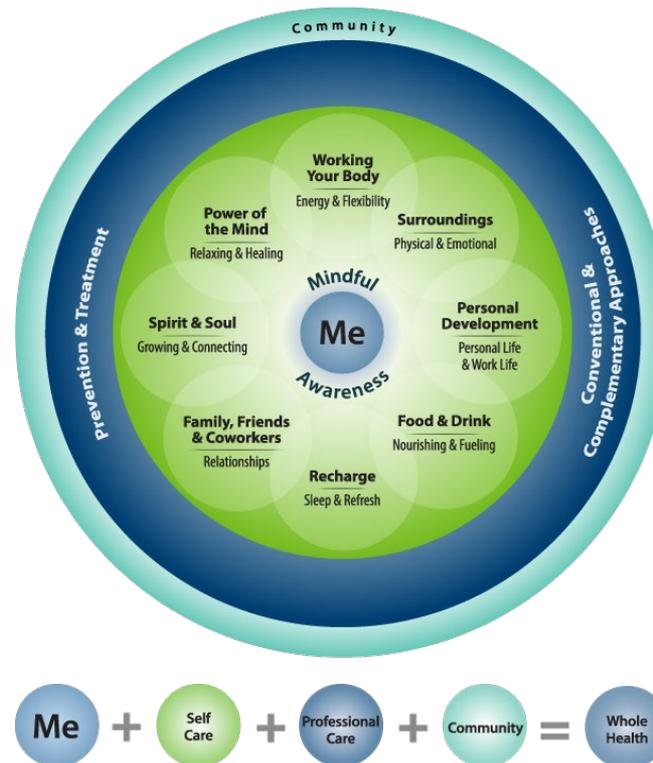
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## What is Whole Health?





## Whole Health Coaching

- **Whole Health recognizes you as a whole person.**
- **Goes beyond the illness, injury or disability**
- **Focuses on the health, well-being, & self care**
- **Complementary therapies to go with medical and mental health care**
- **YOU are an active part of the health care team!**



## Whole Health Coaching

- Health care usually focuses on preventive care, lowering risk, and illness and disease.
- Whole Health focuses on what is important to you in your life and how *you* want to live *your* life.
- It includes selfcare and things you can do to increase healing and improve your health and well-being.
- You and your health care team work together to help you do what you want to do.

## Whole Health Topics Today

- Mindfulness & the Use of Self
- Food Insecurity
- Biophilia
- Spirituality & Suicide Prevention
- Yoga; the emBODYment of Whole Health

For more information about the PSR Fellowship  
Email [Julie.McCormick@va.gov](mailto:Julie.McCormick@va.gov) or  
[Jesse.McNiel@va.gov](mailto:Jesse.McNiel@va.gov)

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# Shared Wisdom: Use of Self in the Clinical Encounter

Rev. Zachary Hutchinson  
PSR Chaplain Fellow  
Durham VA Health Care System



# Practice Exercise

Mindful  
Breathing  
Together

# Questions to Consider/Reflect

- Are you feeling 'stuck' with a person you care for?
- Does anyone you care for have difficulty engaging or being brought to the present?
- Can you think of a time when you have provided care during a stressful time or day?



# Clinical Vignette

## Coloring with Veterans in Spirituality Group





# CPE/Chaplaincy

Appropriate Use of Self is important in chaplaincy.

- It's a competency by which chaplains are trained and evaluated in Clinical Pastoral Education (CPE)<sup>1</sup> and Board Certification<sup>2</sup>.
- It establishes trust with patients, and acknowledges the unique space created by a clinical encounter.

<sup>1</sup> Standard Outcome 312.6, ACPE.

<sup>2</sup> PIC2 from Common Qualifications and Competencies for Professional Chaplains, BCCI.



# “Shared Wisdom”

Pamela Cooper-White – Shared Wisdom: Use of the Self in Pastoral Care and Counseling

“The pastoral relationship involves intersubjectivity, a sharing of understandings and meanings that arises in the “potential space” of exploration between us. There is a shared wisdom that grows and is held between helper and helpee in the pastoral relationship, and this shared wisdom exists in both conscious and unconscious dimensions of “I,” “Thou,” and “We...”





# “Shared Wisdom”

Pamela Cooper-White – Shared Wisdom: Use of the Self in Pastoral Care and Counseling

Understanding relationship as “a truly two-person co-construction of reality, as opposed to two isolated subjects each regarding the other as an object.” (9)



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How can care-takers achieve  
‘appropriate use of  
self’/shared wisdom?



# Mindfulness/Mindfulness Practices!

Defined as: *focused awareness of the present without judgement (bringing self to the present)*

