Issues in Yoga Therapy

Clinical Group Supervision in Yoga Therapy: Model, Effects, and Lessons Learned

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Abstract

Clinical supervision is an integral component of therapist training and professional development because of its capacity for fostering knowledge, self-awareness, and clinical acumen. Individual supervision is part of many yoga therapy training programs and is referenced in the IAYT Standards as "mentoring." Group supervision is not typically used in the training of yoga therapists. We propose that group supervision effectively supports the growth and development of yoga therapists-in-training. We present a model of group supervision for yoga therapist trainees developed by the New England School of Integrative Yoga Therapeutics™ (The NESIYT Model) that includes the background, structure, format, and development of our inaugural 18-month supervision group. Pre- and postsupervision surveys and analyzed case notes, which captured key didactic and process themes, are discussed. Clinical issues, such as boundaries, performance anxiety, sense of self-efficacy, the therapeutic alliance, transference and countertransference, pacing of yoga therapy sessions, evaluation of client progress, and adjunct therapist interaction are reviewed. The timing and sequence of didactic and process themes and benefits for yoga therapist trainees' professional development, are discussed. The NESIYT group supervision model is offered as an effective blueprint for yoga therapy training programs.

Key Words: Yoga, therapy, clinical group supervision, boundaries, performance, anxiety, process, transference, counter-transference, learning.

Introduction

In 2006 the New England School of Integrative Yoga Therapeutics™ (NESIYT) began a 500-hour yoga teacher training program. The foundation of this program was the Integrative Yoga Therapeutics method, which integrates yoga therapy with mindfulness-based practices to address concerns such as physical injuries, anxiety, depression, insomnia, chronic pain, and immune disorders.[1,2] The didactic portion of the 500-hour curriculum included the neurobiology of yoga; yoga and Ayurveda; Integrative Yoga Therapeutics for Chronic Pain Disorders; Integrative Yoga Therapeutics for Bipolar Disorder, Eating Disorders, and Addictions; Integrative Yoga Therapeutics for Mood Disorders (such as anxiety and depression) and for Spinal Anomalies (such as kyphosis, lordosis, scoliosis, sacroiliac joint dysfunction); and The Art of Self-Care. In addition, 500-hour participants also received didactic and experiential training in introductory yoga therapy practice in the form of four 15-hour practicum modules spaced over 14 months. The practica included providing yoga therapy services to volunteer clients from the community. Trainees conducted sessions, completed extensive assignments, received verbal and written individual and collegial feedback, and completed guided *svadhyaya* (self-study) assignments.[1]

In early 2008, prior to the International Association of Yoga Therapists' (IAYT) development of standards for the training of yoga therapists, a subset of teachers in the NESIYT 500-hour program expressed a desire to add a special clinical focus to their training. Their goal was to gain expertise in conducting one-on-one yoga therapy sessions. We designed the Integrative Yoga Therapeutics Apprenticeship Track (IYTAT) to enable our yoga therapist trainees to learn and develop foundational yoga therapy skills. The IYTAT included group supervision, a modality not yet widely used in yoga therapy training. This article documents the theoretical framework, learning and process themes, and analysis of the inaugural group supervision experience.

Theoretical Framework

Individual and group supervision are routinely used in the pre- and postgraduate training of social workers, psychologists, and psychiatrists.[3-8] The efficacy of group supervision is supported by research, and it is widely used in clinical and educational training programs.[9-11] Clinical supervision models and practices from psychology and social work[12] can be applied to the yoga therapy training environment with moderate adaptation.

Adult learning theory and research contain several key principles that informed the NESIYT model of group supervision. According to adult learning theory, the development of cognitive, emotional, and social complexity is ongoing in adulthood.[13] Differences exist in the way that novices and experts learn and acquire expertise as they are exposed to a variety of contexts and environments.[14] The NESIYT model provided the opportunity for exposure to a breadth of cases and learning scenarios over time. It was also designed to establish a "holding environment" for learning that is characterized by consistency, support, and challenge.[15,16] This article describes the structure and process of the NESIYT group supervision model and its benefits for training yoga therapists.

Methods

Participants

The inaugural IYTAT supervision group began with 10 participants. Prior to the onset of group supervision, we administered a Pre-Supervisory Survey to participants[17] (see Appendix A). This survey assessed basic trainee demographics and information regarding their prior yoga and teaching experience, other mind–body practice and training, and previous experience with one-to-one yoga instruction or therapeutic work (as client or teacher). Trainees' goals, beliefs, and attitudes about yoga therapy were obtained, as were their expectations of supervision, conceptualization of the yoga therapist–client relationship, definitions of therapist roles and responsibilities, and other beliefs that would help shape and direct the didactic and process-oriented structure and content of supervision.

The group included 9 women and 1 man ranging in age from 35 to 50. All participants had a college degree and most had advanced degrees in fields including architecture, law, education, and business. Most were working full-time in their respective fields both prior to and during training. The group represented a wide range of experience with yoga. Some had practiced yoga from 5 to 15 years, 2 had facilitated 30 or more one-to-one yoga sessions, 7 had conducted some sessions (<20), and 1 had no experience providing one-to-one yoga therapy. Seven of the original 10 pre-supervision participants completed the program (3 withdrew early for personal or work/life balance reasons). All trainees had previously been students in the NESIYT 200-hour yoga teacher training program and were enrolled in the NESIYT 500-hour yoga teacher training program during the group supervision period.

Trainees completed a Post-Supervisory Survey at the conclusion of the 18-month program. This measure revisited the initial survey's questions about the roles of yoga therapist and client and the nature of the therapeutic relationship. It also assessed the skills trainees acquired during the process and their feelings about the format of the group supervision.

Clinical Group Supervision Model

The NESIYT model included monthly group meetings for 18 months. Each session lasted 2.5 hours, totaling 45 direct group supervision hours. Between sessions, trainees saw clients individually and took notes about their self-reflections, their experience with each client, and the process of yoga therapy.

During this time group members rotated responsibilities for meeting note-taking, documentation, and follow-up. Major and minor themes of the therapeutic and supervisory work were recorded at every session. Case discussion and supervision summary notes were also shared with the group and reviewed after each session. Documentation of session content enhanced the awareness, integration, and recall of emerging supervision themes that built progressively over time.

Most of the trainees' clients were referred to the Center for Integrative Yoga Therapeutics by psychotherapists or by physicians familiar with the center's work. Some clients were already engaged in one-on-one work with our more

experienced yoga therapists-in-training. As the supervision and didactic training progressed, Forbes instructed and supervised the trainees in conducting effective intake sessions. Each therapist went through a rotation as "intake coordinator" to gain practice in conducting effective client intakes. The trainee acting as intake coordinator would match each client with the most appropriate therapist and provide Forbes and the trainee with the intake information.

