Suzette Turner-Clark, LCSW/S, RPT-S

200 Level Teacher Training for Professional Therapists

March 21, 2018

Thesis:

Effects of Mindfulness Based Stress Reduction Interventions (MBSR)
on Mental Health Outcomes

I. Introduction – Stress in America

   A. Effects of stress

   B. Effects of long-term stress on mental and physical health

1. Stress management

II. Complementary and alternative treatments

1. Stress and MBSR interventions
2. Yoga
3. Meditation – components of MBSR

 B. i-Rest (Integrative Restorative Yoga)

 1. Stages of iRest

1. Populations

 III. Research on MBSR practices and mental health

 1. Evidence for MBSR practices impact on mood

      2. Influence of MBSR interventions

 IV. Epilogue

1. Application of mindfulness based practices into the clinical setting
2. Settings
3. Referral sources
4. Ethical and legal considerations
5. Private practice location
6. Yoga studio location
	1. Suggested class designs

   V. References

Thesis: Effects of Mindfulness Based Stress Reduction (MBSR)
Yoga on Mental Health Outcomes

1. Introduction – Stress in America

According to the American Psychological Association (APA,) more Americans reported symptoms of stress in the last decade. The results of APA’s recent August 2017 poll showed a statistically significant increase in anxiety for the first time since the survey was initially conducted in 2007. The sources of stressors cited included personal safety and terrorism, as well as impressions of the US political climate and the uncertain future of our nation. In fact, more than half of Americans said they consider recent times the lowest point in U.S. history that they can remember. This poll included every generation, including those who lived through World War II, Vietnam, the Cuban Missile Crisis and the September 11th terrorist attacks. Other sources of worry for Americans were reports of increased acts of terrorism and police violence towards minorities (APA, 2017).

Statements regarding climate change were named as stressors impacting American citizens in an earlier March 2017 study (Clayton, et. al, 2017). The impact of changes in our climate are considered both direct and indirect with a significant influence on human mental or physical health. Sources of stress from natural disasters aggravated by climate change, such as floods, storms, wildfires and heatwaves, are obviously direct. With the focus on worldwide negative news, a majority of folks are aware of these events whether the climatic influence is in their own backyard or not. But there are also other gradual indirect stressors ranging from changing temperatures and rising sea levels that cause forced migration, weakened infrastructure and less dependable food systems. Major chronic mental health impacts include “higher rates of aggression and violence, more mental health emergencies, an increased sense of helplessness, hopelessness or fatalism and intense feelings of loss.” A comprehensive sense of ‘loss of control’ may be due to vast changes in a personally important location (such as one’s home) or over events in one’s life due to instabilities relating to climate change. (Clayton, et. al, 2017).
While human stress has been historically present in its various forms, a newer kind of stress has emerged in the manner of technological information overload. In an additional report, the effects of technology and social media were examined to better understand their link to stress, relationships, overall health and well-being (APA, 2017). It is no surprise that the research indicated an increased use of social media by American adults (from seven percent to 65 percent between 2005 and 2015). The recent study indicated that almost all (99 percent) adults owned at least one electronic device; a computer (86 percent,) an internet-connected smartphone (74 percent) and/or a tablet (55 percent). Rates have increased tremendously with Facebook and Instagram enjoying more than 2 billion combined monthly users. (Global social media ranking, 2016). It is interesting to consider human attachment to electronic devices and the profile of the “constant checker.” Those people who continuously check emails, texts or social media accounts (43 percent of Americans) have increased their levels of stress in doing so. Internet Addiction Disorder (IAD) has been studied due to its effect on impairing human lives by causing neurological complications, psychological disturbances and social problems. In fact, the topic was seriously debated to include the compulsive behavior as a mental health diagnosis, i.e., Internet Addiction Disorder*,* in the *Diagnostic Statistical Manual* (DSM-5). (Cash, et. al, 2012). According to attachment theory, humans have a strong need for relatedness (Bowlby, 1988). But contrarily, constant checkers expressed feeling increased levels of emotional disconnectedness from their family and friends. It was reported that they would be less likely to meet with others “in-person” due to relying on the convenience of social media. The human brain has evolved due to it’s a highly connected social environment. Many of the brain’s basic functions rely on social co-regulation for balanced emotional and physiological states. Sadly a sense of a tangible human community appears to be eroding over time. People are more connected, but are nonetheless lonely. Electronic experiences of emotional separation and isolation are psychologically painful to those with a lack of tangible connectedness. These unnatural virtual relationships can often intensify mental disorders, such as anxiety and depression.

1. Effects of stress

A rise in perceived stress is unfavorably shaping American physical and mental health. Eighty percent of its citizens reported experiencing at least one symptom of stress. Physical and emotional symptoms such as headaches (34 percent,) feelings of being overwhelmed (33 percent,) nervousness/anxiousness (33 percent) or depression/sadness (32 percent) were reported by those interviewed (APA, 2017). Stress is normal. Living creatures experience angst as part of their natural existence. And of course, not all stress is harmful. When the stakes are high, a sense of urgency can be helpful in facilitating improved performance. Some examples where stress is considered valuable may when one is preparing for a test, getting organized for an important meeting or making quick decisions during an emergency for positive survival outcomes. There are different kinds of stress, such as the normal ongoing daily stressors of simple existence. Or acute anxiety brought on by unexpected life changes, such as the loss of a loved one or valued employment situation. More extreme forms of traumatic stress examples include involvement in a car accident, immersion in a war environment, an assault or natural disaster experience. These types of encounters comprise the perception that one’s life has been endangered. Traumatic stress ignites the flight or fight part of the sympathetic nervous system into action, increasing heart rate, blood pressure, respiration and muscle tension. For these folks, various temporary symptoms of mental illness arise and usually decline after the threat of serious danger has passed.

   B. Effects of long-term stress on physical and mental health

Chronic stress is defined as persistent and continued over a length of time. Prolonged tension of this type wreaks havoc on physical and psychological well-being. Chronic long-term stress can seriously effect one’s health, as the same survival responses in the body that saves one’s life can also suppress the immune, digestive, sleep and reproductive systems. Long-term hindrance of these structures can cause them to stop working normally. Over time an assortment of issues such as anxiety, insomnia, muscle pain, high blood pressure and a weakened immune system have to potential to present themselves. The American Psychological Association’s research shows that stress contributes to the development of major illnesses, such as heart disease, depression and obesity. (APA, 2010). It is common for people under enduring duress to complain of physical symptoms of digestive problems, headaches, sleeplessness, as well as emotional issues of sadness, anger or irritability. Because the immune system becomes dysregulated, people are prone to succumbing to frequent viral infections, such as the flu or recurrent common colds. As the American society’s population moves frenetically through their daily routines, individuals may fail to notice that stress is putting a severe strain on their bodies contributing to their health issues. In the realm of mental health, longstanding stress can result in depression and anxiety. According to the National Institute of Mental Health (NIMH,) in order to deal with the various influences of stress on one’s physical and mental state, it is recommended that citizens explore regular participation in stress management programs, such as meditation, yoga or tai chi. For certain stress-related conditions, these approaches are used as an adjunct to other forms of treatment such as psychotherapy or medications (NIMH, 2017). Anxiety disorders are cited by the Anxiety and Depression Association of American as the most widespread mental health issue in the U.S. with 40 million adults influenced (18.1% of the population). Anxiety results from a multifaceted set of risk factors that include consideration of genetics, neurobiology, personality and life events. Anxiety disorders are correctable, yet only 36.9% receive any type of treatment. Anxious people visit the doctor more often and are six times more apt to be referred to psychiatric hospitals for mental health problems. Unfortunately, there is comorbidity with anxiety diagnoses, which means that another problem usually co-occurs with anxiety. Approximately 50% of those diagnosed with anxiety disorder as also diagnosed with depression. There are a host of other mental and physical comorbidities that accompany anxiety (ADAA, 2017). The costs of chronic stress are obviously serious. Unfortunately not all Americans are changing their ways of living to manage stress. In the long run, our populace is failing to realize and act on the use of stress management programs as a prevention for detrimental physical and mental health problems.