- Whole-health approach
- Recovery-oriented

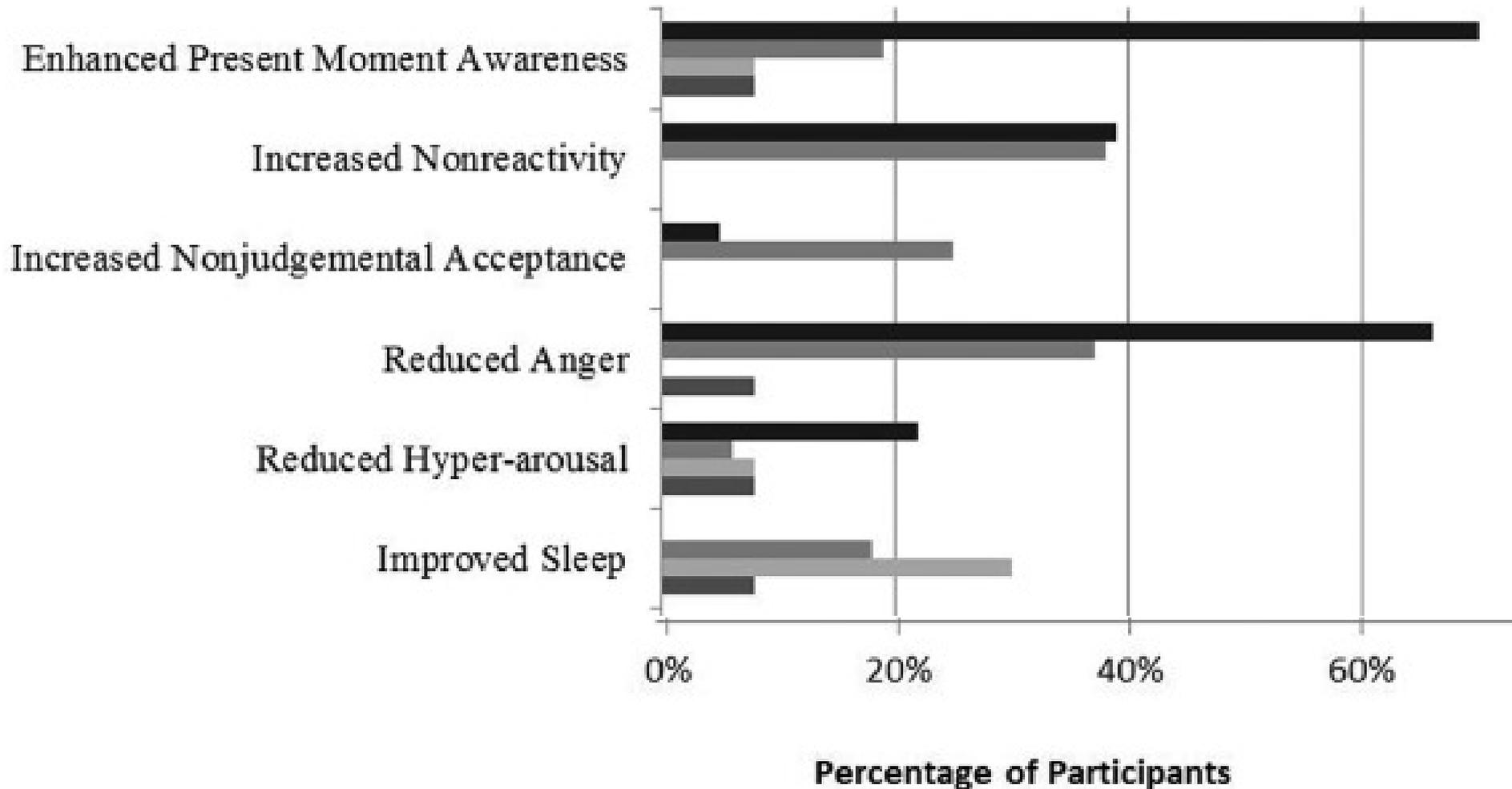


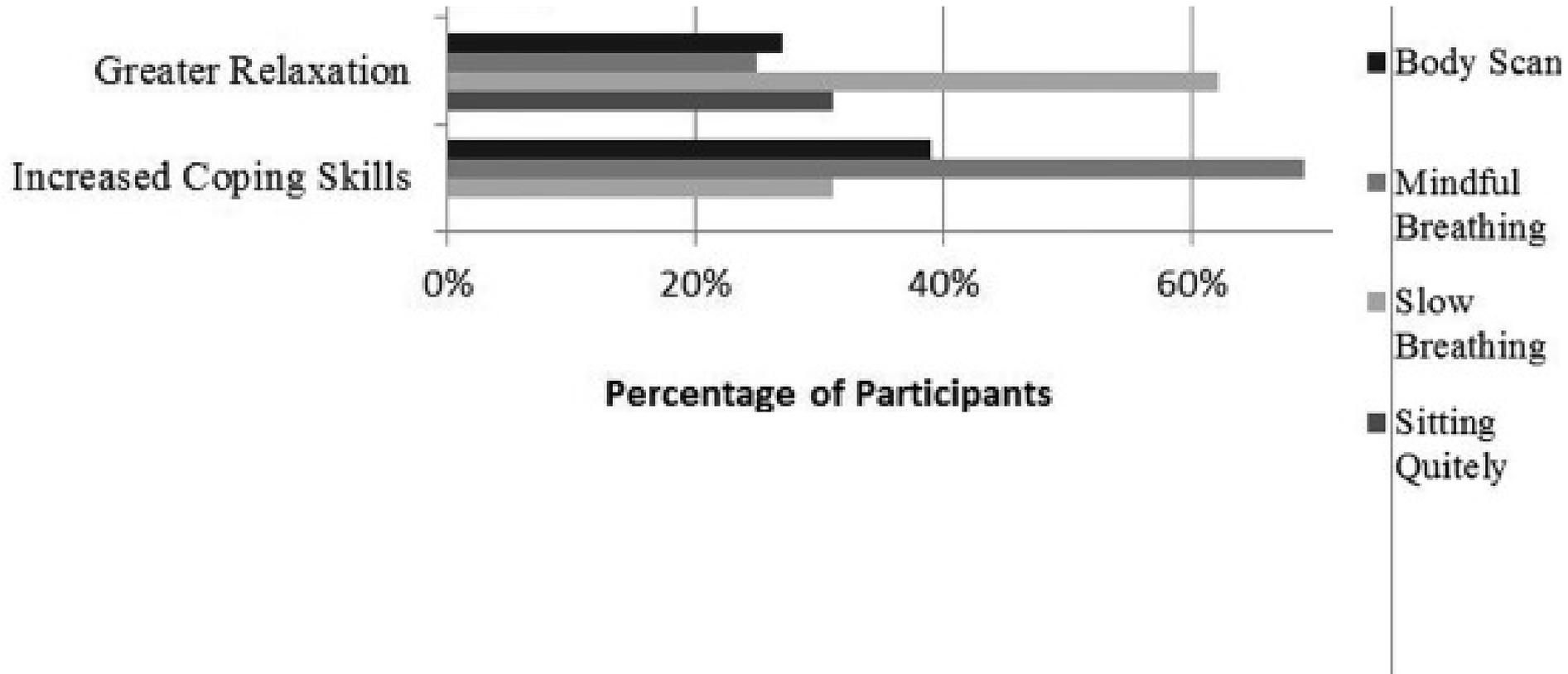
# Mindfulness Research

## Veterans with PTSD

“benefits endorsed by veterans who engaged in brief mindfulness and breathing practices appeared to address many of the clinical hallmarks of PTSD (avoidance of external or internal cues that can trigger re-experiencing the trauma, hypervigilance/hyperarousal, distractibility, irritability or angry outbursts, and disrupted sleep patterns) and were associated with proposed theoretical models of mindfulness.”