After the intake and initial communication with referral sources (when appropriate), determination was made about whether a client could be safely seen in his or her home. In the majority of cases, home-based sessions occurred. In some instances, particularly with clients already in treatment, sessions were conducted in a studio or office setting. High-risk clients (i.e., those with severe depression, a history of suicidal risk, bipolar disorder, or highly addictive behaviors) were not seen by trainees. All yoga therapy clients were amenable to treatment, though some evidenced some resistance to change. Nearly all clients were seen at a reduced rate or at a preestablished rate if they were already in treatment. All clients signed a formal consent to treatment, which conveyed their understanding that the work would be therapeutic and involve yoga but not be psychotherapeutic. They were informed that trainees might discuss their case in supervision and were advised that only the first initial of their name would be used in written and verbal communication.

The group used several structured formats for pre-presentation case preparation, reflection, and questions, as well as for case presentations (see Appendices B and C) and post-meeting follow-up. These formats were intended to optimize the group's time management during and after super-vision sessions. They also helped create a safe therapeutic environment for supervision meetings. Group members provided feedback about the case presentation and summary forms, which were modified and improved throughout the supervisory period.

Trainees completed written homework assignments in preparation for each supervision session. The week prior to meetings, presenting trainees sent a report to group members that detailed the salient aspects of the case, outlined their case formulations, and highlighted areas in which they felt challenged. Participants agreed to read each case report before meetings and to prepare clarifying questions and comments. This advance preparation time helped enhance time management and the quality of collegial feedback.

Two to 3 case presentations occurred at each meeting. Presenters, colleagues, and supervisors had roles and tasks for each stage of the case presentation that were specified by the case presentation format (Appendices B and C). This structure enabled group members to share responsibility for productive exchange and to experience case discussion from a variety of perspectives.

To help with the assimilation of supervisory input, case presenters filed a brief report within 72 hours of the meeting that detailed their perceptions about the supervision experience, summarized changes in their case formulation, and suggested directions for future sessions. Reports were kept confidential; only therapists' names and clients' first initials were used. Session notes and summary themes were shared electronically. This strategy helped participants track and internalize the development of concepts, didactic knowledge, and experiential awareness over the 18-month period.

Table 1. *Pre-Supervisory Survey*

What do you think are the most important roles and responsibilities of a yoga therapist?	What do you think are the most important roles and responsibilities of a yoga therapy client?	Please describe the qualities and characteristics of an ideal relationship between yoga therapist and client:
A yoga therapist should be able to • create a safe and healthy container for clients' growth • maintain healthy boundaries • be consistent and reliable • be deeply present • be empathic • be flexible in adapting to client issues and to the process of the therapy session • observe and integrate both obvious and subtle cues from the client • receive constructive feedback from clients • empower the client to take an active role in his/her health and well-being • demonstrate a thorough beginning knowledge of Integrative Yoga Therapeutics	Yoga therapy clients should • take responsibility for their healing and growth • be ready to make a change • maintain and respect healthy boundaries • be present • be willing to change their personal narratives • have trust in themselves and the yoga therapist • be open minded to the possibility of growth and change • recognize their ability to grow • be patient • communicate honestly about their presenting issues	The ideal relationship between a yoga therapist and client is characterized by • appropriate boundaries • open communication between both parties • a clear sense of roles and responsibilities • patience with the process of yoga therapy • a partnership of two valued systems of expertise: the therapist's expertise in safe, therapeutic and life-enhancing yoga practices and the client's expertise in self-reflection and intention toward self-appreciation • a mutual willingness to explore uncharted territory • mutual trust

Table 2. *Supervision Themes*

Theme	Phase 1	Phase 2	Phase 3
Process Themes: Supervision, Learning, Experience	(i) Experiencing Exposure, Rawness, Surveillance	(r) Sitting with Discomfort; Performance Pressure	(r2) Offering Quality Feedback; Self-efficacy
Didactic themes			
Therapeutic boundaries	(i)	(r)	
Adjunct therapist interaction	(i)	(r)	
Therapeutic sequencing	(i)	(r)	(r2)
Evaluation of client progress		(i)	(r)
Client transference		(i)	(r)
Therapist countertransference		(i)	(r)
Parallel process issues		(i)	(r)
Note. (i) = theme introduced, (r) = theme revisited, (r2) = revisited again.			

Details of Group Supervision

A. Pre-supervision. Table 1 includes short paraphrases and quotes that illustrate participants' responses to open-ended questions in the Pre-Supervision Survey. Several primary themes emerged that informed supervisory dialogue in the early and later phases of group supervision.

Responses suggested a group that had high expectations for themselves as they moved into the role of yoga therapist, for the "performance" of their clients, and for the quality of the therapeutic alliance between therapist and client. Trainees' elevated expectations for themselves suggested the potential for low self-esteem and greater likelihood for performance anxiety and self-judgment (Table 2). Many expectations were unrealistic and commensurate with developmental goals for teachers in the NESIYT Teacher Training svadhyaya (deep and reflective self-study). These expectations highlight the potential for frustration with client progress, for difficulties with empathy, and for minor disruptions in the therapeutic alliance. The responses to this section of the survey provided rich material for reflection throughout the supervisory period.

The Pre-Supervisory Survey also asked participants to rate their levels of proficiency in core aspects of the IYTAT curriculum and to reflect on the concept of "proficiency." Although a few therapists rated themselves as "expertly proficient," most therapists' assessments did not exceed the moderately proficient to quite proficient range. Self-perceived ratings of highest proficiency occurred in areas most closely related to group (yoga class) instruction or the one-on-one teaching of yoga skills that might be found in a small-group setting. Self-assessments in the medium range of proficiency occurred when participants described working with clients with clearly defined physical presenting issues. Self-assessments in the lowest proficiency range were associated with working with clients who presented with complex mind–body issues, such as addictions and bipolar disorder, which might require greater therapeutic skills and

spontaneous innovation. The group's overall beliefs about proficiency expressed trust that continued clinical practice would generate increased expertise over time.

Finally, the Pre-Supervision Survey asked participants to identify personal and professional goals, expectations, and desired supports, and to note relevant self-study themes. Trainees indicated that they expected to grow personally and professionally and that they anticipated a strong self-study component in the supervisory setting. Their personal and professional goals included cultivating healthier boundaries, learning practices to offset the consequences of being an "empath," creating personal and professional grounding and structure, receiving input and support from their colleagues, deepening their substantive knowledge and creativity, and developing language for emerging emotional and spiritual themes in sessions.

