

Yoga as a Trauma-Informed Approach to Working with Clients

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Abstract

The practice of yoga has a long history of being used by practitioners for desired mental and physical benefits. The authors focused on the duality of this psychological and physical benefit when combining yoga with a traditional talk therapy group for individuals to process traumatic experiences. Group curriculum, procedures, and rationale are provided and reviewed. Yoga practices were implemented in this format as a form of expressive arts therapy for clients. This article outlines a therapeutic tool combining principles of yoga and talk therapy based on past research. This is not intended to be an empirical article; however, the information contributes to the current body of literature on yoga as a form of expressive arts therapy for clients with trauma-related presenting issues. The authors share anecdotal evidence of a counselor's use of yoga in combination with group talk therapy and its perceived effectiveness on participants.

INTRODUCTION

Although widely recognized as a form of exercise, yoga is typically defined as yoke together and is used for self-improvement by uniting the consciousness to the universal (Varambally & Gangadhar, 2016). Over time, the practice of yoga has been integrated as a form of psychoeducation used to teach a trauma survivor how to build their self-awareness and develop a sense of comfort in their bodies (van der Kolk, 2014). In the following sections, the authors explore yoga's physical and mental health benefits and how the practice has become an evidence-based supported approach for counseling interventions related to trauma-focused client work.

The physical health benefits of yoga include increased muscle strength and flexibility, lowered blood pressure, reduced back pain and chronic pain, reduced physiological symptoms of stress, and other physical health-related benefits (Bal & Kaur, 2009). Researchers found that participants had significant improvement in agility and flexibility for male participants between the ages of 18 and 25 (Bal & Kaur, 2009), and participants in a 6-week Ashtanga yoga class experienced lowered blood pressure and improved flexibility in addition to increased muscular trunk strength and endurance (Cowen & Adams, 2005). In another 8-week study in which participants completed two eighty-five-minute classes per week, Tran et al. (2001) observed increases in muscular strength, endurance, and flexibility. This study required participants to have completed no regular exercise for the previous 6 months before beginning the regular yoga practice and to participate in no other form of exercise while completing the study. Muscular

strength, endurance, and flexibility all were shown to have increased following the 8 weeks (Tran et al., 2001). Additionally, studies indicated that the psychological benefits of yoga directly impact participants' physical well-being. Culos-Reed et al. (2006) noted that the use of yoga for breast cancer survivors had a positive impact on the physiological symptoms of stress. Participants were given the Symptoms of Stress Inventory (SOSI) prior to and at the end of a 7-week yoga program. SOSI scores demonstrated a decrease in specific physiological symptoms of stress, such as decreasing gastrointestinal symptoms.

In a comparative review of the literature on yoga's physical and mental health benefits, Ross and Thomas (2010) noted that yoga was likely equally as beneficial, if not more beneficial, than other types of exercises for individuals with and without health concerns. More specifically, the review found that yoga appeared to be more beneficial in studies comparing the benefit of yoga to similar types of exercises (e.g., stretching, walking, relaxation techniques). Furthermore, the review included research that demonstrated yoga as a form of exercise that helps reduce diabetes-related symptoms, such as better blood-glucose levels and relieving the negative symptoms associated with pregnancy and menopause (Ross & Thomas, 2010).

A phenomenological study demonstrated that breast cancer survivors perceived positive physical health benefits from yoga practice (Van Puymbroeck et al., 2013). Participants in this study completed 8 weeks of attending 75-minute classes twice per week. After the final class, the women participated in a focus group in which they were interviewed about their experiences. The participants' perceived benefits were related to their experiences as breast cancer survivors. For example, the women reported that yoga practice helped them heal areas of their bodies with scar tissue and gain strength back where it was lost from cancer treatments. Another perception that emerged from the interview was that the women felt more confident in physical activity after practicing yoga after cancer treatment (Varambally & Gangadhar, 2016). Chopin et al. (2020) studied yoga as an intervention for Post-Traumatic Stress Disorder (PTSD) and chronic pain in veterans. Participants were placed in various cohorts and completed different yoga programs, with participants completing a minute of 8 weekly 60-minute yoga classes. Yoga was determined to successfully treat veterans' experiences with chronic pain and increase veterans' physical activity.