Source: Colgan, Dana Dharmakaya et al. “A Qualitative Study of Mindfulness Among Veterans With Posttraumatic Stress Disorder: Practices Differentially Affect Symptoms, Aspects of Well-Being, and Potential Mechanisms of Action”







# Mindfulness Research

“Compassion-focused methods are thought to generate feelings of connectedness with others. This may enhance interpersonal functioning or produce an increase in positive emotions more generally, which may broaden attention and expand behavioral and cognitive repertoires in the moment, producing more options and greater flexibility... This enhanced flexibility and sensitivity can lead to behaviors that alter people's growth over time and increase their personal resources...

Source: Hayes, et. al. (2010). Open, Aware, and Active: Contextual Approaches as an Emerging Trend in the Behavioral and Cognitive Therapies.



# Mindfulness Research

*Clinicians are generally asked to adopt a meditation practice in addition to using these methods with clients.”*

Source: Hayes, et. al. (2010). Open, Aware, and Active: Contextual Approaches as an Emerging Trend in the Behavioral and Cognitive Therapies.



# Mindfulness Practices

## Examples:

- Mindful breathing
- Body Scan
- 5 Senses

## The 4 Ms:

- Mindful
- Meaningful
- Momentary
- Mutual



# Recommendation

Engage in 1-2 minute mindfulness exercises with the person you care for at the beginning of your session.

Not 'leading in,' but instead  
*'participating with.'*



# Summary

Your 'self' is part of the caregiving experience.

Appropriate Use of Self can benefit you and the people you care for.

Try a brief mindfulness moment remembering the 4 Ms:

(Mindful, Meaningful, Momentary, Mutual).



# Resources

## “Podcasts” -

<https://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>

## Apps -

[https://www.va.gov/PATIENTCENTEREDCARE/resources/Mobile Apps and Online Tools.asp](https://www.va.gov/PATIENTCENTEREDCARE/resources/Mobile_Apps_and_Online_Tools.asp)



The Mindfulness Coach



PTSD Coach



Breathe 2 Relax



# Resources

## Community Mindfulness Resources in your area:

- Zen groups/centers
- Meditation groups/communities
- Buddhist centers
- Integrative medicine



## Citations/Further Reading

Colgan, Dana Dharmakaya et al. “A Qualitative Study of Mindfulness Among Veterans With Posttraumatic Stress Disorder: Practices Differentially Affect Symptoms, Aspects of Well-Being, and Potential Mechanisms of Action” *Journal of evidence-based complementary & alternative medicine* vol. 22,3 (2017): 482-493.

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<http://www.professionalchaplains.org/files/2017%20Common%20Qualifications%20and%20Competencies%20for%20Professional%20Chaplains.pdf>.

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# Food Insecurity, Hunger, and Mental health

Jaclyn Clifford-Walter OTR/L  
PSR Occupational Therapy Fellow  
Durham VA Health Care System

## Questions to be answered

- What is food insecurity and why is it important?
- How is food insecurity related to mental health issues?
- What are tools to use to reduce food insecurity?

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Think about a person who may have had problems with hunger or food insecurity?



# Case Example



## Challenges

- Diagnosis of schizophrenia.
- Food stamps were cut off in error.
- Did not have the transportation to get to a food bank.
- Once at the food bank could not fill out the paper-work.
- Choose food that was non-nutritious.



## Interventions

- Transportation training
- Meal Preparation / Meal planning
- Social Skills Training
- Reading/ Paperwork comprehension