1. Stress management

Americans continue to grapple with their stress management skills; perhaps they are too busy to mindfully stop and take stock of their lives. Because of the cultural normalization of over-scheduling practices, many Americans may think they don’t have the opportunity for self-care. It is suggested that people construct personal attributes and social supports to help them to plan for and recuperate from the mental traumas and stressors of life.
Recommendations suggested by the APA (2017):

1. Build belief in one’s own resilience

2. Foster optimism

3. Cultivate active coping and self-regulation skills

4. Maintain practices that help to provide a sense of meaning

5. Promote connectedness to family, place, culture and community

There are many other forms of suggested treatments for stress-related anxiety and depression proven to be effective, such as cognitive-behavioral therapy, medication, complementary and alternative treatments and transcranial magnetic stimulation (ADAA, 2017). But for the purposes of this thesis, complementary and alternative treatments will be the focal treatment to be considered.

1. Complementary and alternative treatments

Research has clearly illustrated that anxiety disorders are among the most common mental health problems in our country, as of this writing. Anxiety sufferers discover that standard treatment options can often be unsatisfactory. For this reason, complementary and alternative medicines (CAM) are pursued to assist as an additional support to mitigate mental health issues. Individuals diagnosed with a psychiatric illness may be more likely than the general population to use CAM therapies, particularly those patients with elevated anxiety (Konnopka, et. al, 2008). Studies suggest that 30 to 43% of patients treated in primary care for anxiety use CAM remedies as at least part of their treatment ([Bystritsky, et al., 2012).](https://www.uptodate.com/contents/complementary-and-alternative-treatments-for-anxiety-symptoms-and-disorders-physical-cognitive-and-spiritual-interventions/abstract/1) Therapists may find it valuable to be familiar with CAM treatments for safety and effectiveness in working with their patient’s psychiatric issues. Complementary and alternative therapies typically involve a host of physical, cognitive and/or spiritual applications. For instance, some of these treatments are herbal/dietary enhancements used along with or in addition to medical treatments for anxiety and depression. Yoga’s increasingly-accepted therapeutic offerings is among popular CAM remedies used to improve and maintain health and well-being. Yoga has become so widespread that more research is being conducted to test its effectiveness. Ehrlich, Gaster & Gaster (2013) noted that scientific studies and integrative medicine programs at major medical centers and universities are bringing yoga into the mainstream of medical education, research and clinical. Meditation is another supportive CAM remedy for stress. According to Mental Health America (2017,) meditation in its diverse forms is considered a CAM treatment used to subdue the mind and cope with stress. In addition to controlling anxiety, studies have also shown it can reduce depression and help people manage chronic pain. Research continues to be conducted to test the effectiveness of meditation particularly for depression, schizophrenia, anxiety, post-traumatic stress disorder (PTSD) and attention deficit hyperactivity disorder (ADHD). For example, over 600 research studies on Transcendental Meditation (TM,) designated the positive effects of this stress reducing technique. Yoga and meditation are defined independently, but it should be recognized that meditation is an essential part of the yoga asanas and difficult to separate from meditation activities. One drawback to the contemplative pursuit of meditation is that for patients presenting with anxiety, the activity will be difficult to learn in a restless state (MHA, 2017). As suggested by L. Spaulding, there are techniques for working with the anxious client. An example may be initially inviting simple, distracting physical movement prior to introducing the confines of structural breath-work (personal communication, December 2017). One of the world’s oldest medical practices, acupuncture, is cited as a CAM therapy, as well. The most common techniques of acupuncture studied and used involve manual manipulation and/or electrical stimulation with thin, solid metallic needles inserted into skin to invigorate specific anatomical points. The goal of acupuncture is to promote and restore the balance of energy that flows throughout the body. The benefits of this method can extend to a wide variety of conditions, from emotional disorders like anxiety and depression to physical complaints.
Yoga, meditation, supplements and acupuncture are certainly not an exhaustive list of CAM remedies. Evidence-based support to work with anxiety, stress and panic disorders, listed in order of safety to cautionary side effects, is a list of CAM treatments: 1) Cranial electrical stimulation 2) Insosital for panic disorder 3) Meditation 4) Rhodiola
 for stress 5) Wellness 6) Yoga for anxiety, PTSD and ADHD 7) Tryptophan/5 HPT
 for anxiety and 8) Kava for anxiety and stress (MHA, 2017).

   A. Stress and mindfulness-based techniques

1. Yoga – Since yoga has become a common choice as a form of self-management intervention assuaging the effects of stress, it is important to test the method’s value. [Pascoe](https://www.ncbi.nlm.nih.gov/pubmed/?term=Pascoe%20MC%5BAuthor%5D&cauthor=true&cauthor_uid=28963884), [Thompson](https://www.ncbi.nlm.nih.gov/pubmed/?term=Thompson%20DR%5BAuthor%5D&cauthor=true&cauthor_uid=28963884) and [Ski](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ski%20CF%5BAuthor%5D&cauthor=true&cauthor_uid=28963884) (2017) reported that practices including yoga asanas appeared to be associated with improved regulation of the sympathetic nervous system and hypothalamic-pituitary-adrenal system in various ways. In another study regarding mental health professionals and the effects of yoga practice on burnout, there was evidence shown for yoga’s significant reduction on work-related stress and therapist’s enhanced ability to adapt and react to stress (Shu-Ling Lin, et. al, 2015). Yoga combined with Mindfulness-Based Stress Reduction (MBSR) has been observed to be an excellent way to reduce stress. MBSR was originally developed by Jon Kabat-Zinn as a group program in the 1970s to treat patients struggling with life’s difficulties, as well as physical and/or mental illness (Kabat-Zinn, 2017). MBSR continues to be developed as a tool to help folks live with less suffering and more joy, which is also is a goal of yoga practice. Applied for its mental and physical benefits for thousands of years, yoga is said to be the union of mind and body. More than a physical practice, the philosophy of true yoga teaches the art of skillful living, finding balance and maintaining poise within the chaos of life’s continuous transformational challenges. Using the concept of mindfulness in concert with yoga, people learn to connect to their internal resources to discover a sense of wholeness. This connectedness to an innate sense of ‘goodness’ while enduring life’s daily stressors, reduces suffering and brings a greater sense of well-being in life. **Hatha yoga and mindfulness meditation respectively and equally cast the brain's conscious processing power onto a distinct object. With a clear-cut focus on breath and pose, this singular concentration helps to reduce processing of nonessential information. A sensation of centered groundedness can be experienced as the result of this act. Mindfulness meditation techniques on the mat may include an important aspect of noticing the sensations of the pose in an** attentive way, as in the following an example:

“Now imagine this: You're standing in Virabhadrasana I, noticing the same sensations, having the same thoughts and feelings—anger, boredom, impatience, tension. But instead of reacting, you simply observe your thoughts. You remember that this pose, like everything else in life, will eventually end. You remind yourself not to get caught up in your own story line. And, in the midst of feeling irritated while your thighs burn, you appreciate the sweetness of the moment. You may even feel a wash of gratitude that you have the time and privilege to do a hatha yoga practice. Then you bring your awareness back to your breath and witness the ongoing sensations and thoughts until the teacher guides you out of the pose.” (Isaacs, 2008).

