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Yoga for Traumatic Stress: An Occupation

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Yoga for Traumatic Stress: An Occupation

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Abstract

Physicians in the medical field are beginning to dive deeper into the effects of trauma experienced by individuals of all ages. The effects of trauma can mask itself in a plethora of undesirable or debilitating behaviors. The word, trauma, can now be heard in relation to military veterans, throughout courtrooms and in hospitals, and even in classrooms of even the youngest of populations. Trauma can result from a single distressing event, to years of abuse, neglect, or stressful events. Undoubtedly, any traumatic event can have an impact on a person's ability to function and cope with daily life. Whether the traumatic experience was short in duration or lasting for years, it can have serious, long-term negative consequences to the mind and body, these harmful effects can influence the engagement and performance of daily occupations. Therefore, it is imperative that occupational therapy professionals understand the implications of trauma and apply appropriate interventions to facilitate participation in all areas of occupations in order to improve one's overall quality of life. Professionals must work together collaboratively to develop therapeutic therapies with goals which help individuals learn to cope, adapt, and even overcome limited occupations that were once, perhaps, easy and routine to them. The aim of the capstone project is to develop a mind-body yoga program for individuals who are experiencing the aftermath of trauma and that promotes self-regulation skills needed for activities of daily life. After reviewing numerous articles including evidence-based research on the full-body result of trauma, I became aware of the importance of the availability of yoga for the community in which I conducted my residency. I acquired the certification of a Registered Yoga Teacher, including 200 hours of yoga instruction and practices training. As the lead yoga instructor at Smoky Mountain Occupational Therapy, I incorporated the application of yoga while integrating occupational therapy values and construct into each class since yoga promotes holistic, positive

outcomes to individuals that have encountered trauma through mind-body connection, self-awareness, and unity. Furthermore, this project proposes the need for more research directly related to yoga as therapy for individuals of all ages who have experienced traumatic experiences and need assistance with daily occupations.

Keywords: trauma-informed care, yoga, sensory-based yoga, post-traumatic stress disorder, occupational therapy and trauma

Introduction

Historically, occupational therapy professionals have been important advocates for those individuals who have experienced trauma so that they may receive the most effective and positive outcome. In the early development of the profession, occupational therapists were one of the few groups of professionals that fostered physical, psychological, and emotional growth to patients suffering from mental illnesses and even to those individuals considered to be a threat to society often in prisons or hidden in isolation. Additionally, throughout history, occupational therapists were often described as aides of “reconstruction” that provided services to soldiers dealing with mental health and physical dysfunctional challenges from the trauma associated with World War I. Not only has this unique group of professionals been a voice for the voiceless, it has also been known as “first responders” to those that have lost their “voice” from traumatic and life-changing experiences. According to the latest research, nearly half of all children in the United States will undergo at least one traumatic event before 18 years of age (Brazilay et al., 2018). In addition, an astonishing 21 million Americans are impacted by post-traumatic stress disorder (PTSD) (Norris & Slone, 2007). Therefore, it is only logical that the profession of occupational therapy continues the legacy of helping those who have undergone traumatic experiences to locate their own lost inner voice and peace.

Trauma can be defined as a single, multiple, or series of events that is harmful or life-threatening and has lifelong adverse implications on an individual’s mental, physical, social, emotional, or spiritual well-being and function (SAMHSA, 2018). Throughout my capstone experience, I have witnessed first-hand how occupational therapists evaluate, treat, and advocate for children that have encountered physical, emotional, and sexual abuse and neglect,

adolescents that have experienced traumatic family dysfunction, and adults with chronic pain from previous traumatic events.

Smoky Mountain Occupational Therapy (SMOT) is an outpatient clinic that treats both children and adults with sensory processing difficulties in Maryville, Tennessee. Many clients that seek treatment from SMOT have experienced family dysfunction, abuse, and/or neglect. Due to the heavily observable effects of previous trauma on clients' development, behavior, self-regulation, and engagement in daily life activities, I have made it my mission to embody what the brave, empowering ancestors of occupational therapy did historically, in order for my clients to find their inner voice to speak again, regulate their own bodies, mind, and spirits, and engage with the world once again. The capstone is to further investigate the impact of trauma and various areas of occupation, as well as the positive benefits of yoga intervention and program implications for clients receiving occupational services and desiring a more balanced self and well-being.