# Priorities



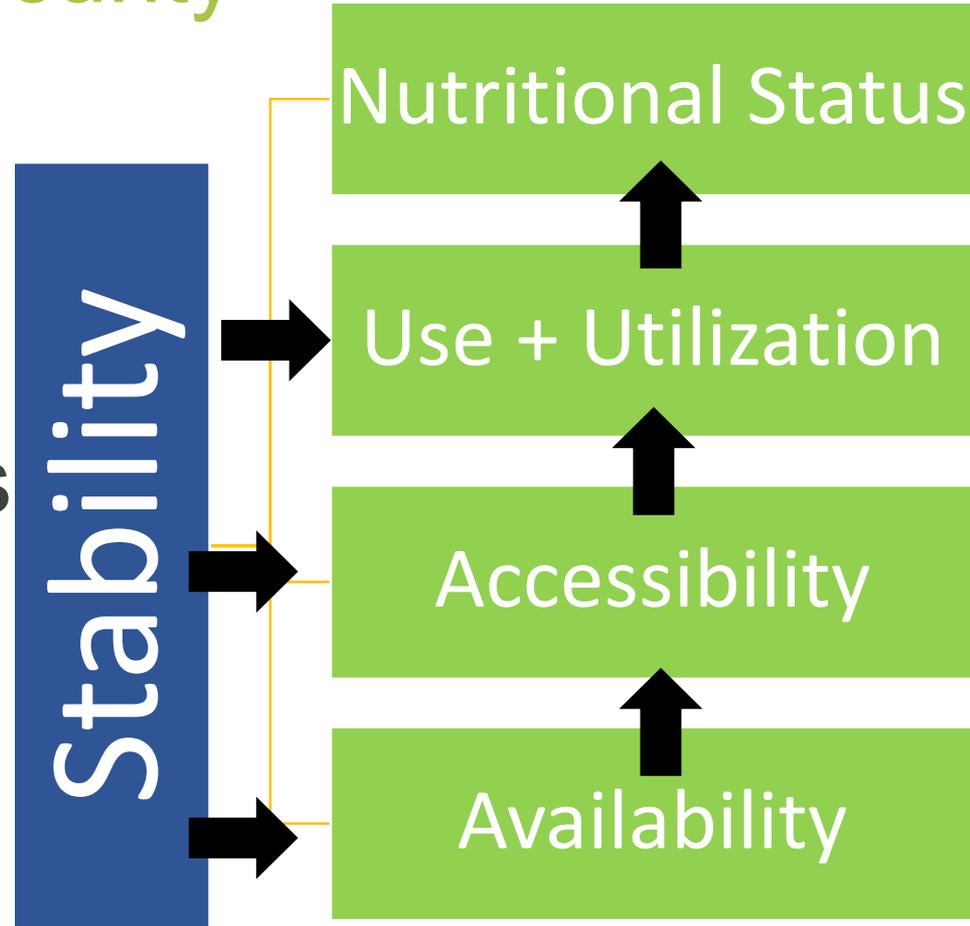
## Suicide Prevention Priorities

- 10<sup>th</sup> leading cause of death in the U.S., and the 2<sup>nd</sup> leading cause of death for people aged 10–34. – National Institute of Mental Health

WHOLE HEALTH

# Definition of Food Security

- “The state of having reliable access to a sufficient quantity of affordable, nutritious food.”
- US Department of Agriculture, 2018





## Why is it important?

### **11.6% of the general population is food insecure**

- Research suggests that this rate is higher among people with severe mental illness such as Schizophrenia.
- 12.4 percent of Americans rely on SNAP (Food Stamp) benefits.
- Hunger and food insecurity increased illness costs by \$130.5 billion.



# Polling Question

- List three ways food insecurity effects health outcomes:

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---



People  
with food  
insecurity  
are more  
likely  
to...

Headaches (1.92 x)

Stomach aches (2.16  
x)

Frequency of colds  
(1.54 x)

Activity-limiting  
impairments (2.95 x)

Specific nutrient  
deficiencies (2.85 to  
4.39 x)

More hospitalizations  
and longer inpatient  
stays (1.3 x)



Anxiety and  
irritability  
(2 x)

Depression (3.5 x)

People  
with food  
insecurity  
are more  
likely  
to...

Withdrawn behavior  
(1.74 x)

Poorer overall  
health status  
(2.9 x)

Suicidal thoughts  
and behaviors (5 x)

Need for mental  
health services (1.93  
x)



## Impact on Health

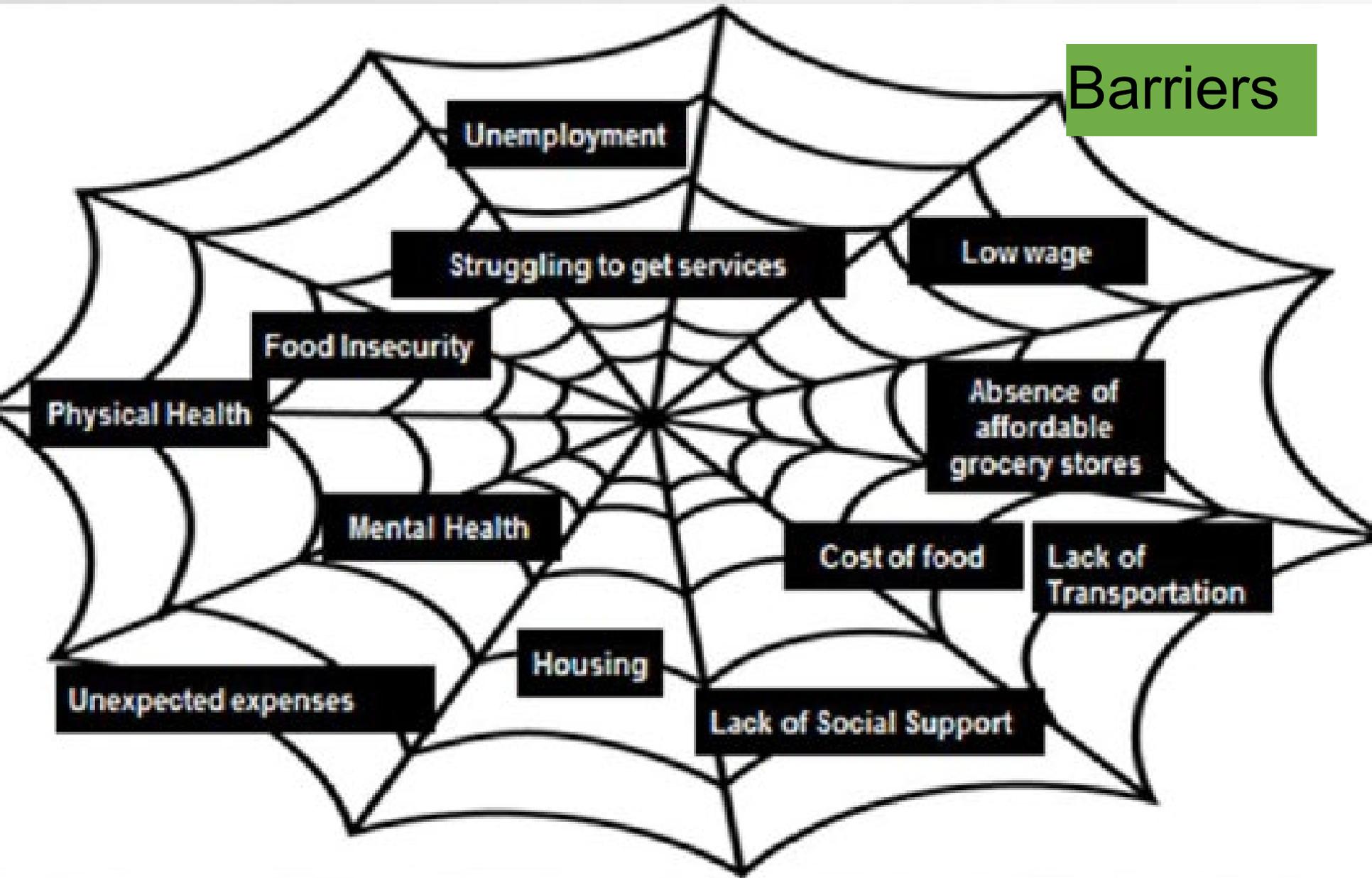
- Because people with mental health problems are at a higher risk for metabolic disease, nutrition is important.
- Food Insecurity is linked to poor metabolic control in adults with DB, and Antipsychotic drugs are associated with weight gain, insulin resistance, glucose intolerance, dyslipidemia, alterations of cardiac function.