Yoga has often been associated with altering levels of several neurotransmitters in the brain, which helps maintain mental health. Streeter et al. (2007) discovered an increase in gamma-aminobutyric acid (GABA) levels, which decreases feelings of fear and anxiety among individuals who practice yoga regularly. A separate study emphasized positive changes in neurotransmitters like serotonin, norepinephrine, dopamine, and melatonin following meditation and yoga. Studies prove that consistent yoga practice increases serotonin levels and decreases the levels of monoamine oxidase, an enzyme that breaks down neurotransmitters and cortisol (Woodyard, 2011).

Yoga activates inhibition of the posterior area of the hypothalamus, which will improve the body's sympathetic responses to stress and restore autonomic mechanisms to manage stress. When practicing yoga, the areas of the brain responsible for fear and aggression are hindered, and the brain's pleasure centers are stimulated (Woodyard, 2011). van der Kolk (2014) discovered that a ten-week yoga program reduced PTSD symptoms in patients who had not responded to medication or other treatments. After participating in weekly yoga classes for twenty weeks, women with chronic PTSD exhibited an increase in the activation of their insula and medial prefrontal cortex, which aids in self-regulation (van der Kolk, 2014).

As a result of its focus on relaxation and balance of the body and mind, yoga has significant benefits for a person's mental and emotional wellness. The habitual practice of yoga fosters compassion and increased self-control and often leads to changes in worldview, self-awareness, and higher energy levels to enjoy life further (Gulden & Jennings, 2016). Yoga has also been found to decrease emotional distress and improve attentiveness. Dale et al. (2011) found that yoga contributed to a more positive self-image

and a decrease in maladaptive coping skills in 51 trauma survivors of adult or childhood abuse. Researchers found that yoga can teach survivors how to relax, concentrate, ground themselves, and remain present and mindful (Gulden & Jennings, 2016). Yoga practice shifts the balance from the sympathetic nervous system (fight-or-flight) to the parasympathetic system (rest-and-digest). The parasympathetic nervous system promotes relaxation while decreasing levels of cortisol, our stress hormone, within the body (Woodyard, 2011).

Mindfulness is an integral part of practicing yoga. Mehta and Sharma (2010) defined yoga as “the control of the five senses and a reduction of mental activity, eventually allowing for a nirvana-like state to be achieved” (p. 157). This cannot be achieved without mindfulness and self-awareness, which allows one to focus on present-moment experiences. Self-awareness allows a person's perspective to shift, and mindfulness allows them to become more conscious of their emotional changes (van der Kolk, 2014). Mindfulness learned through practicing yoga can also assist in countering dissociation, which is often a trauma response. By paying attention to our bodily sensations, we can improve our awareness of our emotions, label them, and increase our control over them. Practicing mindfulness calms our parasympathetic nervous system, decreasing our fight-or-flight risk. Mindful meditation has consistently had positive effects on people with depression and anxiety, which can be caused by trauma (van der Kolk, 2014). When yoga and mindfulness are utilized together, their benefits increase. Sahaja Yoga meditation, designed to help someone achieve a state of thoughtless awareness quickly, enhances alpha and theta wave synchronization in the anterior frontal region of the brain. Mindfulness meditation usually activates the left anterior region of the brain, which is thought to be involved with cognitive functioning and emotion regulation and has also been associated with the production of compassion and empathy. Baijal and Srinivasan (2010) found that the combination of Sudarshan Kriya yoga with Sahaja Samadhi Meditation enhances theta activity in the frontal region of the brain while increasing theta coherence, which correlates with tasks related to one's attention. In addition, these interventions can improve sleep patterns and symptoms of depression and anxiety (Kaushik et al., 2020).

Breathwork is another important aspect of yoga practice. All yoga programs include breathing interventions, or *prāṇāyāma*, which can be practiced with or without poses. For example, hatha yoga has been found to improve levels of anxiety, depression, anger, and post-traumatic symptoms (Kaushik et al., 2020). Sudarshan Kriya yoga (SKY), which is a type of yogic breathing intervention focused on different rates of breathing, has been found to possibly have similar effects to antidepressants. Descilo et al. (2010) discovered that a yoga breathing intervention, which included SKY, significantly reduced the psychological distress of survivors of the 2004 tsunami in Southeast Asia. Results of the study, which measured symptoms using the post-traumatic checklist-17 (PCL-17) at 6, 12, and 24 weeks, indicated that participants' symptoms of PTSD decreased with this treatment (Descilo et al., 2010). Research compiled by Mehta and Sharma (2010) outlined multiple studies focused on the benefits of yoga on mental health and trauma. One study focused on women struggling with depression due to domestic violence showed an overall decrease in scores on the Beck Depression Inventory-II (BDI-II) after four consecutive days of practicing yogic breathing and sharing their trauma narrative with a trained professional. van der Kolk (2014) emphasized that learning new techniques to breathe calmly and stay physically grounded, even while recalling traumatic memories, is a fundamental tool in the recovery from PTSD.