Literature Review

With an alarming increase in violence stemming from mental illness, traumatic and stress related experiences contributing to anxiety and fear, it is no surprise why occupational therapists are joining physicians, legislative leaders, military and law enforcement officials, educators, and even parents in a coalition to understand the cause, develop possible preventions, and create outlets and atmospheres including much needed therapy, especially yoga, to prevent the spread of its harmful effects.

It has been found that biological changes in the brain occur as a result of physical, emotional, or sexual abuse as well as neglect (Ito et al., 1998). Sensory-based interventions facilitate emotional and physiological modulation that promote a calm state and comfort both the mind and body (Norris et al, 2013). Sensory processing disorders are commonly treated by occupational therapists. The sensory system is composed of the vestibular, proprioceptive, visual, tactile, auditory, gustatory, and olfactory senses. It is these senses that give meaning and understanding to daily life. Sensory input is imperative for optimal brain function, as the brain is designed to continually take in sensory information. Without adequate ability to process sensory information, the brain exhibits dysfunction, especially if sensory experiences are not feasible at critical periods of development, where neuronal and brain connectivity impact aspects of behavior. There is limited, although promising, evidence for the use of sensory-based strategies when used as part of an integrated team approach (Fraser et al., 2017).

Occupational therapists can play a crucial role with providing interventions that promote safety, improve mental and emotional well-being, and provide support in the development of social skills for youth and adults who exhibit the inability to self-regulate due to past traumatic events in their lives. A study conducted by Dowdy et al. (2020) explored the relationship

between childhood traumatic experiences, sensory processing patterns, and increased violent behavior of youth in juvenile correction facilities. One instrument, the Adverse Childhood Experiences (ACE) questionnaire, has been used to assess an individual's exposure to abuse and dysfunction throughout childhood (Felitti et al., 1998). The Adolescent/Adult Sensory Profile measured four different sensory categories: low registration, sensory seeking, sensory sensitivity, and sensory avoiding, used to assess various sensory processing patterns. Decreased rates of violence were indicated for those youth who had participated in occupational therapy focusing primarily on sensory-based interventions. This study further indicates how traumatic events can impact one's occupational performance due to decreased self-regulation associated with sensory processing.

Since this research, as well as other studies have demonstrated a connection between sensory processing and trauma, occupational therapists play a role in the interprofessional team to foster effective treatment for individuals who have experienced trauma. Difficulty with self-regulation is common in many mental illnesses, such as mood disorders, anxiety disorders, post-traumatic stress disorder, and borderline personality disorders, as well as a contributor to addictive, self-injurious, and suicidal behavior (Fisher, 2019). Dark occupations are a relatively new concept in the profession of occupational therapy and are defined as occupations that negatively contribute to a person's life, such as drug use, engaging in self-inflicting harm, and even bullying via the internet (Twinley, 2021). It is crucial that occupational therapists consider all areas of occupations to perhaps decrease the stigma and shame of these activities while having the ability to implement the most appropriate, self-regulating interventions, in order to increase the overall health and well-being of the client.

Fisher (2019) provides explanations to the possible underlying reasons why individuals engage in dark occupations, stating that when an individual experiences trauma, the autonomic nervous system responds to protect the organism. This system continues to respond to danger well after the traumatic event, even if it is perceived or is reminded during a flashback and causes changes to the interpretation of sensory information that is being taken in by the individual. This causes dysregulation in the physical body, as well as emotional and behavioral dysregulation (p. 157-158). Intervention includes teaching clients to understand the role of the “fight, flight, or freeze” system in what they are experiencing and how to regulate this response in their own bodies (Fisher 2019). Additionally, Fisher (2019) emphasized individuals that have experienced trauma to reorganize, rather than reexperience, the trauma and its negative effects through awareness of body sensations, body movements, feelings and thoughts. Occupational therapists can use these findings to help all individuals, such as Veterans, who often reexperience the trauma of combat years after the event has occurred. Since symptoms of PTSD are a result from difficulty modulating arousal levels in the sympathetic and parasympathetic areas of the nervous system, involuntary alarm responses occur both from interacting with environment and from internal factors that can be seen as easy startle, difficulty sleeping, having a loss of interest in activities, difficulty with association, and being on constant alert (Fisher, 2019). These involuntary, alarm responses, that interpret incoming sensory information as a threat, can occur when interacting with various environments and make it difficult for individuals with PTSD to regulate emotional states. Therefore, a crucial element of effective treatment for trauma must focus on regulation of arousal (p.162). Occupational therapists can be involved in the treatment of individuals with PTSD due to the knowledge and expertise in the area of sensory processing and its impact on modulation, or arousal level, on the mind and body. Interventions using Ayres’

Sensory Integration framework facilitate the brain's ability to regulate its own activity, which fosters a balance of incoming sensory information for appropriate modulation (Ayres, 1989). This is achieved through adaptive responses during vestibular, proprioceptive, and tactile input. Performing yoga postures that promote weight-bearing, rhythmic movement, and foster antigravity positions can promote these adaptive responses, and therefore, foster optimal arousal, or modulation levels for individuals with PTSD. For example, Davis et al. (2020) found that veterans with PTSD benefited from relaxation practices, including posture movements and breathing that facilitated awareness to body listening, attention regulation, emotional regulation, interoceptive awareness, and self-regulation (p. 910).