## Literature Review

- Study found that food insecurity in adults with Mood Disorder worsened the symptoms of mania. Higher depression scores were also found.
- Study found that people with Serious Mental Illness and food insecurity have an increased use of psychiatric emergency services and increased use of health services in general.
- Association of moderate and severe food insecurity with suicidal ideation in adults.

# Barriers





# Potential Interventions

- Access to federal programs
- Connecting those in need directly to food
  - Food Pantries
  - Soup Kitchens & Community Cafes
- Meals on Wheels (Low cost meals, 60+, policy differs in Town by Town)
- Senior Centers
- Good and Cheap (Free cookbook for living on \$4 a day)

## Tool Kit

SNAP Benefits

- <https://www2.ncdhhs.gov/dss/foodstamp/index.htm>

SNAP Calculator

- <https://www.snap-step1.usda.gov/fns/>

Food Pantry  
aggregator

- <https://www.feedingamerica.org/find-your-local-foodbank>



## Tool Kit Continued

WIC ( Women,  
Infants, and  
Children)

- Calculator - <https://www.snap-step1.usda.gov/fns/>
- <https://www.benefits.gov/benefit/2074>

Book: Good &  
Cheap, eat well  
on \$4 a day

- <https://cookbooks.leannebrown.com/good-and-cheap.pdf>

Screening tool

- <https://nopren.org/wp-content/uploads/2017/10/Clinical-Linkages-Adults-FI-Screening-Algorithm-10.9.17.pdf>



## Questions Answered

- What is food insecurity and why is it important?
- How is food insecurity related to mental health problems in people with serious mental illness?
- What are tools to use to reduce food insecurity?



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# Environment's Impacts on Mental and Physical Health



Goose Creek State Park,  
NC



## Questions to be Answered

- What is Biophilia?
- How do I assess for what a clients environment is like/ how it impact them?
- What interventions can I do to incorporate more nature into treatment?
- What changes could I be making to my own environment to increase my wellness?



## Case Examples

*By altering their environment, clients make simple changes that largely impact their mental health*

- Cleaning their room
- Putting chair on their bed to prevent sleeping all day
- Changing lighting
- Going for walks during work breaks
- Adding plants to their environment





# Biophilia Hypothesis

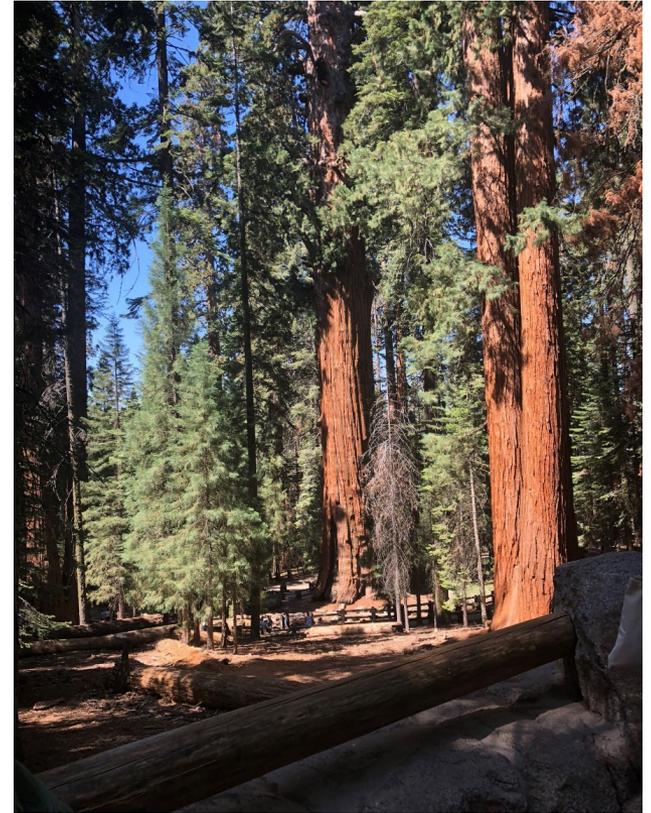
*Humans have an innate inclination towards nature*



6/19/2019 Kings Canyon National Park, CA



Lassen Volcanic National Park, CA



Sequoia National Park, CA



# Biophilia Based Complementary Interventions

- Behavioral Activation: Getting clients up and engaged in their lives and making small changes facilitates bigger changes in their physical and mental health
- Sensory Integration: Utilizing changes to the senses to impact a client's physical and mental health





# Biophilia Based Complementary Interventions

- Horticulture Therapy: Engagement in plant-based activities (ie. Gardening) facilitated by a therapist to achieve therapeutic goals
- Forest Bathing: The act of taking in the forest atmosphere. Began in the 1980s in Japan and is now a foundation of their preventive holistic healthcare approach





# Biophilia Based Complementary Interventions

- Research shows correlation in decreases with the following:
  - Cortisol Levels
  - Pulse & BP
  - Anger, anxiety, depression, & brooding
  - Stress
  - Impulsivity





# Biophilia Based Complementary Interventions

- Research shows correlation in increases with the following:
  - Parasympathetic nerve activity
  - Quality of life
  - Concentration, attention & productivity
  - Work place satisfaction
  - Sensory motor functioning
  - Social participation



Death Valley National Park, CA



## Research:

46 patients with TBI participated in horticultural therapy.