1. Meditation - An important component of mindfulness based stress reduction is meditation. This activity encourages one to take responsibility for mental states, to learn to adjust their reactions to everyday experiences usually with intentions to produce more positive outcomes. An important piece of meditation is to become conscious (mindful) of troubling thought patterns in order to gain the ability to ‘reframe’ one’s cognitions for the better. For example, exploring how one actually perceives the sensation of stress. Regular meditation facilitates awareness of the meaning that a person attaches to their thought patterns, as well as the resulting emotions and behaviors. Another component of meditation is that it encompasses the practice of turning one’s attention to a single point of reference. An individual can focus on their breath, body sensations or on a single word/phrase known as a ‘mantra.’ Therefore, meditation means turning your attention away from distracting thoughts and focusing on the present moment. Meditation is deceptively simple. A cartoon from *The New Yorker Magazine* sums it up when one old spiritual follower of a meditational religion reveals the truth to a younger associate with whom he shares the lotus position (Wilson, 2008) :



Richard Miller, PhD, the founding president of the Integrative Restoration Institute and co-founder of the International Association of Yoga Therapists, is well-known for assisting others to create a lasting and impactful meditation practice. He focuses on how meditation is based on the breath and is one of a person’s most powerful healing resources. The breath has a multi-faceted influence on the body and mind. Deep, slow and rhythmic ‘whole-body’ breathing can reduce anxiety, fear, pain and [depression](http://www.yogajournal.com/category/poses/yoga-by-benefit/depression/) (Miller, 2016). The meditative state activates the immune system increases one’s ability to concentrate and focus. To put it modestly, the breath can release healing and “feel-good” hormones. For example, serotonin and oxytocin are released by activating the parasympathetic nervous system. The ‘rest-renew-heal’ response aids one in feeling relaxed, in control of their own experience and connected with the Self and the World (Miller, 2016).

1. iRest (Integrative Restorative Yoga)
2. What is iRest?

Coming from the tradition of Yoga Nidra, iRest is a contemporary revision of an ancient practice of healing, relaxation and well-being. It is a form of mind-body training with clinically-evident effects. The practice is meant to promote deep healing, health, resiliency and well-being. As noted previously in this thesis, Dr. Richard Miller and associates developed iRest with over 40 years of observation, research and practical experience involving a range of populations. The evidence-based benefits of iRest include reduction of PTSD, insomnia, anxiety, chronic pain, depression and even chemical dependency (Integrative Restorative Institute, 2017). Those that took part in the studies reported reduced negative emotions and thought patterns while increasing their ability to relax, think more clearly with improved functioning in their everyday living. Another benefit is that the effects of this practice are cumulative from the very first session. Mindfulness-based practices, like iRest, are comparable to neural conditioning programs. These treatments target brain plasticity in sensory, motor and limbic areas, as well as prefrontal cortical functioning. Emotional self-regulation, ethical decision-making, resiliency, cognitive and emotional skills, empathy and the sense of well-being are cultivated by the neural pathways and responsible for the quality of a person’s physical and mental health. The contraindications for iRest are few, as it is touted as being adaptable to a wide range of individuals, groups and settings, as well as for those taking medications or having a DSM-5 diagnoses (DSM-5, 2013).

How does iRest Work?
The process guides one through various experiences. The person’s task is to rest at ease while observing and welcoming sensations, breath, feelings, emotions, beliefs, images and memories that naturally arise. As the practitioner learns to welcome ‘all that is,’ they are invited to step back into being an Observer, or Witness, to the aspect of themselves that always observes what is present. At the core of iRest is a step-by-step protocol that is like a map guiding one along a path of meditation. Generally in a class setting, an iRest Yoga Nidra may last between 20-35 minutes. However, one can offer lovely longer practices of an hour or more, as well as nice shorter practices lasting a few minutes. It is important to note that not every stage of the iRest Yoga Nidra process should be routinely practiced each time. The teacher’s role, as holder of the space, is to maintain creation of a truly safe space within which to practice. Teachers should support the client in first establishing a strong sense of one’s own grounding before moving a client into the subsequent stages of experiencing and welcoming strong emotions or deeply held beliefs. (D. O’Bryan, personal communications, July 2017). It is critical for teachers to consider that with meditation practices such as iRest Yoga Nidra – effectiveness and depth are often dependent on the receptivity, personal preferences and life experiences of each practitioner. As each teacher brings their own distinct style, expression and healing, success depends on the experience, approach and abilities of any one particular teacher.
Stages of iRest
**Initial Relaxation
First, one enters into the practice space and brings themselves into the present moment. Participants are asked to explore the question, “What would make me most comfortable during this practice?”
Setting an Intention** After settling into a comfortable position, it is encouraged to set an intention for the practice. Members are asked to establish the reason as to why they want to learn the practice of iRest. Illustrations are given of various intentions: just being present, feeling at ease and safe, remaining awake/alert or just simply to enjoy deep rest.
**Connecting to a Heartfelt Desire** Clients are asked to reflect on what they deeply wish for their life. Other questions may ask members to explore the guiding principles as to how they live? What gives their life profound meaning? While this may be an ongoing query, clients are asked to affirm their heartfelt desire as a short, clear, positive statement in the present tense, as though they are consistently connecting to their deeply -felt desire to be in harmony with themselves and with the universe at large.
**Inviting Support of an Inner Resource**
Any hypothetically life-changing and genuine meditative question may be difficult for most people on many levels. So Miller felt it crucial to include, as part of the practice, the cultivation of an Inner Resource. The Inner Resource is a private internal place where an individual can be completely safe and secure (or calm, at ease and relaxed). It is supposed to be a place to which one can return any time they feel disturbed. It is suggested to be located in a natural setting, something real or imaginary, involving a loved one or a practice … whatever works for each individual to feel more at ease. The general public commonly will refer to this as their “happy place.” The development of an Inner Resource is one of the ways in which iRest is unique from other forms of Yoga Nidra. The sensory experience of the Inner Resource is the focus in which the client tunes in by using their visual, auditory, smell, taste, texture and the inner felt senses. So the Inner Resource speaks to people’s resiliency in life. The premise is that the more one can be at ease, or willfully enter states of wellbeing, the more they can meet life’s trials while staying calm and centered. During psychotherapy sessions, this author uses the Inner Resource by first taking the client into guided relaxation and then inviting them to internally self-create in their mind’s eye a personal safe place with focus on the sensory ‘felt-sense’ of this place. After coming out of meditation, the client is asked to depict an artistic representation to further develop/solidify the image in their mind for future retrieval during times of duress. As previously noted, it is important for teachers to make sure the client is firmly established in the grounding stage prior to going forward with the sensitive stages of experiencing and welcoming strong emotions or deeply held beliefs.
**Body Sensing**After laying a fundamental basis for the practice, the process next addresses the physical body and its somatic ‘felt-sense’ by rotating the client’s inquisitive attention throughout their body. Participants are told to experience the body as a field of sensation. As with any regular practice, the experience is hoped to become increasingly sensitive and easier to do. The encouraged response to Body Sensing is that the body tends to release into a deeply relaxed state. Body Sensing is intended to anchor an overly-active mind into feelings in the body. Here the intention is to slow the thinking mind down and for the body to soften and relax. The teacher may suggest that the member silently explore how their body is feeling in the moment by noticing physical sensations. The purpose is to ‘Welcome’ and be present with ‘What IS’ happening in the body; good or bad. For example, if someone experiences pain or tension, they are asked to simply observe it. One iRest teacher, Molly Birkholm, says to, “Go straight into it” if there are unpleasant sensations (Birkholm, 2013). If a person has no sensations at all, the teacher frames this idea as absolutely acceptable.
**Breath Sensing**
The next step in the stages of iRest is addressing the subtler experience of the energy body explored through focus on the breath. The purpose of this stage is to concentrate by observing the natural rhythms of the breath itself, as well as bodily-types of breathing techniques. For example, focusing on inhalation, exhalation, pauses in-between and the ‘felt sense’ of breath as movement. A sense of curiosity about the breath is proposed in order to inspire the client to notice subtle movements and impressions. The teacher may ask, “What is your breath like?” Or the teacher may offer examples, “Would you say your breath is calm, deep, relaxed, tense, shallow or forced?” The idea of playful interest helps give permission to touch into a person’s longing to understand themselves, to be present with what IS in reality. Hopefully these ideas generalize outside of class (off the mat) to create a feeling of ease/freedom. Positively, the take-away concept inspires clients to be more accepting of their life.
**Welcoming Feelings and Emotions**With the grounding assistance of the Inner Resource that allows one to return to a safe place when needed and practiced sensations of body and breath, the next step is to welcome feelings and emotions. Here participants are dissuaded from judging or avoiding strong emotions that may arise, such as anger or fear. The step-wise preceding practice stage of body sensing was important in that it hopefully developed a client’s kinesthetic intelligence and resiliency to tolerate and learn to be with strong emotions. The purpose of this stage is to observe feelings that are present and welcome them in. The client is asked to notice opposite sensations and emotions to learn to step back and dis-identify with them. For instance, the teacher may ask participants to investigate their simultaneously occurring physical perceptions of comfort/discomfort; warmth/coolness; heaviness/ lightness or tension/relaxation. In addressing emotional opposites, the instructor asks clients to silently observe feelings that are concurrently present; e.g., confidence/ insecurity or fearlessness/afraid. A consideration regarding what may be unchanging in ourselves (inherent wholeness and goodness) is implied. Disassociating one’s self gives an awareness that, rather than thinking, “I am sad or happy,” sadness (or happiness, fearfulness, etc.,) is really a result of the person’s awareness. The premise is that sensation and emotions will spontaneously arise and there is a choice to acknowledge and welcome what is surfacing (or not, by rejecting it).
**Welcoming Thoughts and Beliefs**
Thoughts and beliefs about ourselves and about the world naturally surface, evolve and disappear. When one can hold onto a sense of unchanging wholeness and the ability to be present as an objective ‘observing witness,’ there is the opportunity to proactively “welcome” those thoughts and beliefs. By accepting one’s thoughts and beliefs, clients can further probe into these concepts to get a clearer, more impartial view of themselves with greater compassion. Welcoming and feeling opposite or alternative thoughts may be proposed by teachers with inquiry for clients to observe beliefs such as ‘I am powerful/I am helpless;’ I am healthy/I am ill’ or ‘I am strong/I am weak.’ It may also be asked if there are any accompanying bodily sensations that go together with a particular thought or it’s opposite. When the client can practice holding both opposites simultaneously to notice the impact on body and mind, the experience serves to increase their capacity to be with what life brings to the table. The iRest viewpoint asks people to consider their sensations, emotions, thoughts and beliefs as special messengers for self-awareness to point a direction towards a path of discovering their True Selves. The turbulent waves of chaos and struggle in life cannot be stopped, but one may discover how to surf them.
**Experiencing Joy**
As deeper stages of iRest meditation are experienced, clients may naturally encounter a sense of great wellbeing, ease and joy. This profound type of bliss is independent of any cause, but simply because it is within a human being’s true nature to be so. This is especially so when one is in contact with the deeper truth of who they really are. Undeniably, this impression of happiness seems to be a key motivator for many folks continuing an ongoing yoga and meditation practice in general.
**Witnessing and Pure Awareness**
At this phase of iRest, the abstract question may surface as, “Just who is feeling all these sensations, this breath, these emotions, thoughts, beliefs and joy?” The teacher may ask people to connect with the part of themselves (Observer) that is capable of witnessing their own experience. At some point in the practice, participants begin to wonder about their identity and become curious about who IS the Observer or the Witness. The question, “So …who are we, really?” arises when participants delve into the quieter, more advanced aspects of meditation. Ideas that are explored: Simply Being; experiencing one’s self as a witnessing presence or of Pure Awareness itself. The discovery of awareness, the part of a person that is always at peace and ease, no matter the circumstance, is Pure Awareness, according to the iRest beliefs (and probably other closely-related philosophies).
**Integration**
As participants return to the waking state at the end of each practice, they are asked to transfer their attention from a sense of spacious awareness back to the breath, the body and the sounds around them. The teacher asks them to recall and re-affirm their Heartfelt Desire (what they truly wanted in life) from the beginning of the practice. iRest suggests moving slowly from the meditation back into life with the intent of staying connected to one’s True Nature. The hope is that the meaning of the practice carries on into everyday life. Over the course of time, the idea is to integrate the practice so deeply that folks remain present, at ease, relaxed and resilient throughout the course of their lives.

