

Yoga Therapy in a Pediatric Hospital: A Mental Health Approach

Pioneering a New Branch of Integrative Medicine

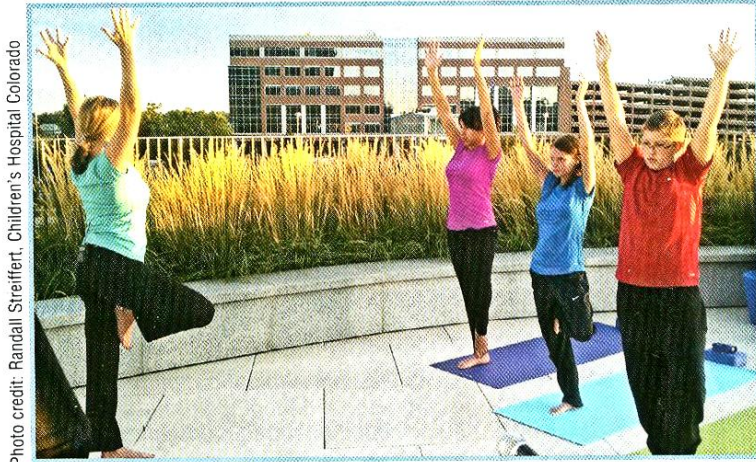


Photo credit: Randall Streiffert, Children's Hospital Colorado



Working with kids in this setting has taught me more about the power of yoga and its application than any other experience.

Jake doing fire hydrant pose as part of a Psychiatric Day Treatment class.

Photo credit: Tia Brayman, Children's Hospital Colorado

By Michelle Fury

Introduction

The combination of yoga therapy and mental health is gaining traction in the public eye. In a 2009 *Time* magazine article, licensed clinical social worker Joan Stenzler spoke of the natural union of yoga and psychotherapy. She is quoted as saying, "The goal and intention in psychotherapy is to support a patient to be who they always were. And that's yoga!" (Kornfeld, A.B.E. [2009]. Psychotherapy goes from couch to yoga mat.

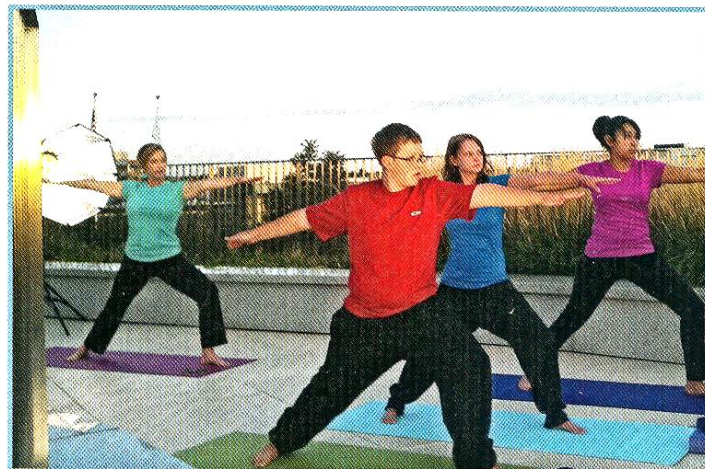
Time. Retrieved from <http://www.time.com/time/health/article/0,8599,1891271,00.html>.)

Stenzler is describing what I do at Children's Hospital Colorado (Children's Colorado). I am both a licensed psychotherapist and a seasoned yoga teacher. Though it has been a challenge to get here, I know it is possible, because I have been doing it for over seven years and with great results. So in this article I will describe what I do, the current setting in which my position exists and how it was created, and the qualifications necessary to fill it. I will also review the compelling evidence that yoga therapy can and should be used for mental health benefits.

Keep Calm, Carry On

Recently a girl attending my weekly therapeutic yoga group for adolescents lost consciousness when it was her turn to "check in." The group was part of the Adolescent Psychiatric Unit (APU) at Children's Colorado. My primary role in this group is to use yoga therapy as a psychotherapeutic intervention, and this particular APU yoga session serves as a good example of how I do this.