Therapy interventions included:

- Viewing nature
- Visiting hospital garden
- Physical gardening
- Imagining nature

Therapeutic purposes of horticultural therapy:

- Increase self control & increase self worth
- Recreation: learn new activities and engaged in them
- Social interaction
- Sensory stimulation
- Cognitive re-organization: increase planning and decision making skills
- Sensorimotor function
- Assessment of pre-vocational skills
- Teaching of efficient and comfortable body positions



## Assessment Tools:

*How often do you ask your client's specific questions about their environment?*

- Clutter Image Rating: Hoarding assessment scale
- Residential Environment Assessment Tool (REAT)



Diamond Lake State Park, OR



1



2



3



4



5



6



7



8



9

# Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

## Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9



Miscellaneous	Neighbourhood Condition
<p><b>4. How are cars mainly parked?</b></p> <p><input type="checkbox"/> On street, one side</p> <p><input type="checkbox"/> On street, both sides</p> <p><input type="checkbox"/> Predominantly public courts</p> <p><input type="checkbox"/> Predominantly off street private parking</p> <p><input type="checkbox"/> Mixed (on street and private)</p> <p><input type="checkbox"/> Can't tell</p>	<p><b>8. How littered are the streets?</b></p> <p><input type="checkbox"/> No litter or refuse</p> <p><input type="checkbox"/> Predominantly free of litter and refuse except for some small items</p> <p><input type="checkbox"/> Widespread distribution of litter and refuse with minor accumulations</p> <p><input type="checkbox"/> Heavily littered with significant accumulations</p>
<p><b>5. Any recreational space (<i>inc. non-green</i>) that children could play on?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>9. What is the general condition of public spaces?</b></p> <p><input type="checkbox"/> Excellent (<i>mint condition, one minor fault</i>)</p> <p><input type="checkbox"/> Good (<i>good except minor isolated repairs</i>)</p> <p><input type="checkbox"/> Mixed (<i>mix of well and poorly maintained items</i>)</p> <p><input type="checkbox"/> Poor or very poor (<i>obvious and significant neglect</i>)</p>
Natural Surveillance	
<p><b>6. Can you get a clear view of the whole street and houses?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>10. How much vandalism/graffiti is present on both public spaces and private properties?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Some (<i>2 or less small occurrences</i>)</p> <p><input type="checkbox"/> Moderate (<i>many small or up to one significant occurrence</i>)</p> <p><input type="checkbox"/> Extensive (<i>large areas of small or more than one significant occurrence</i>)</p>
Natural Elements	Miscellaneous
<p><b>7. Does any of the following apply? (<i>tick all that apply</i>)</b></p> <p><input type="checkbox"/> The road is tree lined</p> <p><input type="checkbox"/> There are other purposively planted trees in public spaces</p> <p><input type="checkbox"/> There is purposively planted vegetation in public spaces</p> <p><input type="checkbox"/> There is a view of the natural environment (<i>countryside, mountain, sea</i>)</p>	<p><b>11. Any neighbourhood watch signs? (<i>on houses or lampposts</i>)</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	Observations:



Natural Surveillance	Can't tell _____
<b>13. Can you get a clear view of ground floor windows or doors from the street?</b>  Yes, can be CLEARLY seen  _____  No, cannot be CLEARLY seen  _____	<b>17. How well cared for are properties' front gardens or spaces?</b>  Tended fronts ( <i>cared for regularly</i> )  _____  Slightly neglected/indifferent ( <i>slightly overgrown, small items of litter, no signs of anything</i> )  _____  Significantly neglected and/or littered ( <i>significantly overgrown, considerable litter</i> )  _____
Natural Elements	
<b>14. Trees in front gardens that are obvious from road?</b>  Yes _____  No _____	No fronts _____  Can't tell _____
<b>15. Houses with purposively planted vegetation? (<i>including healthy pots and baskets</i>)</b>  Yes _____  No _____  Can't tell _____	<b>16. Properties with some sort of external beautification? (<i>pots, garden furniture, decorative items</i>)</b>  Yes _____  No _____  Can't tell _____
Observations:	



## Biophilia may be your missing link!

Step 1- Awareness

Step 2- Assessment

Step 3- Active Intervention

USA- 58 national parks, over 10,234 State parks, State recreation areas, State natural areas, State lakes, State Trails, state rivers....

North Carolina State Parks help people get involved; NC100mile challenge, state parks passport, camping, outdoor recreation, volunteering, guided hikes, and much more

Check out your local State Parks Website for activities near you!



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# Spiritual Screening within Suicide Prevention

Charles Jardin, Ph.D., M.Div.  
Durham VA Health Care Center

## Questions to be Answered

- What is spirituality and how does it relate to religion?
- How do spirituality and religion relate to suicidality?
- What are clinical take-aways from research on spirituality?





## Current Practice

Take a moment to consider your own definitions of:

- Spirituality
- Religion

Do you assess for spirituality or religion in your current practice?

- If so, how?