Body awareness is an essential skill for both children and adults, allowing successful participation in everyday life activities (Scheffers et al., 2017). Knowing where body parts are located in space, such as how far to reach for a morning cup of coffee or how close to stand next to a person; requires multi-sensory organization that fosters harmony between the body and emotions, is the foundation of development, coordination, and even self-concept. On the contrary, body dissociation is a term used when an individual separates or distracts from the physical body or emotional self (Price & Thompson, 2007). Dissociating from one's body may happen as a protective strategy against memories, thoughts, or feelings that are painful and is commonly used to manage physical pain (Price & Thompson, 2007). Having difficulty identifying, expressing, or feeling emotions and body sensations can lead to decreased ability to interact within the environment.

Price & Thompson (2007) found that individuals who have experienced physical trauma have different scores in body awareness compared to individuals without a history of trauma. The study used the Scale of Body Connection questionnaire with a 5-point Likert-type scale to

gain information about the recurrence and response to body awareness. Additionally, questions pertaining to exposure of trauma were included prior to the questionnaire. This information is beneficial to the occupational therapy profession as the origin and causing factors of body dissociation clarifies the processes that guide improvements in physical and mental health, especially for individuals that have difficulty with body awareness (Price & Thompson 2007). Additionally, one research study evaluated the impact of early childhood trauma with overall body experience as an adult, three domains were studied, body attitude or the cognitive, affective, and behavioral aspects associated with the body, body satisfaction or the measure of contentment with appearance or function of the body, and body awareness. Early life exposure to trauma and an individual's relationship with his/her body is a critical but often missed element according to well-known author and trauma researcher Bessel Van Der Kolk. (Van der Kolk, 2006).

Research revealed that all three domains of the body experience were impaired among women with histories of early childhood trauma. Additionally, this study also discovered that women with a history of sexual abuse had astounding lower body attitude. The amount and type of symptoms corresponded with the relationship between body awareness and body attitude. Overall, early childhood trauma has multifaceted effects on the body and relationship with one's body. Due to this, interventions that encompass body-oriented activities may be beneficial to children and adults who have undergone trauma. . This study recommends health professionals, such as occupational therapists, facilitate appropriate interpretation of sensory signals for body awareness, as well as cultivate body satisfaction and body attitude, to increase self-regulation and coordination skills (Scheffers et al., 2017). Occupational therapists focus on the proprioceptive system to improve body awareness, through heavy work activities, that foster

firm sensations and heavy pressure on the body joints and incorporate large, motor movements (Ayres, 1989). Hagen and Nayar (2014) found that yoga among children may support development, decrease everyday stress, promote well-being, increase attention, and foster self-awareness and self-regulation.

An additional avenue, unique to the healthcare profession of occupational therapy, is helping clients with the occupation of sleep. Educating on sleep hygiene, having accessibility to the bed, and using adaptations for a more comfortable sleep are just a few ways that occupational therapists can help with promoting a more restful night of sleep. Therefore, bringing insight to the ramifications of trauma and sleep is a prerequisite to providing client-centered care. According to a research article, traumatic childhood experiences, like abuse and neglect, correlate with sleep disturbances in adulthood (Cardoso et al., 2018). Dysregulation could be an explanation to sleep disorders among trauma survivors (Cardoso et al., 2018). However, it was found that not only does childhood trauma correlate with sleep difficulties, but an individual's perception to stress after experiencing childhood trauma can also predict sleep difficulties. Being exposed to trauma throughout child development can contribute to perceived vulnerability to stressful life events, such as feeling insecure, that triggers a stress response in the body, that may further impact sleep difficulties (Cardoso et al., 2018).