As soon as the girl slumped over, the other staff in the room and I sprung into action: staff called for a nurse who arrived quickly and assessed the girl's health. Meanwhile, the other staff and I escorted the teens back to their unit. Once in the unit's day room, I led the group in a slow flow of gentle yoga poses that emphasized forward folding, followed by deep breathing. During check out, I asked each participant to share how she or he felt. All teens reported a change in their affect from the beginning to end of group. For instance, one teen checked in as "blah" and checked out as "relaxed." Another teen checked in "irritated" and checked



Three teens take part in the filming of Children's Hospital Colorado's instructional yoga video for teens in September 2011.

Photo credit: Randall Streiffert, Children's Hospital Colorado

out "refreshed." Though this APU group started off unusually, the unusual circumstances highlight something important about the teens' response: that is, they didn't respond much at all. This particular group of teens presented with the blunted affect that is common in depression. The psychotherapist in me allowed me to notice the teens' nonreaction and to point out to them that something extraordinary had just occurred, while the yoga therapist in me knew what yoga poses and breathing techniques could enliven and regulate the participants. This example also demonstrates the combination of modalities in action.

Developing a Yoga Therapy Program in a Hospital that is Pediatric and Psychiatric

I am a full-time yoga therapist in the Ponzio Creative Arts Therapy Program (PCAT) at Children's Colorado. Pediatric psychiatrist Marianne Wamboldt, MD, co-founded PCAT in 2005 with a grant from the Craig Ponzio family. PCAT offers art, dance/movement, music, and yoga therapies, and is composed of master's-level licensed therapists. I have been part of this team since I joined it as a psychotherapy intern in the fall of 2005. Now, I run weekly therapeutic groups for almost all units within the Department of Psychiatry and Behavioral Sciences at Children's Colorado. These units have inpatient and transitional day-treatment programs. I also see individual outpatients on a semi-regular basis. My remaining time goes to the Integrative Headache Clinic (IHC), where I conduct a bi-monthly yoga class for adolescents with chronic headaches.

Like my fellow PCAT therapists, I use my modality (yoga) as a psychotherapeutic intervention. We meet weekly to discuss our teams' policies with the units we serve, to provide one another with peer supervision on difficult cases, and to discuss the training of our interns. My PCAT team as a whole has formally recorded the check-in and check-out process via a measure called FACE pages (Fast Assessment of Children's Emotions) over two years. Because good psychotherapy involves looking at one's negative emotional states as well as the positive states, sometimes we care less about whether an adolescent's state is positive or negative and more about whether he or she notices a change. Two years of collecting FACE sheet data has shown us that teens overwhelmingly report a change in their affective state from the beginning to end of all the PCAT groups. More informally, I have consistently noted improvements in mood and emotional regulation in the teens, as well as receiving positive reports from their healthcare team.

The work that I (and my fellow PCAT therapists) do with children and adolescents does not happen in a vacuum. When I see an individual patient I communicate with his or her primary psychologist or psychiatrist on a weekly basis to coordinate care. Before I see each of my regularly scheduled groups, I speak with staff on the unit to determine what interventions and techniques to use for that particular group. Being clear about the scope of one's practice is vitally important in an environment like Children's Colorado. For instance, while I must be familiar and trained in the use of the DSM-IV-R (the

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Revised Diagnostic and Statistical Manual for Mental Disorders), I do not diagnose. In addition, while I am a co-investigator on a few studies at Children's Colorado, my role is to develop and deliver yoga therapy interventions.

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Unlike the art, dance/movement and music therapies offered through PCAT, there is not an academic master's degree associated with yoga therapy for mental health. Yet, we are working hard at Children's Colorado to create the structure and the alliances foundational to a formal yoga therapy education. To that end, I created a yoga therapy internship that mirrors the other PCAT modalities' internship programs, which I have implemented for the first time this academic year of 2012-2013. I am currently supervising an intern student who is enrolled in Naropa's Masters in Contemplative Psychotherapy Program (MACP), the program from which I graduated. The difference between her internship experience and mine is that I had to do two separate internships to satisfy the requirements of MACP. This was because the structure did not exist at Children's Colorado that would allow me to get all the clinical "talk therapy" experience I needed to graduate (280 hours of direct client contact, to be exact). But under my guidance as a licensed psychotherapist who integrates yoga and talk therapy skills, my intern is learning to do the same while also fulfilling Naropa's requirements.