Yoga has widely been used to benefit individuals of varying ages and occupations, including but not limited to primary and secondary school students (Ehud et al., 2010; Khalsa et al., 2012; Stapp & Lambert, 2020), university employees (Maddux et al., 2018), mental health care workers (Lin et al., 2015; Riley et al., 2017), veterans (Zaccari et al., 2020), and senior citizens in assisted living facilities (Krejčí et al., 2020). Furthermore, multiple researchers explored yoga as an intervention to address anxiety, depression, major depressive disorder, PTSD, chronic stress, and anger (Harkess et al., 2016; Kinser et al., 2014; Zaccari et al., 2020). van der Kolk (2014) explored the impact of treating severe trauma in thirty-seven women with

Dialectical Behavioral Therapy (DBT) and structured yoga classes. Results indicated that yoga decreased symptoms of PTSD and the arousal level of the participants. On the other hand, the team found that eight weeks of DBT treatment did not impact arousal levels or PTSD symptoms. The women who participated in the yoga group reported a significant improvement in their relationship with their bodies (van der Kolk, 2014). Another study, in which 16 women with PTSD were assigned to either DBT or a weekly 75-minute Hatha yoga class, yielded similar results. After eight weeks, the yoga participants reported a significant decrease in PTSD symptoms and showed an increase in positive affect.

Additional researchers found that social connection in other communities deepened with yoga, or another mindfulness-based practice, as an intervention. Veterans who participated in a study over 6 weeks reported that being around other veterans with PTSD allowed them to feel more comfortable and supported (Cushing et al., 2018). Crowe et al. (2016) noted that yoga interventions for women with cancer provided participants with increased motivation, new friendships, and a support network. The implementation of a 12-week yoga program for women ages 65-89 residing in a retirement community reported similar experiences. The facility director reported that participants in the study formed stronger connections within and outside the group. Moreover, he reported that the residents were more motivated to try new activities that prompted physical and social engagement (Crowe et al., 2016). Zaccari et al.'s (2020) study explored the effect of a yoga intervention on cognitive functioning, symptoms of PTSD, and the biological stress response in veterans diagnosed with PTSD. Pre- and post-intervention data were collected on cognitive functioning, self-report measures of mental health symptoms, and salivary cortisol. Seventeen participants took part in the ten-week yoga intervention. Yoga sessions were weekly and lasted sixty minutes. Results indicated that there were statistically significant improvements in response inhibition and self-reported symptoms of PTSD. There were also improvements in sleep, depression, quality of life, and subjective neurocognitive complaints. These results give preliminary support for implementing yoga to improve cognitive functioning, symptoms of PTSD, and improve one's mental health, sleep, and quality of life (Zaccari et al., 2020). After reviewing the relevant supportive literature on using yoga as an intervention to improve mental and physical health, the primary author secured group counseling materials. These materials were selected with the mental and physical health benefits of yoga in mind, and the group focused on trauma.

METHODS

The facilitator's aspirational goal for this group was to create a space where the principles of bodywork and mental health combine to create a dualistic processing model for clients experiencing trauma. The group was created with a feminist theoretical orientation focused on advocacy, community engagement, and equal power dynamics in an urban community faced with issues of gentrification, poverty, frequent natural disasters, high crime rates, and minimal targeted mental health resources. These factors combine to create a culture of individual as well across cross-generational trauma. Population demographics, as well as cultural concerns, were considered in the development of this group. Population demographics breakdown as follows: population of 391,006; Black or African American (Non-Hispanic) (58.8%), White (Non-Hispanic) (30.5%), White (Hispanic) (3.56%), Asian (Non-Hispanic) (2.78%), and two+ (non-Hispanic) (1.59%); poverty rate of 24.6%; median household income approx. \$38K/year (Data USA, 2021). New Orleans has a crime rate of 66 per 1,000 city residents, one of the highest in the nation (Neighborhood Scout, 2020). In addition to high crime rates, this community has suffered numerous natural disasters, leaving individuals bereft and without homes and resources. The community is geographically located in an area highly susceptible to repeated natural disasters due to its proximity to the gulf. The impending threat of frequent natural disasters in a community that has already lost so much due to past natural disasters can be a constant trauma trigger both individually and collectively in the community.