B. Supervision. The supervision process was divided into 3 distinct 6-month phases. For each phase we examined 2 types of themes: didactic, pertaining to the development of yoga therapy skills, and process, relating to the supervision itself, including awareness of learning and svadhyaya (self-study) issues. Table 2 summarizes the main themes occurring in each of the three phases. It is worth noting that these themes were explicitly named and discussed throughout the group supervision process. They were tangible and accessible to the participants in real time and revisited in postsession analysis and in future sessions. This article reviews themes integral to and arising repeatedly in group supervision; it does not include a complete listing of supervisory topics.

The group supervision environment and structure enabled us to discuss and document important supervisory themes. Trainees received the benefit of witnessing themes arise in multiple contexts: in their own presentations, in those of their peers, and in different situations over time. The group supervision structure provided trainees with repetition and practice. It offered different vantage points and perspectives to support their learning and growth in a way

not typically afforded in individual supervision. Adult learning theory supports this unique attribute of group supervision; it establishes that the opportunity for "analogical encoding" (working with a complex concept or skill through different examples) fosters deeper learning (e.g., Horii, CV 2007). The discussion of themes throughout the supervisory process enabled the development of flexible and nuanced clinical competencies. We are not aware of any comparable information about individuals beginning yoga therapy supervision or about detailed didactic and process themes for beginning yoga therapists without supervision.

Phase I: The First 6-Month Supervision Period

In Phase I the group created and reinforced the "container" of group supervision. Collectively, the therapists identified shared didactic themes relating to the content of the sessions and the therapeutic frame or container of the session (including boundaries and the pacing of therapeutic work). The group also worked with several process themes that pertained to the therapists' direct experience of the supervision.

Phase I didactic themes

Therapeutic boundaries. In Phase I, the group addressed a foundational theme that recurred through all 3 phases of supervision: the creation, reinforcement, and refinement of therapeutic boundaries between yoga therapist and client. Discussions regarding boundary issues are typical for beginning psychotherapists and yoga therapists and occurred frequently in case discussions and meetings. These included starting and ending sessions on time, therapeutic touch, sexual attraction, physical safety, financial arrangements, and email or phone contact outside the yoga sessions. The group also explored boundary issues from an internal perspective. For example, many of our yoga therapists are highly empathic and at times adopted their clients' physical and emotional issues as their own, a phenomenon referred to as *emotional contagion.* Yoga therapists were open to creating and reinforcing internal boundaries to protect themselves from or to ameliorate emotional contagion and to release emotional residue after a session.

Therapeutic sequencing. In this first phase of supervision, several trainees shared an impulse to introduce as many tools as possible early in treatment in an effort to be helpful and to win client confidence. This impulse is characteristic of many beginning yoga therapists and psychotherapists and typically relates to a need to demonstrate

one's clinical acumen. The group examined methods of sequencing clinical strategies so that therapeutic tools could build upon one another over time. As time progressed, our therapists were able to integrate the awareness that "less is more" in a yoga therapy session. They benefited from observing the improvements that occurred when they focused on greater depth with fewer tools. They learned that clients integrated the work better when smaller and more subtle interventions were introduced and practiced over several sessions.

Adjunct therapist interaction. The Center for Integrative Yoga Therapeutics adopts a holistic approach to treatment and supports collaboration within a treatment team. The group discussed formal structures for interacting with other medical/therapeutic practitioners. Typically, trainees communicated with referring physicians, psychiatrists, and psychotherapists and also with medical doctors as warranted. Exchanges were always discussed with and approved by clients, who signed appropriate release forms. In several instances, the therapist's (and group's) proposed directions for further treatment differed from those of the client's referring or adjunct therapist. When this was the case, our therapists received support for managing their resulting frustration or concern so that it did not affect the client's treatment. We explored strategies for resolving these differences in a way that helped preserve clients' therapeutic alliances with the treatment team.

Case re-presentations. During this phase, several trainees requested the opportunity to present a case for the second time. This typically occurred with more challenging cases. We developed a protocol for case re-presentation. Using the procedures in Appendices B and C as starting points, we amended the case presentation format to include the following:
- Past issues discussed in group supervision sessions
- Goals since the previous presentation
- Methods to promote client change, observation, attention, mindfulness, etc.
- Feelings of success and/or roadblocks to goal
- Themes, both recurring and new
- Boundary issues
- Countertransference (reactions to the client) on the part of the yoga therapist

Phase I process themes

During the first 6 months, several group process issues emerged. This helped establish directions for svadhyaya, or self-study. The most prevalent process theme during all 3 phases of supervision involved the trainee's discomfort with the supervision experience. Most therapists reported acute

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[2] "Container" is a term commonly used in psychotherapy and refers to the frame or structure of a session, which is important in establishing a basic sense of safety and boundaries.

performance anxiety before, during, and after the presentation of cases. They described intense feelings of self-consciousness and inadequacy while presenting in front of their colleagues and supervisor and when offering feedback to their colleagues. This is not unusual and is frequently experienced by beginning psychotherapists who are new to the process of supervision. Several variations on the theme of performance anxiety emerged.

Reactions to the supervision experience: When presenting cases and sometimes while offering feedback, trainees reported a strong sense of being "exposed." They identified intense feelings of vulnerability and self-judgment and expressed a need to be validated for their performance. At the outset of supervision, this need for positive reinforcement made it difficult for participants to receive helpful suggestions from the group or to offer them to colleagues. At the same time, the therapists' self-judgment also made it difficult for them to hear and integrate positive feedback. To establish a baseline for safety, the group adjusted our case presentation format by structuring how and when feedback could be offered. We built in reflection and listening time for presenting therapists, during which they were silent while their colleagues discussed their case (see Appendices B and C). This interlude allowed therapists the chance for reflection and self-modulation rather than reaction. It helped them better sit with, process, and tolerate their discomfort.

Together, we developed a series of self-study questions to monitor the therapists' challenging internal response to supervision. These questions included, Does my response include self-compassion and compassion toward my colleagues? Can I maintain a dynamic inner and outer dialogue about my experience? Can I engage in rich questioning at the individual and the group level?

In light of the emerging need for affirmation before constructive feedback could be given and received, the group addressed the question, Why are we here? With guidance from Forbes, the group explored ways to use practices from the yoga and mindfulness traditions (meditation, breathwork, and restorative yoga) to lessen feelings of performance anxiety and self-judgment. We redefined the principle of supervision as neutral rather than negative. In response, trainees began to observe, sit with, and sometimes verbalize their need for validation when it occurred. They learned to monitor and reduce self-critical impulses. They became better able to hear and integrate positive and constructive feedback. They were also reminded of, and made use of, the option to communicate with their supervisor and/or colleagues if self-judgment lingered long after the supervision session ended.

Phase II: The Second 6-Month Supervision Period

In the second phase of supervision, the group recommitted to the established container of supervision. We addressed didactic themes similar to those in Phase I, including boundaries and therapeutic sequencing. We also revisited earlier process themes, such as feelings of exposure and performance anxiety in supervision. Finally, we encountered new themes, such as transference and countertransference (defined below).