The experience of physical pain is an inevitable part of life, from a scrape on the knee at an early age to constant, chronic pain that comes with many illnesses and conditions later in life. Many health care professionals help clients to rate pain levels with numbers, like 1-10, in order to provide more tangible information about the current status of a person's physical state. Physical pain can lead to disempowerment and reduced control in engagement of daily life activities. Pain management is one key area that most occupational therapy practitioners

encounter on a daily basis, where performance patterns are evaluated, meaningful activities are recognized, and evidence-based practice fosters appropriate interventions for the client.

Educating the client, teaching safe body mechanics, enhancing communication skills, and muscle tension techniques are all common intervention tools for treating clients experiencing pain.

Consequently, it is imperative that occupational therapists are aware of how trauma impacts pain experience. A study completed by Sprang et al. (2017) found that women who experienced a series of traumatic events with at least two forms of child or adult trauma were strongly associated with adult physical pain that limits function (p. 5697). The research suggests that chronic pain may be associated with perception of noxious physical sensations that manifest similarly to when the trauma experience occurred, but now at random, unpredictable times. (Sprang et al., 2017).

Individuals with chronic mental illness and a manifestation of physical symptoms often lack the ability or desire to engage in meaningful activities. Depression, anxiety, and disordered eating are just a few conditions that can cause repercussions in areas of personal hygiene, daily employment obligations, eating nutritious meals for energy, sleeping, social relationships, and overall interaction within one's environment. A study conducted by Bartzilay et al. (2018) studied the risk for psychopathology with having experienced childhood trauma. The results were compelling to find that the more trauma experienced, the more likely an association with mood/anxiety symptoms, psychotic spectrum symptoms, externalizing behaviors, and fear existed. Additionally, it was also discovered that lifetime post-traumatic stress symptoms and depression were significant to childhood and adolescent trauma experiences. Furthermore, suicidal ideation was strongly indicated with exposure to a high stress and traumatic environment.

Eating disorders consist of one of the most detrimental mental health conditions due to its high mortality rate compared to other mental health conditions. Therefore, it is imperative that all health-care professionals understand the importance of recognizing, understanding, and reflecting on debilitating mental health conditions, like that of an eating disorder. A study conducted by Groth et al. (2019) found an association between adolescents that develop an eating disorder and childhood trauma. Not only is this study beneficial for the current adolescent population but the generations to come, since childhood trauma statistics are at an astounding high rate. The research also stated that individuals that had endured multiple traumas demonstrated a relationship to an overall eating disorder and bulimia symptoms, including bingeing and purging (Groth et al., 2019). Eating disorder symptoms were decreased with adolescents in an outpatient eating disorder treatment who participated in yoga (Carei et al., 2010).

Post-traumatic stress disorder (PTSD) has not been associated as a mental health condition for a long period of time like other mental health illnesses. Research has just increasingly broadened the scope of PTSD and updated understanding of how PTSD impacts all areas of daily life. A significant amount of PTSD research has been conducted on military personnel and veterans that have experienced a violent or war setting. A study conducted by Macia et al. (2020) signified just how important a zoomed-out scope of this condition should be due to implications going beyond physical and mental discomfort from a traumatic flashback. This research found that veterans who experienced cumulative interpersonal and military trauma are relevant to episodic patterns of homelessness and the limited ability to remain housed.

Today, one may think of “wellness” as a way to describe a physically fit individual, one with an ideal weight or appearance. However, an area of wellness that is an integral and

physiological part of one's human existence, is the ability to socialize and form meaningful relationships. Interactions with people are part of one's daily life; however, the quality and quantity of those interactions are variable and can promote or inhibit a person's overall health. This includes interacting and communicating with friends, family, colleagues, and with lifelong partners. As we have learned thus far, traumatic events can impact all areas of wellness, including social health.

A study found that adolescents that experienced childhood trauma presented with more psychopathic, antisocial features compared to the control group (Ometto et al., 2016). Thus, a lack of interaction with one's environment, due to abuse or neglect, may limit social models and possibly increase antisocial traits (Ometto et al., 2016). Additionally, this research demonstrated that having difficulty identifying feelings and emotions may contribute to antisocial traits (Ometto et al., 2016). Occupational therapists can promote social interactions with clients by taking interest in what makes each client unique. Social interaction is an integral part of therapy and can be incorporated into occupational therapy treatment to promote a sense of worthiness and respect to the client. In addition, social interactions can allow for therapists to learn more about clients' interests and incorporate them into part of the positive therapeutic process.