In addition, Dr. Wamboldt and I are working closely with Hansa Knox, director of PranaYoga and Ayurveda Mandala in Denver, where they have created a comprehensive children's yoga teacher training. By 2014, Children's Colorado will be a practicum site for PranaYoga students enrolled in this program.

Job Requirements

In order to do what I do at Children's Colorado, I have worked hard to meet certain

requirements. I am a Registered Children's Yoga Teacher (RCYT) who has facilitated therapeutic yoga for children and families for seven years, and I have taught yoga in general for sixteen years. I hold a master's degree in Contemplative Psychotherapy from Naropa University (Boulder, CO) and I am a Licensed Professional Counselor (LPC) through the State of Colorado. I am trained in Dialectical Behavioral Therapy (DBT), an evidence-based mindfulness therapy, and have much training and experience in trauma therapy. At Children's Colorado, we require the following of yoga therapists or yoga therapy interns:

- A) Licensed in psychotherapy, psychology, or social work, or B) currently seeking an internship to satisfy graduate school requirements in clinical practice from one of the fields listed;
- Currently an RYT-200 (Yoga Alliance), plus two years of teaching experience; and
- Two years' experience working with children (such as childcare or teaching).

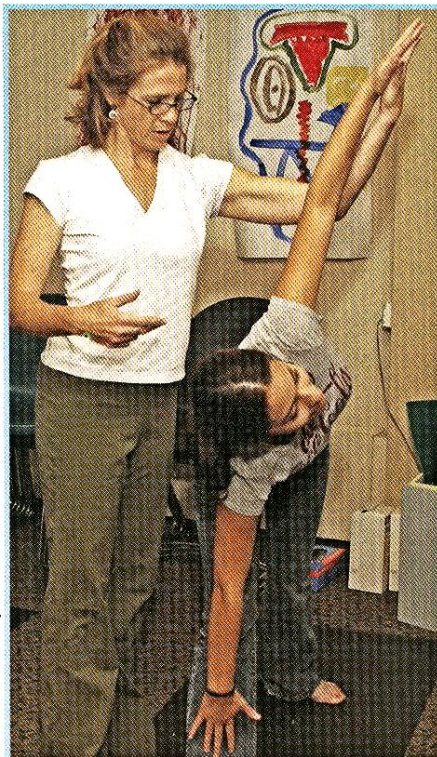


Photo credit: Tia Brayman, Children's Hospital Colorado

Michelle assisting a student in Psychiatric Day Treatment

Anatomy of a Yoga Therapy Intervention for Mental Health

Though I don't think of yoga therapy and psychotherapy as separate any more, I

understand that this is still a fairly new concept for most. So I will highlight each set of skills as I practice them in a single session. Let's go back to that APU group I mentioned at the beginning to understand which part is psychotherapy and which part is yoga therapy. The check-in and check-out practice with each adolescent before and after each group is a psychotherapy technique that helps create attunement (my responsiveness to each teen). By attuning with the kids from the start, I am able to decide what yogic interventions to use. In this particular group, the check-in went like this: "What's your name? How are you feeling? And if you could start any new school club what would it be?" A mental health counselor developed this last question, and its informal tone is purposeful: it creates a casual atmosphere that is relaxed and attuned to adolescents who may be new to yoga. Through the check-in/check-out technique, I am practicing brief therapy (a common and well-researched therapy model). The goal of brief therapy is to build therapeutic rapport with the patient as quickly as possible. Rapport literally means "relationship" in French, so therapeutic rapport refers to the process of building relationship between two individuals in a therapeutic relationship. Attunement is one of the ways to build therapeutic rapport. All of these psychotherapeutic tools (attunement, brief therapy and rapport building) help me to create a therapeutic yoga environment, in which adolescents feel they can trust me.

While I'm establishing rapport, I'm also assessing each teen's behavioral profile. For instance, am I working with a group who has eating disorders or Autistic Spectrum Disorder, or do their issues vary? The APU have been admitted to Children's Colorado because they are in danger of hurting themselves or someone else. Yet their mental health issues can vary widely: in a group of 10 teens, three teens may be severely depressed and struggling with suicidal ideation, three teens experiencing hallucinations, and the other four rapidly cycling from anxiety to depression (i.e., bipolar mood swings). My job is to design a yoga intervention that helps the entire group regulate their moods, or learn to be present with uncomfortable thoughts, feelings, and sensations.