Phase II didactic themes

Boundaries, revisited. In Phase II, the group began to engage with the concept of boundaries in a more sophisticated way. Trainees' steady development of internal boundaries (which included discernment and inner cohesiveness) enabled them to trust in the external boundaries of a session, particularly with challenging clients. Boundaries became simultaneously less rigid and more sophisticated. Some boundary themes included the developing ability to detect and recover from emotional contagion in a variety of situations. Trainees also explored ways to empower clients by giving them a more active role in the process of yoga therapy as time progressed. Trainees also began to encourage clients to take notes about session interventions as a means of internalizing the therapeutic work.

Evaluation of client progress. As more of our trainees presented cases for the second time, they gained a better sense of their trajectory of growth and that of their clients. The group shared methods for assessing clients' progress and setting new session goals. A previous shared pattern among group members included looking for obvious or "gross" changes in clients; at this point in the supervision process, the yoga therapists were better able to note and reinforce subtle changes in client functioning and awareness. This helped the therapists support and validate these changes, which in turn strengthened the therapeutic alliance.

Therapeutic sequencing, revisited. Trainees became increasingly fluent in providing didactic information, offering interpretive insights, reframing therapeutic themes, and introducing new therapeutic tools to clients at a digestible pace. Collectively, they developed (and observed one another develop) a greater facility for moving between macro (bigger picture) and micro (detail focus) observations and interventions in client sessions. They were also able to incorporate a more elegant interplay between activity and reflection. This allowed for better assimilation of subtle awareness on the part of both client and therapist.

Adjunct therapist interaction, revisited. The yoga therapists grew more comfortable in their interactions with referring and adjunct practitioners. They became willing to take an active role in case collaboration: they asked questions of referral sources related to medication and other issues and shared session information when appropriate. The group also reviewed the use of client consent forms.

Client transference. This phase featured many case discussions regarding transference (clients' reactions to the yoga therapist or clients bringing interpersonal *samskaras,* or patterns, into treatment). The supervision group examined a variety of ways for yoga therapists to detect when transference was occurring. For example, a client might demonstrate excessive idealization or disdain of the yoga therapist. The group used experiences from multiple cases and hypothetical examples to develop an arsenal of yogic tools to help themselves and their clients manage and learn from transference experiences.

Therapist countertransference. The group also began to address countertransference issues. Countertransference refers to the yoga therapist's reactions to the client or the client's elicitation of the yoga therapist's samskaras, or patterns in treatment, as a function of the client–therapist dynamic.[18] Trainees examined strategies to detect, observe, and interpret their countertransference issues to clients. When they were able to notice countertransference, they could prevent the avoidance or disapproval of a client from occurring. Occasionally trainees noted acute feelings of low self-esteem following a session. When they observed and contained these feelings, they could question whether the client was struggling with similar emotions. Together, trainees began to conceptualize their reactions to clients not as a sign of incompetence, but as a signal to ask themselves a series of important self-study questions. These questions included, Are my expectations of the client too high? Could the therapeutic alliance benefit from more compassion? The therapists began to recognize the evocation of countertransference reactions as a call to develop better internal boundaries, mindfulness, and impulse control. Furthermore, the therapists learned how to gracefully contain, process, interpret, and reflect on their countertransference responses by using them as guides for future treatment.

Phase II process themes

Reactions to supervision experience, revisited. During the second 6-month supervision period, the trainees experienced a distinct evolution in relationship to their process themes. Their feelings of acute anxiety, self-consciousness, inadequacy, and exposure began to diminish. As a group and individually, trainees were better able to tolerate these feelings during and after presenting cases. They were significantly more receptive to integrating both positive feedback and con-

structive suggestions. They also began to seek out opportunities to present challenging cases and tolerated the accompanying concern that they were "not doing a good job."

Performance pressure, revisited. The yoga therapist trainees explored "good student" and "good teacher" dynamics. They considered whether it was possible (and tolerable) to be a "good enough" yoga therapist. The group examined the construction and use of the "yoga teacher persona" that beginning teachers and therapists often adopt as a protective mechanism. This persona requires constant presentation of an equanimous attitude, a soft and melodious voice, the use of traditional yogic metaphors to describe postures, and maintenance of an outwardly cheerful demeanor. For some trainees, this persona created a sense of distance from difficult therapeutic work. Over time, however, the effort to rigidly maintain all aspects of this persona became energy draining and hindered the ability to connect with clients more authentically. The group acknowledged that the creation of this persona might be a beginning step in learning to teach, but that in the process of maturation, yoga teachers and therapists can discard this persona and become more authentic and present. When trainees were able to be themselves without worrying about being "nonyogic," they became more present. The group discussed how this type of presence models vulnerability and authenticity for clients. Witnessing this vulnerability and authenticity helped clients reduce their own tendencies toward perfectionism and other self-destructive relational schemas.

Parallel process issues. The supervision group also examined the context of parallel process issues between therapist and client. *Parallel process* refers to a phenomenon in which the therapist's personal impulses and struggles mirror those of the client. In case discussions, trainees were able to recognize instances in which the challenging emotions that they experienced in and outside of the context of yoga therapy sessions seemed to mirror their clients' challenges. Trainees were able to note ways in which their emotional growth and ability to process, contain, and transform difficulties that arose within the therapeutic relationship helped clients do the same. One example relates to the evolution of boundaries: the therapists grew more willing to acknowledge their own struggles with boundaries. Consequently they became more understanding of clients who did not evidence healthy boundaries and more engaged in helping clients develop them.

Phase III: The Final 6-Month Supervision Period

The third and final phase of supervision was characterized by trainee maturation. As a group they continued to practice, internalize, and articulate lessons learned in the

first 2 phases. The group addressed several issues similar to those in Phases I and II, albeit with a higher level of awareness and insight.

Phase III didactic themes

Evaluation of client progress, revisited. Trainees gained more ease with allowing clients to evolve at their own pace. When client progress seemed slow, trainees were better equipped to note areas of subtle growth and to conceive of delays as therapeutic rather than reflective of a lack of performance or ability. This realization gave the group an opportunity to reinforce the role of the therapist as a guide who watches and observes the client's process and creates a safe and supportive environment where change occurs at its own organic pace. Trainees personalized the pace of client progress and responses to treatment less frequently. In addition, they were better able to calibrate their interventions to address clients' moment-to-moment needs.

As this phase evolved, the group identified a shared tendency to prematurely encourage clients to accept full authority for their transformation. The group contemplated the question, How can the therapist artfully calibrate handing over power to the client in a way that feels gradual and safe? It is worth noting that these questions indicated a parallel process for our therapists. As they began to help clients take on more autonomy in their own growth, our therapists took on a more active role in the supervision sessions. They began to actively solicit feedback, accurately and insightfully frame therapeutic dilemmas, and offer helpful reflections and solutions.