1. Populations

The iRest method has beneficially touched the lives of many folks including special interest groups. In fact, Integrative Restorative Institute (IRI) trained teachers have effectively delivered the practice to active duty military and combat veterans, chronic pain patients, the homeless, incarcerated folks, health-care providers, working parents and young people. Several of these groups include: identified at-risk adolescents, cancer support groups, corporate settings, eating disorder issues, pre-school, elementary, high school and college settings, fertility and childbirth matters, grief and loss concerns (Hosporus,) mental health, sleep clinics and wellness centers.
In military treatment facilities, iRest is used to work with soldiers after several deployments to Iraq and Afghanistan. These soldiers, called “Wounded Warriors,” who have the unseen injuries of traumatic brain injury (TBIs) and post-traumatic stress disorder (PTSD) have benefitted by the practice. The iRest technique aspires to recover their sense of grounding and move the soldiers forward in the recovery process. The goal is enabling them to reintegrate back into active duty service or return successfully to the community. Military personnel who have been traumatized by prolonged stressful or violent exchanges can find iRest valuable in realizing a sense of peace and/or a time to reconnect with themselves and the world by recalling who they are (internally). In 2006, the Department of Defense began testing iRest with active-duty soldiers returning from Iraq and Afghanistan who were experiencing PTSD. At the end of the program, participants reported a reduction in insomnia, depression, anxiety and fear, improved interpersonal relations and an increased sense of control over their lives. Since then, iRest classes have been established at VA facilities in Miami, Chicago and Washington, D.C. Miller has also been of assistance in developing similar programs for veterans, homeless people and those with chemical dependencies and chronic pain (Novotney, A., 2009).

1. Research
	1. Evidence for MBSR practices impact on mood using Mindfulness-Based Therapy (MBT) has become an accepted form of treatment in contemporary psychotherapy. MBT includes both Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR). Research shows that mindfulness-based practices are an encouraging intervention for treatment of anxiety and mood issues in clinical populations. In non-clinical populations, such as those that come from common community samples, it was concluded that MBSR practices don’t have reliable outcomes on anxiety and depression per se. But the practice is most effective for diminishing *symptoms* of anxiety and depression in populations with mood or anxiety disorders. (Hofmann, S., Sawyer, A., Witt, A., & Oh, D., 2010).

As mentioned earlier in this paper, another MBSR practice is the iRest approach, which is a contemporary adaptation of a yoga technique called, “Yoga Nidra.” This form of mind-body training promotes deep healing, health and well-being.

“iRest’s wide-ranging benefits are scientifically explained by research that shows mindfulness-based practices, such as iRest, are analogous to neural training regiments. These practices are especially effective, as they appear to target brain plasticity in the areas of sensory, motor and limbic and pre-frontal cortical functioning. These neural pathways are critical to fostering emotional self-regulation, ethical decision-making, resiliency, enhancement of cognitive and emotional skills and development of empathy and well-being, as well as improving overall physical and mental health.” (Integrative Restoration Institute, 2017).