As mentioned, 58.8% of individuals in the community where this group was developed identify as Black or African American (Data USA, 2021). While mental health conditions occur in Black and African American individuals at a similar rate as White (non-Hispanic), the experience of Black and African American individuals has historically been influenced by different violence and trauma. America has a past and present affected by oppression, dehumanization, violence, as well as racism on institutional and individual levels. This combination of cultural violence and trauma sets individuals up for disparities in experience and, in some cases, access to and delivery of healthcare both historically and in the present day. This experience may leave some individuals mistrustful of traditional health care, including mental health and help-seeking behaviors (Mental Health America, n.d.).

Sociocultural differences were considered with group recruitment and development. It was the position of the primary author of the group that yoga studios hold the unique position of bridging the gap as a community space as well as a space that can maintain the components necessary for a confidential counseling space by creating a safe, private environment outside of a clinic or traditional private practice setting. This idea emerged from community discussions with the primary group author and community members when selecting a space appropriate for the group. The ideas of community engagement and healing through creating a level of perceived social support were also implemented in creating the group (Worden, 2008). While all individuals in the group may not have experienced the same trauma, the normalizing element across participants was the experience of trauma.

The group is designed for 8 to 10 participants. This number was finalized after carefully reviewing supporting information related to participant selection and group formation, as discussed by Yalom and Leszcz (2005). It is suggested that the group location be set at a community center. The group is set up in a 6-week open group format. It is acknowledged that all individuals may experience trauma differently and may be in a different place in their trajectory toward healing. For this reason, group participants can choose to attend one group meeting or all. Each group is designed to be a self-contained topic and a building block for future topics. Topics are processed in each session by group members sitting in a circle and sharing feedback on their experience of the explored topic and what the yoga session brought out in their experience of their mind-body connection. Art supplies such as markers, pens, paper, and oil pastels were set in the middle of the circle for use if participants chose to document their experience in a picture or written word. Each group is set up as one and a half hours to two hours per session. All group sessions were opened by a therapist with a 10-minute introduction of the topic, group rules, group format, and group expectations. The first forty-five minutes comprised a specific series of yoga asanas created by the yoga instructor that correlated to the group's topic. For example, a series of slow grounding exercises were created for group Week 1, "Creating a safe space." A subsequent outline of group topics and asanas by week is provided below. As the yoga instructor conducts the first 45 minutes of the group, the therapist may alternate between engaging in exercises with participants and standing in the back of the room. Participants are made aware at the beginning of the group that the therapist is available at any time throughout group asanas if they experience an adverse emotional reaction or trauma trigger that needs to be processed individually. The therapist leads the second half of the group as a traditional therapeutic trauma process group based on the S.E.L.F. (safety, emotions, loss, and future) group curriculum (Bloom et al., 2006). This group curriculum was chosen as a loose outline as it is free online, and there was minimal format. During each group session, participants can be given art supplies and asked to process individually for 10-15 minutes after the yoga session before coming back to gather as a process group.

An example of the group

When the group was run in the past, the group location was a community yoga studio in New Orleans, Louisiana. This group was developed and run as a therapeutic group related to a private practice. Once the yoga studio and teachers were secured, fliers were disseminated throughout the community

and online (e.g., financial resources available to create this group). These flyers were also posted on the yoga studio's Facebook page, and a Facebook event was created. Interested individuals were instructed to contact the yoga studio via phone to schedule desired groups as a core component of group development, which targeted individuals across all SES categories. Payment for the group was donation-based. The therapist and yoga instructors donated their time, 50% of donated funds collected went to pay for the reservation of a yoga space, and 50% of donated funds were donated to a community charity. Afterward, group participants could vote on community charities to donate 50% of the group proceeds to (domestic violence shelter, homeless shelter, food pantry, etc.). The rationale for the donation was to provide a sense of empowerment and a secondary component of community involvement for group participants. This is a suggested component of the group curriculum; however, payment for the group is up to the individual running the group.