Parallel process, revisited. Trainees developed increased awareness of and patience with parallel process issues and themes. As an example, they examined their frustration with some clients' valuation of the "exercise" element of yoga over mindfulness-based practices, such as restorative yoga. Here, our therapists were able to distinguish ways in which they had similar challenges with self-care. They were able to note these issues in their self-study and to address them with self-compassion. This made trainees more understanding and artful in encouraging clients to do the same. The therapists were also better able to conceptualize boundaries and self-care as processes that could develop, both in themselves and in clients, over time and with reflection.

Therapeutic sequencing revisited. Trainees explored their difficulty with recognizing when clients did not understand yogic and/or mindfulness concepts. They were able to see when they used yogic jargon and understand how this created client confusion and therapeutic distance. The group worked to distill important concepts into easily comprehensible terms for the yoga layperson. As homework, therapists were asked to delineate several different ways of articulating and communicating tools in the Integrative Yoga Therapeutics system.

The group also explored using the image of a learning laboratory with clients. This learning laboratory model gave clients an opportunity to explore yogic tools, use their awareness to evaluate these tools, and offer feedback to the yoga therapist. This helped trainees and clients experience the therapeutic work as collaborative and experimental, which removed many of the "good client" and "performance pressure" tendencies for both therapist and client. As a result, clients were empowered to take a more active role in their healing process. In many ways, the clients' ability to adopt a learning laboratory approach paralleled our therapists' willingness to engage in the laboratory aspect of yoga therapy and supervision and to see the process as creative, dynamic, nonhierarchical, and collaborative.

Client transference. During this phase, several trainees worked with more challenging clients, such as those with severe mood disorders (for which they took multiple medications and were also in treatment with a psychiatrist and/or psychotherapist). Some also had secondary diagnoses of chronic pain disorders such as fibromyalgia. The group explored a phenomenon known as *projective identification.* This term refers to the tendency for individuals to transfer their negative emotions onto the therapist in an effort to unconsciously learn how to cope with and contain these feelings. Through group supervision, trainees explored methods to detect this dynamic and learned skills to respond thoughtfully and mindfully. The supervision group discussed the significance of projective identification in diagnosis, treatment, and self-study.

Therapist countertransference. Trainees also examined another countertransference theme: righteousness regarding their expectations of clients. The group revisited the Pre-Supervisory Survey, which revealed their expectations that yoga therapy clients have healthy boundaries, are committed to the work, recognize their ability to change, are willing to change, and are present. Trainees acknowledged more fully how challenging these qualities are even for yoga therapists accustomed to self-examination, let alone clients for whom such self-study is a new enterprise. They also recognized that clients need and seek guidance in these areas. At this juncture, they benefited from observing one another struggle with and work through these high expectations. The group perspective, and the repetition of this theme among many different therapist case presentations, helped trainees conceptualize the development of boundaries and self-care as developmental skills. The group acknowledged that one of their primary roles is to model these behaviors as a means of helping clients develop these skills. Individually and as a group, the therapists began to cultivate greater compassion for their clients and to integrate this compassion into treatment.

Phase III process themes

Reactions to supervision experience, revisited. In this phase of supervision, the yoga therapist trainees exhibited less self-consciousness and self-criticism. They experienced less frequent anxiety and were able to regulate it when it occurred. The quality of peer supervision and feedback grew markedly as each recognized, appreciated, and actively sought out constructive collegial feedback.

Performance pressure, revisited. Trainees became better able to distinguish client progress from their sense of self-efficacy. They recognized that the process of personal transformation can be slow and serpentine. They became more compassionate with themselves and with their clients, which enabled them to tolerate therapeutic plateaus and allow the process of yoga therapy to move at its own pace. Emphasis moved from how to use specific tools and techniques to the art of "watching" clients on multiple levels (e.g., physical, emotional, spiritual). The therapists were better able to detect and build upon subtle therapeutic opportunities in sessions. This, in turn, helped clients evolve from effort to ease in their own practice.

C. Post-Supervision. At the conclusion of the group supervisory period, we readministered the perceptions, attitudes, and beliefs portion of the Pre-Supervisory Survey to capture any variance in the therapists' views of yoga therapy pre- and postsupervision. Table 3 outlines their responses in paraphrased form.

These responses demonstrate a growing maturity regarding the trainees' expectations of themselves and of their clients. Although still tinged with some idealism, trainees' postsupervision expectations accommodated a conceptual framework of yoga therapy and the therapeutic relationship as catalysts for clients to learn boundaries, accept responsibility for treatment, and provide the yoga therapist with honest feedback.

Comparison of the Pre- and Post-Supervisory Survey responses (Tables 1 and 3 and Appendix D) indicated that the IYTAT participants' responses after the group supervision period reflected a different and increasingly nuanced understanding of yoga therapy. Postsupervision review suggested a growing comfort with challenge and difficulty as inherent components of yoga therapy. The process of watching one another experience similar insights through struggling with the imperfection and evolution of therapeu-

Table 3. *Post-Supervisory Survey*

What are the most important roles and responsibilities of a yoga therapist?	What are the most important roles and responsibilities of a yoga therapy client?	Please describe the qualities and characteristics of an ideal relationship between yoga therapist and client:
A yoga therapist should be able to • create a safe and healthy container and boundaries for/with the client • be present with the client: listening, observing, empathizing, respecting, engaging, with patience and trust • educate, facilitate, and guide the client's ability to achieve and develop their own insight and power to self-heal • allow experimentation and exploration to guide the work, creating the therapeutic path along with the client • cultivate ongoing skills and working knowledge of yoga, anatomy, and the mind–body connection • welcome each discovery with nonjudgment • maintain strict confidentiality • recognize what is outside the bounds of yoga therapy; refer the client to appropriate providers • coordinate with other treating providers, with the client's consent • model a good practice of self-care • maintain a practice of self-study and self-awareness • practice the *yamas* and *niyamas* especially as they relate to clients	Yoga therapy clients should • come with openness, willingness to explore, be self-compassionate, be nonjudgmental, observe direct experience, honor the messages/language of their own body (though not always nor all at once) • respect boundaries • be and practice (have already taken a big step in seeking the work) • know that it's OK not to take full responsibility for their healing—yet, that too, can be rewarding and revealing • be willing to practice the work between sessions and provide feedback to the therapist • trust and be honest with the yoga therapist • advocate for their own needs and define goals and objectives for yoga therapy • have permission to be active or passive and determine pace of progression • should not expect the therapist to "fix" them, but rather see the therapist as an educator providing them with the tools to "fix" themselves	The ideal relationship between a yoga therapist and client is characterized by • openness, good communication • honesty, integrity, trust • humor, empathy, presence • patience, dedication • respect, nonjudging, compassionate observation • clarity about boundaries • faculties of the therapist and empowerment of the client to create clients' ability to do the work themselves • honoring of the process • an interest in learning something new, exploring, and testing • flexibility in recognizing and accepting when something needs to be changed • an environment that allows for failure • acknowledgment and support of progress • a willingness by both to be responsible in doing their part • recognition that the relationship is not static and is always evolving • potential for a growthful relationship • learning that relationships with clients are so different; some are easy and some are difficult

tic work helped trainees learn skills to work effectively with both simple and complex therapeutic issues.