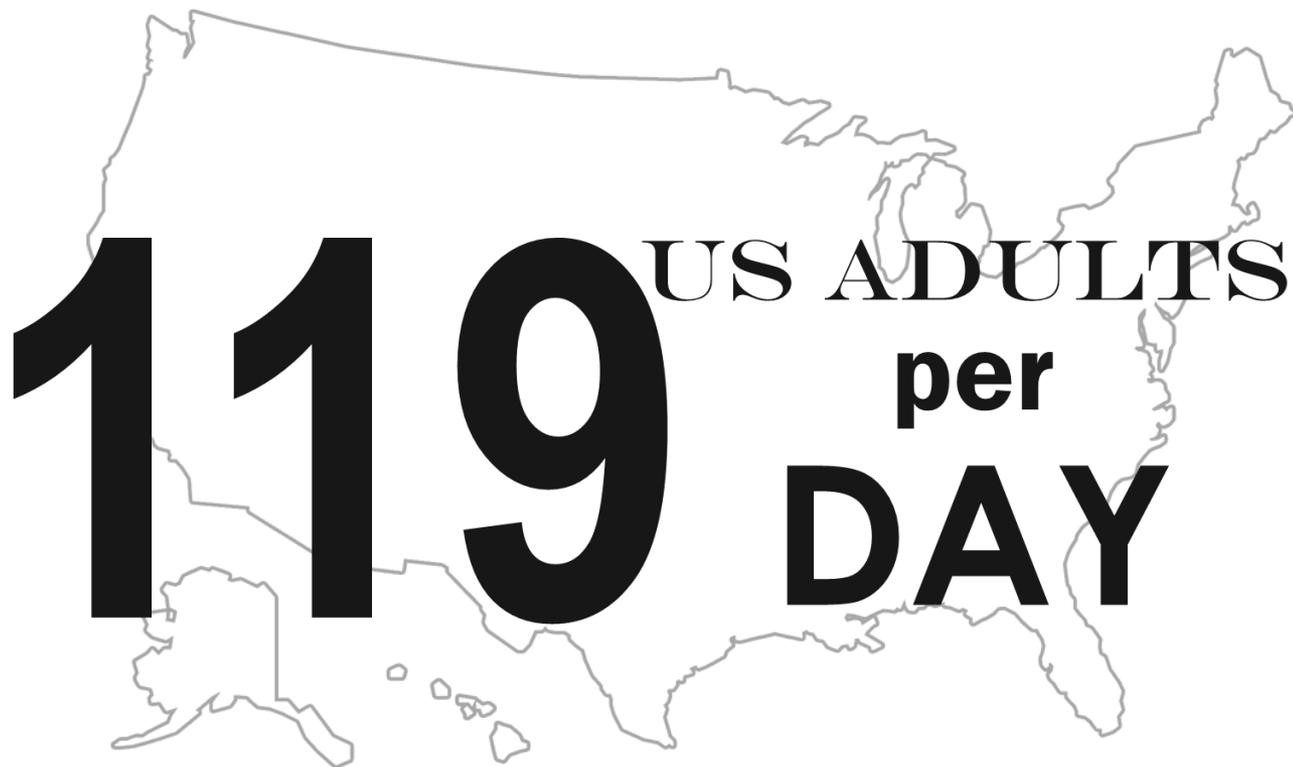
## What is Spirituality? (Pargament, 2013; VHA 1111)

- spir·it·u·al·i·ty
  - The pursuit of meaning through contact with the sacred or transcendent.<sup>1,2</sup>
- re·li·gion
  - The search for meaning via institutions.<sup>1,2</sup>





- Suicide Prevention





- Suicide Prevention
- Whole Health Coaching™
- SAMHSA Recovery Model



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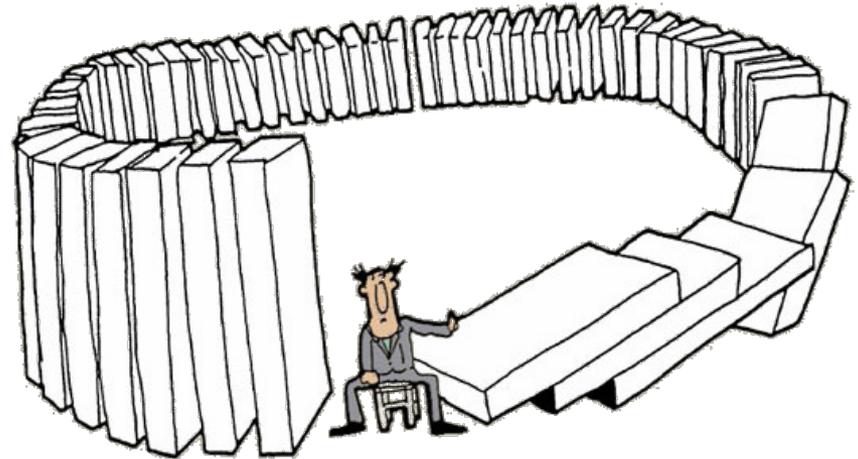
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Dimension	Ideation	Attempts	Completion
<b>Private</b>			
Beliefs about suicide	↓ <sup>3</sup>	↓ <sup>3</sup>	--
Daily practices	↓ <sup>4</sup>	--	--
Anger from/toward God	↑ <sup>10,13</sup>	--	--
Questioning Meaning	↑ <sup>10,13</sup>	--	--
Self-Forgiveness	↓ <sup>14</sup>	↓ <sup>12</sup>	--
<b>Public</b>			
Service Attendance	↓ <sup>4,5</sup>	↓ <sup>5,6</sup>	↓ <sup>7,8</sup>
Social Support	↓ <sup>5,9</sup>	↓ <sup>5,9</sup>	↓ <sup>8</sup>

## Case vignette

- DW
  - “Deeply spiritual”
  - PTSD, Moral Injury
  - Daily suicidal spiritual ideation
    - “God is punishing me. It’s karma.”
    - “I have to do enough good to make up for the bad I’ve done. But I can never make up for the bad I’ve done.”



## VA Research

(Smigelsky, Jardin, Nieuwsma, Meader, VA Mid-Atlantic MIRECC Work Group, Elbogen, in prep)

- Veterans, Spirituality, & Suicide Risk:
  - Suicidal ideation:
    - Self-forgiveness ↓ decrease risk
  - Suicide attempts:
    - God as punishing/angry & lack of meaning increased ↑ risk



## So what can clinicians *do*?

Explore spiritual experience as related to suicide risk:

1. “To what extent have you forgiven yourself for things you have done wrong?”
2. “To what extent do you wonder whether God has abandoned you?”
3. “To what extent do you believe you have purpose (or meaning) in life?”

## So what can clinicians *do*?

- Comprehensive intervention:
  - Consult chaplaincy (see last slide)
- Evidence-based interventions:
  - Moral injury assessment/intervention
  - Acceptance and Commitment Therapy
  - Positive Psychology interventions
- Community-based resources:
  - Religious organization-sponsored groups
  - Recovery-oriented groups

## Role of Chaplaincy

- Spiritual Assessment
  - Queries “desires, needs, hopes, spiritual resources and/or spiritual injuries”
- Functions of Spiritual Care
  - Healing, Sustaining, Guiding, Reconciling, Empowering
  - ACT- & Motivational Interviewing-informed
- Spiritual Care treatment options
  - Individual or group sessions
  - Weekly or periodic phone/video sessions



## Apply to Client on your Caseload

- Which patients came to mind during this presentation?
- When can you further assess their spiritual experience?
- What resources do you plan to utilize to guide your patient?