In two studies that utilized iRest to reduce post-traumatic stress disorder (anxiety disorder) in combat soldiers, it was found that the Yoga Nidra practices may be a beneficial and acceptable treatment approach for soldiers experiencing significant symptoms of PTSD (Engels, et al, 2007) and (Stankovic, L., 2011). However, both of these studies were statistically limited due to small sample size.
Because past studies have demonstrated that stress is linked to negative mood, it follows that reducing stress through meditation impacts improvement of negative moods, as well. In one study, participants with long-term mood disorders were followed through an MBSR program (Kabat-Zinn, 1990). It was found that their depression and anxiety levels decreased after completion of the program (Ramel, et al., 2004). Similarly, Tacon, et al. (2003) demonstrated a decrease in anxiety levels among women diagnosed with cardiovascular disease after they completed a similar MBSR program. However, this study was statistically unreliable and limited due to having only nine participating subjects. In a different study on school counselor stress and mood, Birdsall, et al. (2011,) hypothesized and found that integrative restoration (iRest) meditation decreased perceived stress levels and negative moods in school counselors. The researchers hypothesized that after exposure to the meditation program, counselors would report lower stress levels and improved moods, as compared to when they began the program. The most substantial measures involved stress and fatigue in this study, indicating that participants reported significantly lower levels of stress after the completion of the iRest program, as well as lower levels of fatigue. The Birdsall, et al. study’s limitation were also due to size (22 participants,) pre- and post-testing flaws, as well as a lack of a control group. However, the counselor’s improvement in positive mood seemed to point to the method’s usefulness for all school levels and to justify the value of future research focusing on long-term benefits gained by school counselors who participated in the program. In a study conducted by Bennett, et al. (2008,) the positive effects of the LifeForce yoga program on lowering depression showed statistical significance. The results from 94 participants suggested that involvement in a comprehensive yoga program, designed specifically to address mood, could lead to decreased symptoms of depression and other negative mood states. At least this sample size was closer to the 100 participants required for more accurate research statistics, so the results were more reliable. In a more recent study, it was found that a structured Yoga Nidra intervention may help reduce symptoms of stress, depression and worry and improve mindfulness skills in a sample of 66 college students. When examining the overall decrease in depression scores, it is important to note that the group’s mean scores changed from a mild depression classification to minimal depression. This outcome suggests that the intervention was clinically relevant, even though it had small sample size. These findings are consistent with those from the previous study that reported that participation in a yoga program decreased symptoms of depression and associated physical and mood states (Bennett et al., 2008). Interestingly, the impact the Yoga Nidra program created in changing depression levels appeared to play a large role in the reduction of stress and worry. One may assume that it is stress and worry that creates depression, but it appears to be the other way around in this study. An added finding was that the Yoga Nidra program was effective for increasing the five skills of mindfulness in its subjects, such as: 1) non-reactivity to inner experience 2) observing/noticing/attending to perceptions/feelings/thoughts 3) acting with awareness 4) describing/labeling with words and 5) non-judging of experience.

* 1. Influence of mindfulness based stress reduction interventions

The preceding literature review suggests that mindfulness based interventions, including iRest are clinically valuable. However it is obvious that study design improvements are needed to substantiate the MBSR field and place it in a good position for future growth. It may also be considered that it is difficult to design, deliver and evaluate a research project when the topic is deceptively simple, but is actually highly complex. How does one describe and accurately statistically measure the nature and spirit of MBSR meditation effects regarding the sense of stillness, silence and self-inquiry? It is abundantly clear that the topic of MBSR intervention is a difficult-to-capture topic to which to apply scientific measurement? Still, better-quality studies need to continue in order to discern the effects and outcomes of MBSR to prove/disprove its value.

1. Epilogue

A. Application of mindfulness-based practices into clinical and other settings
 The preceding research suggests that MBSR practices are effective for
 helping people manage stress and are a useful adjunct to mental health
 services. The good news is that the healthcare community now recognizes
 yoga as an alternative therapy for various medical and mental health
 conditions, such as anxiety, depression and mood disorders. Mental health
 professionals can find MBSR practices enhance client’s treatment success
 for decreasing negative mood while encouraging daily mindfulness-based
 skills that will maintain their progress. Many traditional cognitive therapy
 treatment plans for anxiety and depression already include yoga-based
 relaxation techniques for somatic management. Many psychotherapists do
 not teach yoga per se to clients in clinical therapy sessions, but rather may
 introduce yogic breathing for stress management. For therapists who are
 inexperienced in yoga, and don’t wish to practice outside their scope of
 practice, they may refer their clients to a yoga class as an accessory to the
 treatment plan. However, therapists certified in yoga and MBSR systems
 are a bit more qualified to make an important contribution to integrated
 mental health services in the community. For these clinicians, yogic
 practices can bridge the gap in cognitive talk therapy by tapping into the
 physical side of client’s emotional pain (and addressing the whole person).
 Experientially, yoga is mind and body all wrapped into one. Mindfulness
 based stress reduction consistently utilizes and illustrates grounding,
 centering and methods of self-regulation, including attention to breath and
 relaxation. It is not uncommon for clinicians to give psychoeducational
 information on the mind-body connection to advise their clients that there
 are non-drug treatments that can address the physical needs of body and
 mind. Emotional health can be explained to patients as a complex
 interaction between cognitive processes, mood states and physiological
 responses, such as sleep or digestion, as well as behaviors. In order to
 reduce intimidation to MBSR methods, it is important to have a previously
 established trusting therapeutic relationship. Also to educate clients about
 mind-body methods and receive their acceptance prior to application of
 treatment. By empowering clients to cultivate *their own* positive emotional
 states, it follows that adverse symptoms in other interconnected areas may
 be beneficially diminished. Using yoga holistically in psychotherapy
 includes adding experientials within the context of the session hour.
 Incorporating elements of yogic practice into the therapeutic context
 can also include breath work, relaxation, as well as visualization exercises.
 These methods tap into some of the same internal resources that yoga does,
 such as mindfulness, grounding, centeredness, self-regulation, focus on
 breath and relaxation in the body. As conditions of anxiety and depression
 are characterized by a state of sympathetic/parasympathetic deregulation,
 yoga can be used to bring this system into balance. So the clinician can use
 adaptive breathing, movement, seated pranayama, chanting and mantra to
 shift the physiology of emotional states. The vibration, breath and meaning
 of the chants works on every dimension of who a person thinks they are.
 One example is the work of Gary Kraftsow’s Viniyoga therapy for
 depression and anxiety uses more active asanas, the breath, pranayama and
 chanting (Kraftsow, 1999). Kraftsow has studied and practiced yoga
 from many angles for years, in the renowned Viniyoga lineage of
 T. Krishnamacharya and T. K. V. Desikachar. Methods suggest working
 with asana, pranayama, meditation, prayer, ritual, chanting, as well as
 incorporating life counseling. He explains that the best yoga therapy takes
 place one-on-one rather than a group, as symptoms are unique to each
 person. The ‘prescription’ must be distinctive to do effective work for
 individual issues. In a group, it is difficult to create individualized
 practices for each client successfully. One goal of a yoga therapist is to
 help patients develop an independent home practice, which empowers
 clients ‘help themselves’ rather than relying on another person for support.
 Working with the whole human being is advocated by Kraftsow. For
 illustration, if it is apparent in the intake interview that a client is anxious,
 the source of imbalance is sought. The viewpoint is if mental agitation is
 high and the level of physical activity is low, there is a mind-body-spirit
 ‘disconnection.’ To integrate the system, treatment would be to increase
 the physical activity in order to calm down the mental agitation to balance/
 quiet the whole system. For working with someone who is depressed, the
 prescription would differ. The Viniyoga focus is on the rebalancing of the
 people in our society from every angle for the highest good of the World.
 Given the volatile nature of our external realm, the foundation for practice
 would be to create stability for clients at every level—structural,
 physiological and psycho-emotional. Another system that mental health
 professionals with specific training use to implement MBSR practices
 is through incorporating i-Rest techniques, as mentioned previously.
 1. Settings
 As to a psychotherapist’s application of these prescriptive practices, the
 question of learning environment comes to mind. In a small office space,
 simple chair exercises including yogic breathing, relaxation and
 meditation techniques can be used to enhance client self-care in
 managing negative somatic responses. Due to public perception of
 yoga’s controversial spiritual inferences, one may consider terming the
 technique as “chair movement” and simply indicate that sitting in a chair
 would support posture better than a soft couch. Other methods using
 active body movements are more appropriate to a larger space and could
 be termed as, “mindful movement.” The active movement space could
 be a separate bigger room within or outside the practice.
 2. Referral sources