The Post-Supervision Survey asked the therapists to reflect on the nature of the skills they learned in group supervision and to offer feedback on the effectiveness of the group supervision structure and format. All the yoga therapists participating in the Post-Supervision Survey said they gained both didactic knowledge and self-awareness from the group supervision experience. A sample quote follows:

"I think we developed a well-rounded but still foundational set of tools in our formal teacher and yoga therapy training. The opportunity to discuss specific clients and our approaches within the setting of IYTAT was kind of like upgrading the tool box: better tools, and a deeper box to then begin to fill again. In formal training, we addressed the self-knowledge issues, but with IYTAT, we got to see how those issues play out in a real setting so as to better appreciate the complexity and importance of how boundaries and our own self-awareness can make the difference between getting stuck in a session and successfully collaborating toward a growthful outcome."

We also asked participants to discuss how the format used for supervision sessions influenced their learning process and whether they would choose to change anything. Our participants reflected that the supervision framework was helpful in keeping the group on task while still allowing new questions and comments. They felt that the structure was integral to the group's success. They reported that the format allowed time for listening and assimilation, for correlation of their peers' experiences with their own areas of discomfort or hesitancy, and for integration of Forbes's insights and feedback. They found the supervision notes helpful for tracking themes over time and for reflecting on their progress and growth.

Finally, the Post-Supervision Survey addressed the therapists' internal experience of clinical group supervision. Table 4 illustrates their paraphrased responses.

The yoga therapist trainees benefited from group super-

Table 4. *Post-Supervisory Survey*

What are two or three things that you learned from your participation in the IYTAT?	What was your participation in IYTAT like for you emotionally?	What did you gain from this modality of learning that you could not have gained without it?
I learned • honest, open, compassionate feedback from peers and supervisor is invaluable to the growth of a yoga therapist • how better to approach client sessions: to create a container for experimentation, trial and error (and being OK with the "error"), and partnered exploration toward client's therapeutic goals • if we are to suspend our own stories (as yoga therapists), new opportunities can evolve • we can heal injury, both emotionally and physically, through being present • we can also cultivate a sense of joy and gratitude by deepening our ability to connect to our bodies • how to better modulate my own energy by setting clear boundaries for myself and the client • the benefits of being able to share questions, issues, and small victories with a team of people even if the victories were of new insight distilled from (sometimes uncomfortable) discussions • if I found myself wanting to put a positive spin on an event or if I found myself defensive, there usually was something below the surface worth examining, and the group supervision was a way for me to examine that more closely so that I did not continue to bring my "own stuff" into client sessions	In this experience • the work brought up feelings of inadequacy and self-doubt so there was some discomfort in presenting to the group, even though we were working within a supportive setting • initially I found my participation challenging emotionally • at first we were anxious about putting out work that would be critically reviewed in front of our teacher and peers, and encountered the fear of "being wrong" • the group developed such a supportive environment for learning without judgment that our anxiety turned into excitement to share and learn from our teacher and colleagues • it was complex and beneficial: the close camaraderie and safety net that the group supervision presented made a huge difference to the quality of our work, yet at times meant examining difficult issues. This accounts for the value of group supervision: addressing discomforts, competitive impulses, the desire to project an image of a "good student" out in the open meant that ultimately our individual strengths and weaknesses contributed to our learning	I gained • experience working with real clients in a one-on-one setting for multiple sessions; the support provided by the group and this structured setting was invaluable • the ability to not feel alone, which was of great benefit • perspective: we could not have learned what we did without the group supervision, the preparation for cases, and the participation in group discussion and analysis of cases. Moving from the theoretical to the application with continued supervision seems essential for growth as a therapist • the ability to work with special populations with whom there is so much more to consider that just putting together a yoga sequence • the ability to put group thoughts into practice, and then return to the issue in subsequent meetings was an amazing way to learn • the ability to learn the nuances of client work: often our pre-presentation reflections would be radically changed by learning, through supervision, that the true focus was different. I would not otherwise have learned how to think about clients in this way. I gained a network and group supervision while working with private clients, especially when those clients bring vulnerabilities, emotional issues and trauma (physical/ emotional)

vision in many ways. They became more aware of their internal beliefs and processes and learned to offer constructive, collegial feedback. They began to embrace discomfort as a tool for personal growth and professional development rather than avoid it. They began to rely less on prescriptive interventions and learned to engage clients from a knowledgeable yet spontaneous and fully present place. They developed a robust set of tools and mechanisms with which to meet the challenges that often occur in the deep work of Integrative Yoga Therapeutics.

Discussion

At the close of this clinical group supervision process, the authors posed the following questions: Is group supervision a valid and effective structure within the context of a yoga therapy training program? Are there any negative effects of this form of supervision for yoga therapy apprentices? What does group supervision offer that other supervisory structures (such individual or peer supervision) may not?

At the outset, this process was extremely challenging for our yoga therapists-in-training from both didactic and self-study perspectives. It is possible that some beginning yoga therapists, particularly those with no prior experience with supervision or with already high levels of performance anxiety or difficulty with group dynamics, would need additional individual support to successfully navigate group supervision. Trainees' discomfort cannot be avoided, and it occurs in the service of personal and professional growth. It is likely that individual supervision would not trigger as much of this productive discomfort and that issues that arose in group supervision would not be addressed. Despite the initial emotional discomfort, the authors and the IYTAT group unanimously endorse the NESIYT model of clinical group supervision as a highly effective modality for imparting unique didactic information and experiential training to beginning yoga therapists. To illustrate, we include select quotes from our Post-Supervision Survey here:

> *"Cultivating the art of being comfortable in putting out my work for critical feedback, candidly presenting my approach in the IYT session, recognizing the challenges I faced, and then being open to receiving the feedback from my peers and from Bo are essential. In so doing, I could then take advantage of the real learning that comes from an honest exploration of the work."*

> *"Seeing myself present in front of others and seeing similar issues from a distance when others presented their cases gave me a vantage point and insight that would otherwise not have been available to me. I would not want to do private work with clients—especially clients who are*

drawn to the holistic approach of integrative yoga therapy— without the benefit of a structured network of people with whom to discuss the work in a group setting."