To determine the most beneficial yoga techniques for the group (or individual), I think about what direction I want to guide

the energy. If the majority of the group is depressed and/or struggling with hallucinations (which can sap a person's energy), I want to gently increase the energy to a more alert and awake state by the end of the group. I can do this by introducing a slow flow of yoga poses that builds to either headstand prep at the wall or core-strengthening poses. If the group is primarily anxious, I want to gently decrease the energy toward a calm, grounded state. In this case, I might start the group with a more vigorous flow of sun salutations that lead toward more calming floor stretches and end with a balancing breathing technique like counting breaths up to ten. My paramount objective is to "meet" the person (or group) where she or he is.

As mentioned previously, the teens in the APU group suffer from depression, anxiety, or a mixture of both. After we all filed into the unit day room my main objective was to help them regulate whatever emotions they might be having after witnessing their peer lose consciousness. I did this by starting with a slow flow of gentle yoga movements first in their chairs and then in a brief standing warrior flow to release anxiety. Then I instructed the group to sit back down for deep, calming breaths. Both kids and staff reported feeling more relaxed and refreshed than before we started.

The Rising Star of Integrative Medicine

Currently, the medical world refers to yoga as complementary and alternative medicine (CAM) or integrated medicine. The Centers for Disease Control and Prevention (CDC) reports that more and more consumers are turning to CAM, especially for chronic illnesses (http://www.cdc.gov/pcd/issues/2004/oct/03_0036.htm). So it makes sense that Children's Colorado incorporates Integrated Medicine (in the form of yoga therapy as well as the entire PCAT team) into its model of care.

To move forward the practice of yoga as psychotherapy, a number of factors are needed. First, we need to create manuals on how to integrate yoga therapy and psychotherapy more formally. I intend to write a training manual for my interns, and eventually a book. If you or any yoga therapist you know are currently using yoga for mental health reasons, start writing!



Girl scouts practice yoga to promote positive body image during Girl Scout Body Image Badge Day.

Photo credit: Tia Brayman, Children's Hospital Colorado

Second, we need to formalize yoga therapy training (for mental health) and collaborate with other educational institutions, as Children's Colorado has started to do with Naropa and PranaYoga. Third, we need to create standardized yoga treatments for mental health that can be studied through research. Children's Colorado has been doing research and pilot studies on yoga for years (though we have not formally published anything yet).

Replicating the Process

For those interested in being a yoga therapist in the field of mental health, here are a few tips that may help you forge your own path up the mountain of yoga therapy for mental health:

- Pursue formal education and licensing in a mental health field (such as psychotherapy, psychology or social work).
- Pursue formal education in yoga therapy from a yoga therapy school that incorporates physical and mental health components in its training curriculum.
- Create alliances between a yoga school and a local mental health facility.
- Work with individual yoga therapy clients who have mental health goals for their yoga therapy practice.
- Write a grant for your program (you may be able to find free classes and resources through your local library or the internet), or team up with someone who writes grants professionally.
- Contact a local yoga school to inquire about space for your therapeutic yoga groups.

Conclusion

Working as a yoga therapist at Children's Colorado for the past seven years has

been the hardest and most rewarding challenge of my life thus far. On the one hand, it has neither been easy nor simple to fit yoga into the medical and mental health model of a pediatric hospital. On the other hand, the field of medicine and mental health seems open and ripe for the ancient albeit alternative practice of yoga therapy. Parents, kids, psychiatrists, and physicians alike seem to want a more humane and individual approach to physical and mental health care. To deliver yoga therapy effectively in the mental health setting requires a lot of training and cross-training of a yoga therapist. But at this point in my career, I cannot imagine doing anything else. Working with kids in this setting has taught me more about the power of yoga and its application than any other experience. It is my greatest wish that the field of yoga therapy in mental health grow and expand in the coming years. *YTT*



Michelle J. Fury, RCYT, LPC, caught the yoga bug in 1992. She has taught yoga for over sixteen years and facilitated therapeutic yoga groups for over seven years. In sharing the healing practice of yoga, her goal is to empower kids to develop strong bodies, sharp minds, and resiliency.

Photo credit: Tia Brayman, Children's Hospital Colorado