 In terms of referral sources, it is good to note the medical community’s
 openness to mindfulness activities in general. It may not be out of the
 realm of possibilities that this acceptance of wellness could include
 classes supporting good mental health. Hospitals or out-patient medical,
 occupation and physical therapy practices, nursing homes, prisons,
 fitness facilities and insurance companies connected to wellness
 programs may be a source of contracting. Insurance companies are now
 supporting wellness to keep the insured from illness and resulting high
 medical costs. Mindfulness wellness programs that support good mental
 health are viewed as a proactive step towards staying out of therapist and
 doctors’ offices. Many employers are increasingly leaning towards a
 reliance on incentives to motivate employees to take part in wellness
 programs and to improve their health-related behaviors. This trend is
 expected to continue as a result of provisions in the Patient Protection
 and Affordable Care Act (PPACA) that increases the maximum
 allowable amount of such incentives from about 20 to 30 % of an
 employee's total health care premium (Litke, 2016). Employers use
 several different types of incentives to encourage employees to
 participate in health improvement programs. These include offering cash
 and gift cards and making additional contributions to health savings
 accounts. Also, some employers reduce their contributions to health
 plans if employees do not engage in any programs. Another venue may
 be corporate offices who are interested in mindfulness programs to
 improve workplace productivity, employee retention, better employee
 health and morale and lower health-related costs. The six week ‘stress
 reduction program’ could be presented to human resources managers as
 lowering stress and helping people make lasting lifestyle behavioral
 changes that improve their mental health.

 B. Ethical and legal considerations

 If considering incorporating yoga into a ‘best clinical practices’ approach,
 one needs to consider how Eastern healing methods can be properly
 combined with their work. One question to consider, “What makes sense,
 as part of a therapeutic practice, in safely and ethically blending mind and
 body techniques?” It is not unusual to see therapists advertise their use of
 mindfulness-based practices, including yoga, in their marketing efforts to
 attract business. It is, furthermore, not uncommon to find the clinicians’
 MBSR experience modestly received through weekend workshops. This is
 astonishingly found to be true to clinicians’ claims of trained ability to
 work with eating disorders, addiction, career issues or other specialties. A
 lowering of standards comes to mind, which seems unfair to hopeful and
 unsuspecting consumers. Along lines of query relating to MBSR methods,
 there are other concerns about violating professional codes of ethics
 related to dual relationships, patient’s role confusion and the promise of
 ‘doing no harm’ to clients by abusing one’s professional power. When
 clients come to treatment, there is frequently a feeling of vulnerability in
 disclosing personal confidences and in being diagnosed by a clinician of
 whom they have little intimate knowledge. Initially, the therapist is really a
 stranger. It is an asymmetrical relationship with enormous potential for
 exploitation and manipulation on the part of the therapist. Because therapy
 doesn't work if clients do not trust their clinician (i.e., the sacred therapeutic
 relationship,) there are ethical and legal guidelines in place making certain
 that therapists don’t take advantage of clients. Undue client influence is an
 ethical issue, while client exploitation is usually both an ethical and legal
 issue. For this reason, principled clinicians may prudently decide to keep
 their clinical therapy sessions separate from yoga therapy methods. One
 should be aware of the potential for complaints in combining yoga with
 therapy. Yoga in session that may focus on physical aspects of stress
 reduction may be confusing in the dual roles (a departure from cognitive
 talk therapy to a body-based focus). Most all psychotherapy ethics boards
 discourage "dual relationships" with clients (functioning in more than one
 role in client treatment). It is advisable for those interested in using yoga in
 psychotherapy to check the mindset of their state licensure boards prior to
 applying these practices in patient sessions. A state license requires one to
 practice "within one’s scope," and those bounds are reasonably well-
 defined. Practicing outside one's limitations of expertise, while providing
 services under that license, could potentially result in fines, license
 suspension and revocation. Of course, there are accepted somatic-based
 therapy techniques, but these focus more on clients tapping into what's
 going on in their bodies (body awareness) and are less physically based. For
 example, as mentioned previously, breath-work, relaxation and visualization
 exercises are standard. Yet if one presents themselves in business as a
 licensed clinical therapist, irrespective of a yoga certification, one will be
 expected to adhere to the legal and ethical codes of that *primary* licensure
 under which one practices. Also this may be unrelated to clients’ signed
 waivers granting permission. The question is really about ethics, rather than
 being monitored by a state board, “Is it right to discuss and to charge for
 other therapies (like MBSR yoga) with patients who seek help from you as a
 psychotherapist?” When we speak about the importance of the trusted
 therapeutic relationship, this uncertainty could obscure that bond. If a client
 prosecutes claiming they are emotionally/physically damaged by the dual
 role confusion, one’s malpractice insurance won't cover if one works outside
 a scope of clinical expertise (unless one obtains special coverage to do so).
 For example, the American Professional Agency offers separate coverage
 for Yoga Instructors priced under the Allied Healthcare Premium Rate
 Schedule for Physical Therapy Assistant. For part-time practice use of
 MBSR methods, the cost in Kentucky is $117 plus the $5 purchasing group
 fee for the year. This coverage is advisable, as one would have an immense
 problem demonstrating that they somehow weren't serving as that client's
 psychotherapist while providing them also with yoga-based therapy. To be
 on the safe side, one way around this dilemma would be to provide non-
 psychotherapy services to yoga clients (perhaps omitting the clinical
 credential and in a separate location). Psychotherapy services can be
 provided to clients with licensure use and in a proper office space, but
 consider cautious use of both types of services to the same client.

 1. Private-practice location – Here would be the setting to use the best
 practices techniques that insurance companies and ethics boards approve
 of such as breath-work for self-calming treatment, relaxation techniques
 related to progressive muscle relaxation, chair yoga and visualization
 skills for distraction from stressors, art therapy and work based on
 hypnotic suggestion. If the therapist is certified to teach yoga outside
 their practice, it should not be mentioned or offered to current
 psychotherapy clients due to disruption of the trusting therapeutic
 relationship, dual-role confusion and ethical concerns of exploitation.

 2. Yoga-studio setting – If one were to offer prescriptive-type yoga for
 anxiety, depression, insomnia, trauma, etc., an initial screening process
 could be put in place. Perhaps screening questions could be included in an
 application (brief) to those interested in the course. And/or consider one
 individual face-to-face meeting (or screening phone call) prior to
 accepting student as an appropriate fit. This process may be in the same
 manner as those signing up for a small group therapy. The series of
 classes could be time-limited to six weeks and class size no more than six
 for greater control and individual attention. A topic that should be
 discussed in the initial meeting is group privacy and confidentiality with
 an eye as to the particular issues of an individual’s interest in the class.
 The class may be identified as *less* of a mental health topic so as not to
 cause unease in potential students or alerting others as to the nature of
 class content. One solution could be to develop and teach under the title
 of a “Six Weeks to Wellness” or “Mindful Movement” curriculum, rather
 than touted as, “Yoga for Anxiety or Yoga for Depression.” Within the
 description of the six-week class include in the language a focus of
 working on *symptoms* of anxiety or depression (two different types of
 classes). This idea could lay the framework of yoga healing principles for
 mental health in an experiential and practical way. The clinician teaching
 the yoga class could omit or downplay use of credentials identifying any
 clinical association, as it could be used as identifying information about
 class content. Yet alternatively, including this knowledge may add to
 appealing class credibility. Again the teacher would not, at any time, take
 on yoga students as clients or vice versa. This action would involve an
 unethical dual role and may be considered exploitative. If the student with
 anxiety/depression issues desires further consultation, be ready to provide a
 list of substantial community referrals for their continued support.