We believe that the NESIYT model of group supervision helped trainees evolve personally and professionally in significant ways that differ from peer and individual supervision. Our Post-Supervisory Survey indicated that yoga therapist trainees made significant gains in relation to didactic learning and clinical skills. Gains in learning themes included negotiated interaction with referring and other adjunct therapists, therapeutic sequencing, evaluation of client progress, awareness of the need to establish and maintain boundaries, and navigation of client transference and therapist countertransference. Gains in relation to process themes encompassed a softening of performance anxiety and self-judgment in relation to the process of supervision, ability to obtain additional practice and learning by watching colleagues wrestle with similar therapeutic themes and issues, and the ability to give and receive collegial feedback.

The therapists' concluding comments, as well as the discussion of the themes during the three phases of supervision, reinforced the importance of sharing multiple and iterative examples of challenges and issues through the group's structure. A key element of therapist learning came from experiencing themes not as personally unique, but as shared issues and natural stepping stones in the development of a sophisticated and varied set of strategies for doing yoga therapy.

The NESIYT model of group supervision also fostered the yoga therapist trainees' connection to one another. It established a framework that many of them continue to use for seeking out peer supervision in their therapeutic work. Accordingly, we recommend structured group supervision as an effective element of yoga therapy training programs. We hope that this documentation of the emergence of didactic and process themes in our group supervision cohort provides a useful blueprint for other yoga therapy training programs.

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Acknowledgments

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Appendix A

NESIYT Clinical Group Supervision Model
Integrative Yoga Therapeutics Apprenticeship Track
Pre-Supervisory Survey for Participants Entering the NESIYT Yoga Therapy Program

1. What are your personal and professional goals for participating in the Integrative Yoga Therapeutics Apprenticeship Track?

2. What self-study themes do you anticipate working with this year in the Track (Samskaras, boundaries, etc.)? In what ways?

3. How can the Track best facilitate your self-study and realization of your goals?

4. What forms of yoga have you or do you practice?

5. What yoga/mind–body teacher training programs have you completed?

6. What yoga/mind–body teacher training programs are you in the process of completing?

7. How many one-on-one yoga sessions have you completed? Please describe the nature of these sessions.

8. What do you think are the most important roles and responsibilities of a yoga therapist? You may use single words, descriptive phrases, metaphors, or a paragraph to answer.

9. What do you think are the most important roles and responsibilities of a yoga therapy client? Again, you may use single words, descriptive phrases, metaphors, or a paragraph to answer.

10. How do you think Integrative Yoga Therapeutics differs from each of the following:
     a) Individual yoga instruction
     b) other "alternative" therapies (e.g., acupuncture, homeopathy)
     c) other schools of yoga therapy
     d) bodywork (e.g., massage, shiatsu, rolfing)

11. Please describe the qualities and characteristics of an ideal relationship between a yoga therapist and client.

12. Do you have any further reflections on proficiency—a combination of competence, knowledge, & confidence— in your learning and practice of Integrative Yoga Therapeutics?

13. What are your personal and professional goals for participating in the Integrative Yoga Therapeutics Apprenticeship Track?

14. What self-study themes do you anticipate working with this year in the Track (Samskaras, boundaries, etc.)? In what ways?

15. How can the Track best facilitate your self-study and realization of your goals?

16. Please rate your proficiency in the following areas:
    a) New client intake
    b) Designing therapeutic sequences
    c) Communicating with clients
    d) Instructing active yoga therapeutics
    e) Instructing Restorative Yoga
    f) Verbal assisting of clients
    g) Physical assisting of clients
    h) Leading therapeutic meditation

17. Please list your proficiency with the following populations:
    a) Spinal anomalies
    b) Fertility issues
    c) Pregnancy
    d) Anxiety, insomnia, depression
    e) Addictions
    f) Chronic pain disorders
    g) Elderly clients
    h) Injury prevention and rehabilitation
    i) Injuries
    j) Eating and body image disorders
    k) Performance enhancement (athletic performance)
    l) Immune disorders
    m) Nervous system disorders
    n) Osteoarthritis
    o) Hypermobility/joint laxity

18. Do you have any further reflections on proficiency—a combination of competence, knowledge, & confidence— in your learning and practice of Integrative Yoga Therapeutics?

19. What are your personal and professional goals for participating in the Integrative Yoga Therapeutics Apprenticeship Track?

20. What self-study themes do you anticipate working with this year in the Track (samskaras, boundaries, etc.)? In what ways?

21. How can the Track best facilitate your self-study and realization of your goals?

22. Finally, please ask (and answer) here any missing questions that would have been helpful to ask on this survey and/or any additional comments or questions that you have as you begin the IYTAT.

Many thanks for your thoughtful participation!   Namaste

Appendix B

NESIYT Clinical Group Supervision Model
Integrative Yoga Therapeutics Apprenticeship Track
Case Presentation & Discussion Framework

In order to facilitate productive case discussions, where both the presenter and his or her colleagues in the Track learn deeply, this framework distributes responsibility for important case discussion roles (presenter, facilitator, note-taker), allowing all Track members to participate in many ways.

Before the Case Discussion:
- **Presenter** prepares a short written summary (1–2 pages) of the case, including the following. Please do not name the client in this document, or use a pseudonym:
- key therapeutic issues (see Clinical Notes template for ideas)
- example sequence (just a typical one, outlined briefly)
- your main questions for discussion-what you'd like to learn about/from this case.

- **Presenter** e-mails summary to colleagues *at least 72 hours prior* to IYTAT meeting.
- **IYTAT participants** read the summary thoroughly before the meeting. Please print and bring a copy with you to the meeting.

At the Case Discussion (~40+ minutes total):
Roles (besides presenter—see next page for detailed process):
- **Facilitator:** manages the time, invites contributions from a range of IYTAT participants, and keeps the case presenter from dominating the conversation
- **Note-taker:** writes down any key insights about the case from the discussion and gives those notes to the presenter at the end
- **Supervisor:** guides the case clinically by asking questions, etc.

After the Case Discussion:
- **Note-taker** gives notes to **presenter.**
- **Presenter** revises his or her summary of the case to include insights, solutions, and next steps (if continuing to work with the client).
- **Presenter** sends an updated summary to Bo and the group by e-mail **within 72 hours** of the case discussion.

Appendix C

NESIYT Clinical Group Supervision Model
Integrative Yoga Therapeutics Apprenticeship Track

Detailed Case Discussion Process (~40+ minutes total):

1. **Case Presenter** introduces case very briefly, **1–2 minutes:** focus on the essence and what the case presenter feels s/he wants or needs to learn, or can't yet see, or what is liminal about the case.

2. **Questions: ~10 minutes (facilitator checks with group before moving on)**

   Facilitator invites questions from *IYTAT participants and supervisor.*
   Case Presenter answers. Everyone has read the summary, so these questions should go further, not resummarize the case.