At the close of each of the 6-week group sessions, group members were given comment cards with the written directive, "If you would like, please include a few lines of feedback that you feel would benefit group leaders and/or future participants about positives as well as areas of growth." Participants commented, "This was the first time I have actually felt my had attached to my body in years." This comment was left after the Week 1 group focused on slow movement, grounding, and sitting with self to create an internal safe space. Another comment left after Week 1 Group included, "I felt nervous and unsafe the entire time until the therapist in the room went and stood in front of the door outside. Then, I was able to relax and engage mentally and physically in the group. Until then, I felt triggered."

During the initial group session, participants were in a yoga studio set up in a shotgun-style house (single rooms stacked on each other with a door in the front and back of the house). Initially, participants faced the yoga instructor with their backs to the front door, as all yoga classes in this space were typically held there. After this comment was made, for subsequent group settings, participants were turned sideways to have an entrance/exit on either side of them. The therapist held space on one side of the room (typically the back), and the yoga instructor held space in the front of the room for instruction. This new setup gave individuals a broader view of the room, with one instructor at each end. Each comment given by participants on comment cards was reviewed by instructors and discussed, and the group format was amended, when possible, to take feedback into account.

Group Curriculum

The group outline is based on the S.E.L.F. group curriculum compiled by Bloom et al. (2006). The S.E.L.F. Model provides a trauma-informed, resilience-based framework that differs from Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT) in its emphasis on safety, emotional regulation, loss, and future planning (Bloom, 2006). While DBT is highly structured and skill-based, focusing on mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness, S.E.L.F. offers a more flexible, trauma-centered approach that integrates emotional processing with future-oriented recovery. Similarly, CBT prioritizes cognitive restructuring and behavioral activation, making it effective for addressing thought distortions but less adaptable for individuals needing a broader, holistic recovery process. Unlike DBT and CBT, which focus primarily on managing symptoms, S.E.L.F. acknowledges the impact of past trauma and loss while fostering long-term growth and healing. Its accessibility and adaptability make it particularly useful in community and therapeutic settings where rigid structures may be less effective. The S.E.L.F. Model offers a more trauma-informed, flexible, and holistic approach considering safety, emotional regulation, loss, and future planning. It is especially valuable for individuals with complex trauma, making it an excellent choice when selecting interventions for trauma-informed care.

The S.E.L.F. curriculum was used as a loose outline, with other materials and discussions pulled into the group format. This group curriculum provided handouts that were sometimes used as a guide for

group discussion. The group design allows new members each time; each group opens with introductions to new individuals and an orientation to the group and process. Group rules should be presented in written format and signed by all members before entering the group. At the beginning of each group session, a gentle reminder should be given that the rules have been agreed upon.

Week 1: Creating a safe space. The therapeutic group focuses on a description/discussion of safety. Discuss what it means to be safe emotionally, socially, and physically. Handouts are used from the S.E.L.F. curriculum as a guide for discussion. Yoga breathwork is taught as a grounding tool, and guided imagery is used to discuss creating one's own safe space. Yoga asanas (postures) are chosen to focus on slow movement, grounding, and sitting with oneself to create a safe internal space. Some examples are child's pose, tree pose, and happy baby.

Week 2: Creating a safe space (continued). The Week 1 curriculum continues with therapeutic discussions of fight, flight, or freeze stages. Therapeutic discussions continue into present-day triggers and grounding oneself in one's body through mindful movement and breathwork as coping skills. Yoga breathwork and guided imagery can be revisited. Asanas, similar to those in week 1, are chosen to be slow and intentional. Participants are asked to check in with their emotional and physical awareness at various times throughout the yoga session. These check-ins will be included in the subsequent therapeutic discussion.

Week 3: Emotional regulation. The therapeutic group focuses on emotions, naming and defining them for self, and grounding and self-soothing techniques. Yoga asanas are targeted at consistency and pattern, so Sun Salutation A and Sun Salutation B will be used in repetition.

Week 4: Emotional regulation. This week is a continuation of week 3. Sun Salutations A and B will continue as chosen yoga asanas for consistency. The therapeutic group focuses on problem-solving and perception.

Week 5: Grieving loss and what loss means to you. The therapeutic group focuses on types of loss experiences over a lifetime, both as a result of trauma and as a result of typical change/growth patterns. Barriers to recovery and change will be discussed, as well as learning to let go. Sand art/painting may be brought into the group as a visual representation of creation, change, dissolution, and rebirth. Yoga asanas focus on building and integrating new concepts into past knowledge (for example, chair pose to eagle pose).