 3. Suggested Class Designs
 Yoga for Depression (Optional titles - Yoga for the Mind; Therapeutic
 Yoga; Yoga for Emotional Health and Healing or Yoga for Stress).
 (Course description): This small-sized class is appropriate for beginners and
 all levels of yoga practitioners. The purpose of the course is to help manage
 *symptoms* of moodiness and depression. Physical postures and movements,
 breath-work, mantras, meditation, relaxation techniques and yoga
 philosophy are applied. A combination of yoga styles are used utilized,
 such as hatha, kundalini, vinyasa, gentle, yin and restorative. Participants
 can hope to gain a beneficial mind/body awareness, enhanced strength and
 confidence, understand practical ways for uplifting energy/mood and a
 deeper connection to self with acceptance. The suggested fee could be a
 $120 for a six-week session ($20 investment a week, but collected in total
 with registration). The setting could be in a yoga studio, private
 psychotherapy practice with large group room, as well as a community-
 based setting, such as a hospital, nursing home, outpatient occupational or
 physical therapy facility or school. Class hours to accommodate working
 individuals with after-work or lunch-time hours for working individuals.

 Yoga for Anxiety (Optional titles - Yoga for the Mind; Yoga for Emotional
 Health and Healing; Therapeutic Yoga or Yoga for Stress).
 (Course Description): This small-sized class is appropriate for beginners and
 all levels of yoga practitioners. The purpose of the course is to help manage
 and reduce *symptoms* of anxiety and stress. Activity includes physical
 postures and movement, breath-work, mantra, meditation, relaxation
 techniques and yoga philosophy. Yoga styles are a combination of hatha,
 kundalini, vinyasa, gentle, yin and restorative yoga. Students may hope to
 gain greater self-relaxation and self-calming skills, enhanced present-
 moment awareness, reduced fight-or-flight response, restored mind/body
 balance, regulated nervous system, mindfulness skills, increased self-
 compassion and a deeper self-connection. The suggested fee could be a
 $120 fee for a six-week session ($20 investment a week, but collected in
 total with registration). The setting could be in a yoga studio, private
 psychotherapy practice with large group room, as well as a community-
 based setting, such as a hospital, nursing home, outpatient occupational or
 physical therapy facility or school. Class hours to accommodate working
 individuals with after-work or lunch-time hours for working individuals.

 Themes within both course structures **Connectedness and shared experience – A yoga community experience
 gives a feeling of joining regarding what’s going on with ‘everything’ in the
 world, not just what’s going on individually (normalization and
 commonality). Many times, depressed and anxious people feel isolated, but
 the feeling of wholeness and acceptance is a benefit of belonging in a
 supportive shared-interest group.
 Coping with stress and ruminations – Feeling better about the self after the
 yoga practice with a focus on the positive of ‘what’s right’ rather than
 ‘what’s wrong.’ Learning to change what one can let go of and what cannot
 be altered.
 Empowerment and competence – The class focus is to motivate students to
 generalize new risks outside of class based on positive yoga experientials.**

**In conclusion, we know yoga works for improving emotions from the research. But the question of how and where to artfully apply these helpful techniques is speculative and challenging. Rather than taking a leap of faith, seeking the counsel of a field expert to successfully improve lives by bring MBSR techniques to the community may be a sensible endeavor.**

**References**

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental
 disorders: DSM-5(5th ed.). Arlington, VA: American Psychiatric Association
American Psychological Association (2010). *Stress won’t go away? Maybe you are
 suffering from chronic stress*. Retrieved November 2017 from
 <http://www.apa.org/helpcenter/chronic-stress.aspxx>

American Psychological Association (2017). *Stress in America: Coping with Change.* Stress in America™ Survey. Retrieved November 2017 from
 <https://www.apa.org/news/press/releases/stress/2017/technology-social-media.PDF>

Anxiety and Depression Association of American (2017). *Facts and statistics*. Retrieved
 November 11, 2017 from <https://adaa.org/about-adaa/press-room/facts-statistics>

Bennett, S., Weintraub, A., and Khalsa, S. (2008). Initial evaluation of the lifeforce yoga
 program as a therapeutic intervention for depression. *International Journal of Yoga
 Therapy*. Vol. 18, No. 1, pp. 49-57.

Birdsall, B., Pritchard, M., Elison-Bowers, P., & Spann, J. (2011). *Does*

 *integrative restoration (iRest) meditation decrease perceived stress levels and
 negative moods in school counselors.* Retrieved from

 <http://counselingoutfitters.com/vistas/vistas11/Article_84.pdf>

Birkholm, M. (2013). Yoga nidra with madhavi (Molly Birkholm). *Sivananda Ashram
 Yoga Retreat, Bahamas.* Retrieved February 6, 2018 from
 <https://www.youtube.com/watch?v=WUOdD5DenL8>

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. Routledge.
 London

[Bystritsky A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Bystritsky%20A%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Hovav S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hovav%20S%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Sherbourne C](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sherbourne%20C%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Stein MB](https://www.ncbi.nlm.nih.gov/pubmed/?term=Stein%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Rose RD](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rose%20RD%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Campbell-Sills L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Campbell-Sills%20L%5BAuthor%5D&cauthor=true&cauthor_uid=22304968).,
 [Golinelli D](https://www.ncbi.nlm.nih.gov/pubmed/?term=Golinelli%20D%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Sullivan G](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sullivan%20G%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Craske MG](https://www.ncbi.nlm.nih.gov/pubmed/?term=Craske%20MG%5BAuthor%5D&cauthor=true&cauthor_uid=22304968)., [Roy-Byrne PP](https://www.ncbi.nlm.nih.gov/pubmed/?term=Roy-Byrne%20PP%5BAuthor%5D&cauthor=true&cauthor_uid=22304968). [Use of complementary and
 alternative medicine in a large sample of anxiety patients*. Psychosomatics* (2012).
 53:266.](https://www.uptodate.com/contents/complementary-and-alternative-treatments-for-anxiety-symptoms-and-disorders-physical-cognitive-and-spiritual-interventions/abstract/1) Retrieved November 2017 from
 <https://www.ncbi.nlm.nih.gov/pubmed/223049688>

Cash, H., Rae, C. D., Steel, A. H., & Winkler, A. (2012). Internet Addiction: A Brief
 Summary of Research and Practice. *Current Psychiatry Reviews*, *8*(4), 292–298.
 Retrieved November 12, 2017 from <http://doi.org/10.2174/157340012803520513>

Clayton, S., Manning, C. M., Krygsman, K., & Speiser, M. (2017). Mental Health and
 Our Changing Climate: Impacts Implications, and Guidance. Washington, D.C.:
 American Psychological Association, and eco *America Mental Health and Our
 Changing Climate: Impacts, Implications, and Guidance.* Retrieved November 11,
 2017 from [http://www.apa.org/news/press/releases/2017/03/mental-health-
 climate.pdf](http://www.apa.org/news/press/releases/2017/03/mental-health-%20%20%20%20%20%20%20%20climate.pdf)

Eastman-Mueller, H., Wilson, T., Jung, A., Kimura, A., Tarrant, J. (2013). iRest yoga-
 nidra on the college campus: Changes in stress, depression, worry and
 mindfulness. *International Journal of Yoga Therapy*, No. 23 (2). Retrieved January
 15, 2018 from [http://www.irest.us/sites/default/files/IJYT\_No%2023(2)\_Eastman-
 Mueller.pdf](http://www.irest.us/sites/default/files/IJYT_No%2023%282%29_Eastman-%20%20%20%20%20%20%20%20Mueller.pdf)

Ehrlich, G., Callender, T., Gaster, B. *Fam Med*. (2013). 45(5):330-4. Retrieved
 November 11, 2017 from [https://www.uptodate.com/contents/overview-of-
 yoga?source=see\_link#H426707185](https://www.uptodate.com/contents/overview-of-%20%20%20%20%20%20%20yoga?source=see_link#H426707185)