   Questions could include:

   - What happened when…
   - How did the client respond to …
   - What did you observe (content, essence) about the client's …
   - Questions about the essence and form of the sessions…

3. **Brainstorming: ~ 10 min. (facilitator checks with group before moving on)**

   IYTAT Participants **and Supervisor** brainstorm about the case (interpretation, diagnostic issues, etc.) with *Facilitator's* guidance. *Case Presenter* watches and listens. At this point, the discussion **does not address the Presenter directly** — it is an important opportunity for the presenter to sit back and listen without having to be in the spotlight.

   Brainstorming at this stage could include such topics as:

   - What is the therapist bringing to the dynamics of the case?
   - What is the client bringing to the dynamics of the case?
   - What "Deep Visceral Body" issues might be important, either in the therapist or the client?
   - How might the therapist solve his or her challenge/question/puzzle?
   - More on the liminal space the therapist might be in

4. **Open Discussion with Case Presenter: ~5 minutes**
   (facilitator checks with group before moving on)

   Facilitator first invites Case Presenter back into the conversation to reflect on what s/he has heard, any new insights, etc.

   Open discussion follows.

5. **Reflection on Themes Raised in the Case: ~ 5 min.**

    Group discusses any broader, more widely applicable, or important themes that emerged from the case discussion. The Supervisor might, on occasion, have some thoughts or questions for us here…

6. **After the Case Discussion:**

    - *Note-taker* gives notes to *presenter.*
    - *Presenter* revises his or her summary of the case to include insights, solutions, and next steps (if continuing to work with the client).
    - *Presenter* sends updated summary to supervisor and the group by e-mail. This summary should be kept separate, and at the front of the document, so readers need not scroll through.
    - The *summary should not be a reiteration of the presenter's notes,* but rather a representation of what they have taken from the supervision experience, what they learned, and what they will continue to work on (i.e., next steps) in terms of gaining a fluency with the issues that came up.
    - *The summary is due 72 hours after the session.*

7. **Contacting Bo in between supervision sessions:**

If something occurs in between supervision and you would like some support with your client issue, you can contact the supervisor. Please make sure, before doing so, that you have taken the following steps, below. This will ensure that you are continuing to use the skills you have acquired during supervision and also not requiring the supervisor to obtain additional information from you in responding.

- *CIYT yoga therapist* identifies that an issue has come up in therapy.
- *Before emailing* the supervisor, the yoga therapist should review (and prepare in writing) the following questions:
    - What is the brief history of the relationship with the client?
    - If this is a client intake, include the intake at the bottom of the email.
    - What are the major issues (both clinical and structural, e.g. boundaries, etc.) that the client is bringing to the case?
    - Is there anything that you, as a yoga therapist, have not done early on (either structurally or clinically) and now feel would be challenging to do, or that you need help on gracefully doing?
    - What response would you like to give, and why?
    - What might be the consequences of this response, both positive and negative, if you try this (both for the client and for the therapeutic relationship)?
    - What specific questions do you have for the supervisor, i.e., what input would help you the most (rather than asking, "What should I do?")
    - Have you thought of consulting with a colleague before emailing the supervisor? If so, what were the results of that conversation (briefly)? If not, why not?

Appendix D
Comparison of Pre- and Post-Supervisory Survey Responses (Paraphrased)

Question	Pre-Supervisory Survey Responses	Post-Supervisory Survey Responses
	A yoga therapist should be able to create a safe and healthy container for clients' growth; maintain healthy boundaries; be consistent and reliable; be deeply present; be empathic; be flexible in adapting to client issues and to the process of the therapy session; observe and integrate both obvious and subtle cues from the client; receive constructive feedback from clients; empower the client to take an active role in his/her health and well-being; demonstrate a thorough beginning knowledge of Integrative Yoga Therapeutics.	A yoga therapist should be able to create a safe and healthy container and boundaries for/with the client; be present with the client: listening, observing, empathizing, respecting, engaging, with patience and trust; educate, facilitate, and guide the client's ability to achieve and develop their own insight and power to self-heal; allow experimentation and exploration to guide the work, creating the therapeutic path along with the client; cultivate ongoing skills and working knowledge of yoga, anatomy, and the mind–body connection; welcome each discovery with nonjudgment; maintain strict confidentiality; recognize what is outside the bounds of yoga therapy; refer the client to appropriate providers; coordinate with other treating providers, with the client's consent; model a good practice of self-care; maintain a practice of self-study and self-awareness; practice the *yamas* and *niyamas*, especially as they relate to clients.
What do you think are the most important roles and responsibilities of a yoga therapist? What do you think are the most important roles and responsibilities of a yoga therapy client?	A yoga therapy client should take responsibility for his/her healing and growth; be ready to make a change; maintain and respect healthy boundaries; be present; be willing to change their personal narratives; have trust in themselves and the yoga therapist; be open-minded to the possibility of growth and change; recognize his/her ability to grow; be patient; communicate honestly about his/her presenting issues.	A yoga therapy client should come with openness, willingness to explore; be self-compassionate; be nonjudgmental; observe direct experience; honor the messages/language of her/his own body (though not always nor all at once); respect boundaries; be and practice (s/he has already taken a big step in seeking the work); know that it's OK not to take full responsibility for their healing yet—that too can be rewarding and revealing; be willing to practice the work between sessions and provide feedback to the therapist; trust and be honest with the yoga therapist; advocate for their own needs and define goals and objectives for yoga therapy; have permission to be active or passive and determine pace of progression; should not expect the therapist to "fix" them but rather see the therapist as an educator providing them with the tools to "fix" themselves.
Please describe the qualities and characteristics of an ideal relationship between yoga therapist and client.	The ideal relationship between a yoga therapist and client is characterized by appropriate boundaries; open communication between both parties; a clear sense of roles and responsibilities; patience with the process of yoga therapy; a partnership of two valued systems of expertise: the expertise of the therapist in safe, therapeutic, and life-enhancing yoga practices; the expertise of the client in self-reflection and intention toward self-appreciation; a mutual willingness to explore uncharted territory; mutual trust.	The ideal relationship between a yoga therapist and client is characterized by openness; good communication; honesty, integrity, trust; humor, empathy, presence; patience, dedication; respect, nonjudging, compassionate observation; clarity of boundaries; the faculties of the therapist and empowerment of the client creating the client's ability to do the work themselves; honoring of the process; an interest in learning something new, exploring, and testing; flexibility in recognizing and accepting when something needs to be changed; an environment that allows for failure; acknowledgment and support of progress; willingness by both to be responsible in doing their part; recognition that the relationship is not static and is always evolving; thinking of the most potential for a growthful relationship; recognizing that yoga therapist–client relationships differ—some are easy and some are difficult.