Week 6: Focus on the future/empowerment. Therapeutic groups focus on change, restorative justice, personal empowerment, and the influence of self-fulfilling prophecies. Asanas are structured to allow individuals to push their limits and feel empowered in what they can do. Examples are crow and handstand. Each asana has numerous variations that can be explained so that individuals may engage physically in a way that is right for them. Discussion of personally pushing physical limits and empowerment to be incorporated into the therapeutic group.

RESULTS AND DISCUSSION

Recognizing that trauma exists on a continuum, the authors explored the effects of yoga as a means of healing in a group counseling format. Group counseling allows individuals to participate in a collective experience to explore their personal trauma histories while contextualizing them within the backdrop of national trauma events related to racial and socio-political unrest. Community trauma processing promotes a collective consciousness that lends toward the development of resiliency factors necessary to overcome trauma. Local community centers could adapt the presented therapeutic model and utilize group counseling as a tool for trauma survivors to process their collective experiences. The literature review confirms that yoga can decrease stress, shift the balance from the sympathetic to the parasympathetic nervous system, decrease stress hormones, and increase awareness (Dale et al., 2011; Woodyard, 2011; van der Kolk, 2014). These benefits can directly target our bodies' physical and

emotional trauma responses in both physical and emotional ways (van der Kolk, 2014). Combining yoga and its previously discussed benefits with a mental health curriculum for a trauma group in this way allowed the unique opportunity for participants to engage in dualistic physical and emotional processing and growth.

The authors' main aim in reviewing this therapeutic group curriculum was to provide further information on applications related to how the practice of yoga and other mind-body activities can be utilized as a part of treatment for individuals with a history of trauma. The group was initially created at a private practice with a specific target cohort in mind, as shared above in the "New Orleans example." Participants in this group provided anonymous feedback to help enhance future therapeutic groups and further the development of the group curriculum. Anonymous, freely given feedback from participants in the New Orleans sample group, also evidenced the therapeutic benefits of yoga as their reports were focused on feeling safe in their bodies and within the community space held by the teacher and therapist.

The group curriculum outlined within can provide other helping professionals working in trauma-informed environments with a guideline or template to conduct other groups. Mental health professionals will have the opportunity to educate individuals on how trauma impacts their bodies, brains, and overall well-being in conjunction with discussing the benefits of mind-body work in their healing. The authors' group outline will provide further evidence that yoga can be utilized as a trauma treatment approach within many communities worldwide.

LIMITATIONS OF THE STUDY

While this study provides valuable insights into implementing a creative mind-body trauma-informed approach to counseling, several limitations must be acknowledged. First, the sample size was relatively small, limiting the findings' generalizability. Future research with larger and more diverse participant groups would help strengthen these results' applicability. Second, the study relied on self-reported data, which is subject to biases such as social desirability and recall errors. Participants may have over- or under-reported their experiences, affecting the accuracy of the findings. Triangulating self-reports with observational data or physiological measures could enhance future research. Third, the study design did not include a control group, making it difficult to determine the extent to which observed outcomes were specifically due to the trauma-informed yoga intervention versus other external factors. Additionally, the intervention's duration and frequency may have influenced participant experiences and outcomes. Exploring the long-term effects of trauma-informed yoga through longitudinal research could provide further insights into its sustained impact. Lastly, while efforts were made to ensure cultural responsiveness, the intervention's applicability across diverse populations remains an area for further exploration. Future studies should examine how different cultural and socioeconomic backgrounds shape engagement with trauma-informed yoga practices. Despite these limitations, this study contributes to the growing body of literature supporting the integration of trauma-informed principles into yoga practices and underscores the need for further empirical exploration in this area.

CONCLUSIONS

This discussion of the group curriculum provides anecdotal information about the helpfulness of utilizing yoga for trauma-focused group counseling. Previous studies have outlined the effectiveness of yoga as an intervention for managing negative physical and psychological symptoms and the symbiotic relationship between the physical and psychological benefits of yoga. Studies have also examined the helpfulness of utilizing yoga as a counseling intervention. This group curriculum attempts to integrate information on the mind-body efficacy of yoga from previous studies into a demonstrable practice. This group curriculum may be a template for future yoga counseling groups or a foundation for subsequent research.

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