Engel, C., Goertz, C., Cockfield, D., Armstrong, D., Jonas, W., Walter, J., Fritts, M.,
 Greene, R., Carnes, R., Gore, K. and Miller, R. (2007). Yoga Nidra as an adjunctive
 therapy for post-traumatic stress disorder: A feasibility study. Samueli Institute and
 Walter Reed Army Medical Center. Integrative Restorative Institute. Retrieved on
 1/19/2018 from
 <http://www.irest.us/sites/default/files/WRAMH_PTSD_YN_Results_0.pdf>

Ghoshal, N. (2016). What is iRest yoga nidra meditation and how can it help you? In
 *The Yoga Lunchbox*. Retrieved on December 7, 2017 from
 [https://theyogalunchbox.co.nz/what-is-irest-yoga-nidra-meditation-and-how-can-it-
 help-you/](https://theyogalunchbox.co.nz/what-is-irest-yoga-nidra-meditation-and-how-can-it-%20%20%20%20%20%20%20%20help-you/)

Global social media ranking (2016). Statistic. Retrieved November 2017 from
 [https://www.statista.com/statistics/272014/global-social-networks-ranked-by-
 number-of-users/](https://www.statista.com/statistics/272014/global-social-networks-ranked-by-%20%20%20%20%20%20%20%20number-of-users/)

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The Effect of Mindfulness-
 Based Therapy on Anxiety and Depression: A Meta-Analytic Review. *Journal of
 Consulting and Clinical Psychology*, *78*(2), 169–183. Retrieved 1/19/2018 from
 <http://doi.org/10.1037/a0018555>

Integrative restoration institute. (2012). Proceedings from 2017 *iRest integrative
 restorative techniques workshop*. Louisville, KY

Integrative restorative institute. (2017). Health, healing & wellness: An introduction to
 the integrative restoration institute.

Isaacs, N. (2008). Bringing more mindfulness onto the mat. *Yoga Journal*. Retrieved on
 November 12, 2017 from <https://www.yogajournal.com/poses/peace-of-mind>

Kabatt-Zinn, J. (2017). *Mindfulness-Based Stress Reduction (MBSR) Authorized

 Curriculum Guide.* In Santorelli, F. Meleo-Meyer, F. & Koerbel, L. (Eds.).

 Center for Mindfulness in Medicine, Health Care, and Society, University of

 Massachusetts Medical School. Retrieved on November 21, 2017 from

[https://www.umassmed.edu/globalassets/center-for-mindfulness/documents/mbsr-](https://www.umassmed.edu/globalassets/center-for-mindfulness/documents/mbsr-%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20curriculum-guide-2017.pdf)

 [curriculum-guide-2017.pdf](https://www.umassmed.edu/globalassets/center-for-mindfulness/documents/mbsr-%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20curriculum-guide-2017.pdf)

Konnopka A, Leichsenring F, Leibing E, König HH J. (2009). Affect Disord. (1-3):14-
 31. *Epub* (2008). Retrieved on November 12, 2017 from
 [https://www.uptodate.com/contents/complementary-and-alternative-treatments-for-
 anxiety-symptoms-and-disorders-physical-cognitive-and-spiritual-interventions](https://www.uptodate.com/contents/complementary-and-alternative-treatments-for-%20%20%20%20%20%20%20%20%20anxiety-symptoms-and-disorders-physical-cognitive-and-spiritual-interventions)

Kraftsow, G (1999). *Yoga for wellness: Healing with the timeless teachings of viniyoga.* Penguin Group, New York, NY

Litke, E. (2016). Politifact. *Does Obamacare really ban incentives for healthy living?* Retrieved on March 17, 2018 from
 [http://www.politifact.com/wisconsin/statements/2016/jun/08/paul-ryan/does-
 obamacare-ban-incentives-healthy-living/](http://www.politifact.com/wisconsin/statements/2016/jun/08/paul-ryan/does-%20%20%20%20%20%20%20%20%20obamacare-ban-incentives-healthy-living/)

Mental Health America (MHA, 2017). Mental Health. CAM. *Complementary and
 Alternative Health Medicine* (2016). Retrieved on November 20, 2017 from
 <http://www.mentalhealthamerica.net/sites/default/files/MHA_CAM.pdf>

Mental Health America (MHA, 2017). *List of CAM treatments.* (2017). Retrieved on
 November 21, 2017 from <http://www.mentalhealthamerica.net/list-cam-treatments>

Miller, R. (2016). Meditating on your breathing can make you feel calm, grounded and
 connected. *Yoga Journal* (2017). Retrieved on December 3, 2017 from
 <https://www.yogajournal.com/author/richard-miller-phd>

Novotney, A. (2009). *Monitor on Psychology.* American Psychological Association,
 Vol 40. No. 10 (November 2009). Retrieved on December 7, 2017 from
 <https://www.irest.us/sites/default/files/APA%20Monitor%20iRest%20Article.pdf>

[Pascoe, M.C](https://www.ncbi.nlm.nih.gov/pubmed/?term=Pascoe%20MC%5BAuthor%5D&cauthor=true&cauthor_uid=28963884)., [Thompson D.R](https://www.ncbi.nlm.nih.gov/pubmed/?term=Thompson%20DR%5BAuthor%5D&cauthor=true&cauthor_uid=28963884). & [Ski C.F](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ski%20CF%5BAuthor%5D&cauthor=true&cauthor_uid=28963884). (2017) [*Psychoneuroendocrinology.*](https://www.ncbi.nlm.nih.gov/pubmed/28963884)
 Dec;86:152-168. doi: 10.1016/j.psyneuen.2017.08.008. Epub 2017. Retrieved on
 November 21, 2017 from <https://www.ncbi.nlm.nih.gov/pubmed/289638844>

Ramel, W., Goldin, P. R., Carmona, P. E., & McQuaid, J. R. (2004). The effects of

 mindfulness meditation on cognitive process and affect in patients with past

 depression. *Cognitive Therapy and Research, 28,* 433-455. DOI:

 [10.1023/B:COTR.0000045557.15923.96](http://dx.doi.org/10.1023/B%3ACOTR.0000045557.15923.96)

Shu-Ling Lin, Ching-Ya Huang, Shau-Ping Shiu and Shu-Hui Yeh (2015*)* [*Effects of Yoga
 on Stress, Stress Adaption, and Heart Rate Variability Among Mental Health
 Professionals—A Randomized Controlled Trial. (*pp 236–245*)*](http://onlinelibrary.wiley.com/doi/10.1111/wvn.12097/full) DOI:
 10.1111/wvn.12097. Retrieved on November 12, 2017 from
 <http://onlinelibrary.wiley.com/doi/10.1111/vn.12097/full>

Stankovic, L., (2011). Transforming trauma: A qualitative feasibility study of integrative
 restoration (iRest) yoga nidra on combat-related post-traumatic stress disorder. John
 F. Kennedy University, Pleasant Hill, CA. *International Journal of Yoga Therapy,
 No. 21.* Retrieved on 1/19/2018 from
 [http://www.irest.us/sites/default/files/Transforming%20Trauma%20IAYT%
 20Stankovic.pdf](http://www.irest.us/sites/default/files/Transforming%20Trauma%20IAYT%25%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%2020Stankovic.pdf)

Tacon, A. M., Caldera, Y. M., & Ronaghan, C. (2004). Mindfulness-based stress

 reduction in women with breast cancer. *Families, Systems, & Health, 22*(2), 193-

 203.

The National Institute of Mental Health (NIMH). National Institutes of Health (NIH).
 U.S. Department of Health and Human Services. Retrieved November 11, 2017
 from <https://www.nimh.nih.gov/health/publications/stress/index.shtml>

Wilson, G. (1980). Nothing happens next. This is it. *New Yorker Magazine*.