## Clinical Takeaways

- Spiritual experiences may decrease or increase risk of suicidality.
- Examine how spirituality & suicidality may influence each other.
  - Specifically assess:
    - Self-forgiveness
    - Feeling punished by God
    - Life meaning and purpose
- Refer for targeted spiritual care.

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# Yoga: Whole Health Embodied

As a complimentary treatment option

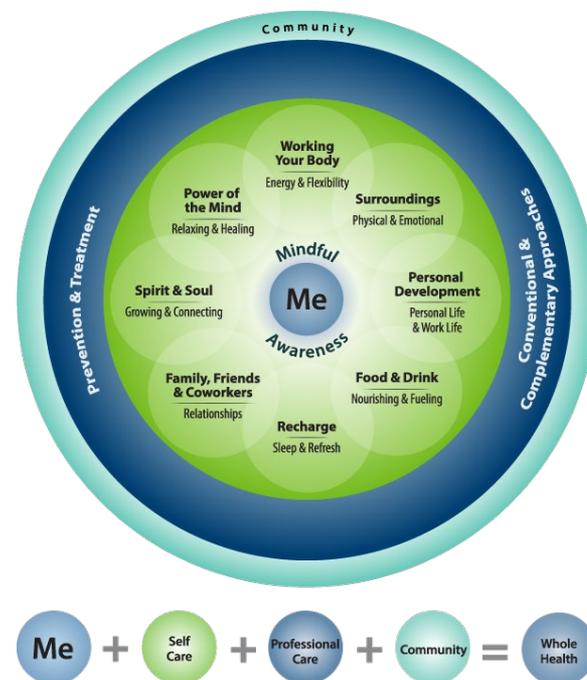


## Questions to be Answered

- What are facts and myths about yoga?
- What does the research say regarding benefits of yoga?
- What are some ways to integrate yoga into clinical practice?

## Whole Health Embodied

- Mental
- Physical
- Spiritual
- Emotional
- Social
- Deeply personal practice

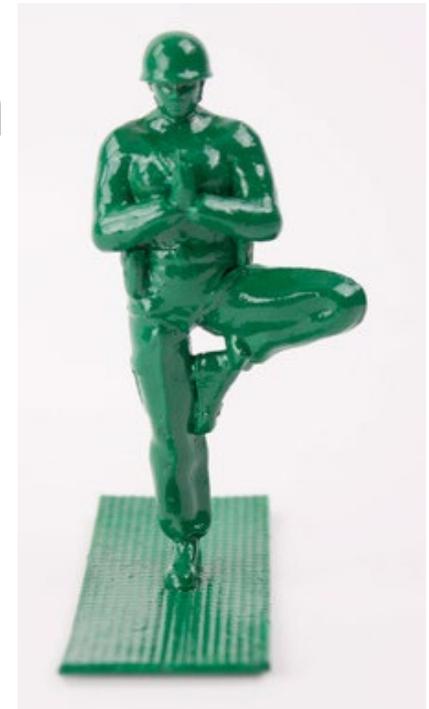


## Experience with Yoga...

- How many of you do yoga?
- How many of you do clinical work with someone who does yoga?

## Yoga is not...

- Only for a certain type of person
  - Young
  - Women
  - Perfect physical shape
  - High SES
    - Time (to practice everyday)
    - Means (to pay for expensive classes)



## Yoga is not...

- A religious practice
- Solely for fitness goals
  - Not about flexibility or needing to achieve difficult poses



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## Yoga is...

- Adaptable
- Secular
- Personal
- Not one single thing



## Components of Yoga

- Physical activity
- Cohort/group model
- “Journey” based (recovery-oriented)
- Mindfulness
  - Shown to help with “anxiety, depression, chronic pain, immune function, blood pressure, cortisol levels” (van der Kolk et al., 2014)

## Research on Yoga – Physical Health

- Helps relieve lower back pain
- Help control blood sugar for type 2 diabetes
- Improve risk factors for heart disease
- Lose weight



(Groessl, Wingart, Aschbacher, Pada, and Baxi, 2008; Kumar et al., 2016; Manchanda and Madan, 2014; Rioux and Ritenbaugh, 2013)

## Research on Yoga – Mental Health

- Reduce PTSD symptoms
- Decreased insomnia, anxiety, depressive symptoms of combat Veterans
  - Arousal, anxiety, depression reported as most intrusive and reduced quality of life

(Cabral, Meyer, and Ames, 2011; Doctor, Zoellner, and Feeny, 2011; Elbogen et al., 2010; Meyer et al., 2012)

## Research on Yoga – Mental Health

- Schizophrenia
  - Significant reduction in psychopathology
  - Improved social and occupational functioning
  - Improved quality of life



(Cabral, Meyer, and Ames, 2011; Meyer et al., 2012)

## Research on Yoga – Mental Health

- Significantly reduces symptoms of depression and anxiety
- Improve sleep
  - Secondary impacts on mental health
- Relaxation response activated
  - Opposite of stress fight/flight/freeze response

(Cabral, Meyer, and Ames, 2011; Duan-Porter et. al, 2016; Meyer et al., 2012)

## Research – Social Health

- Yoga can improve social support
  - Protective against depression and PTSD
  - Increased resilience in Veterans
  - Protective factor against suicide in Veterans



(Pietrzak, Goldstein, Malley, Rivers, Johnson, and Southwick, 2010; Pietrzak, Johnson, Goldstein, Malley, Rivers, Morgan, and Southwick, 2010)

## Resources

So many studios! Too many to list

→ Encourage to reach out to local studios and ask about new student packages (typically free or significantly discounted)

Research shows telehealth yoga may be just as good (Shulz-Heik et al., 2017)

- Apps
- Online

## Questions Answered

- What the facts and myths about yoga are
- What the research says regarding benefits of yoga
- Examples of ways to integrate yoga into clinical practice

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