Occupational therapy practitioners must continue to facilitate evidence-based interventions to individuals with mental health conditions that impede function and all areas of wellness. Having a mental health condition, such as post-traumatic stress disorder, depression, anxiety, or an eating disorder can not only cause significant emotional dysregulation but can limit engagement in activities of daily living (ADLs) causing further repercussions and negative attributes. Both past and recent findings should signify the need to incorporate innovative interventions and treatment activities that go beyond completing the activity at hand, but one that

focuses on developing the mind, body, and spirit within to promote a sense of self and belonging in the environment. Yoga is one proven and purposeful activity that uses body movements, breathwork, meditation, and spiritual aspects to reduce the hyperactive nervous system and depressive symptoms through multi-sensory approach and mindful techniques. A review found that yoga therapy reduced heart and breath rates, decreased reports of negative emotions, such as sadness, as well as attention span and restlessness (Telles, et al., 2012). Additionally, yoga is an exceptional intervention to use in the field of occupational therapy due to the therapeutic benefits as it use sensory based techniques such as calming proprioceptive input that improves body awareness, deep breathing for improved central nervous system function to facilitate pain management, improve sleep, and helps with social interactions (Ayes, 1989).

Needs Assessment

As previously reflected upon, completing my level II fieldwork experience at Smoky Mountain Occupational Therapy in Maryville, TN, allowed me to conduct further research in early ancestors of occupational therapy. I imagine it must have been quite difficult at times for our ancestors to provide services to individuals with mental illnesses and to war veterans that were extremely stigmatized and deemed as different or incompetent by many other health care professionals. However, the seven core values and attitudes of the occupational therapy practice signify the true definition of purpose and the importance of interactions that give true meaning to life. Therefore, I knew I had to follow in the footsteps of the pioneers before me to advocate, adapt, and encourage the underserved members in my own community.

Most clients that I have evaluated and treated for services at SMOT are desperately seeking relief from anxiety, help with social engagement, and/or reducing difficulties in school or work. After building rapport, accessing past medical, social, and developmental history, completing standardized assessments, and observing the child or adult interact with his/her environment, I often gained perspective about the story that the person's body was telling me which was often the lingering effects of trauma. This revelation led to my further investigation of the community in which the private outpatient clinic resides. My findings included alarming and increasing rates of reported abuse, maltreatment of children, incarceration rates, drug addiction and alcohol abuse within the low-income, limited resource area. Furthermore, after collaborating with mental health counselors in the community, it was found there was a lack of body-mind services available in the area for adults who have experienced trauma or anxiety.

In a sensory integration- based clinic, like my level II and capstone sites, a therapist is often rewarded by witnessing first-hand how jumping, swinging, twisting, and turning can create

the awareness of self, with the body, emotions, and the accompanied actions. Additionally, goals of improving self-regulation, implementing sensory diet, decreasing frustration/anxiety levels, and awareness of the body's internal "engine" signals were the main areas of improvement and focus during an intervention session. After completing my registered yoga teacher training, I found astounding similarities between the sensory integration-based interventions I was providing during occupational therapy treatment and yoga principles. As I previously discovered, trauma impacts the senses of the body, feelings and emotions, and even engagement in various ADLS, such as sleep. Yoga, or combining movement with a focus on breath, plays a supportive role in restoring the mind-body connection (LaChiusa, 2016). Additionally, providing yoga classes to my community is an accessible, affordable, and feasible option to promote and continue occupational justice for members of this community.

This led to the creation, implementation, and discovery of future implications for my capstone project based on the needs of the community I worked with. I implemented yoga groups that targeted the clients' needs of overcoming trauma and improving self-regulation skills. I further targeted specific groups of clients where I created classes based on certain conditions such as post-traumatic stress disorder, insomnia, depression, anxiety, etc. By doing this, I not only found the need of yoga in my community, but I also found the need of belonging. Developing smaller group yoga classes with a more direct focus fostered cohesion in the classes, a feeling of unity, and met the need of loneliness individuals that have encountered trauma often feel.

Goals and Objectives

Over the course of the capstone experience, I developed six different objectives to maximize my learning experience, as well as my creative independence as a student. Fortunately, I was provided the opportunity to complete all of the long-term goals of this experience. The results of my achievements have impacted the climate of the clinic, the people of this great community, as well as myself on a personal and professional level. I am honored to state that my future plans include further developments of the yoga program while continuing to work for my mentor at SMOT. My achievements have provided me with an even more clear perspective on proper and effective treatment and interventions, a complete understanding of the overall values of Smoky Mountain Occupational Therapy, and the future growth of this clinic in the foreseeable future. Improving clinical skills in the area of sensory integration and mental health, developing yoga programs and classes, and managing billing and administration duties of the private outpatient clinic fostered opportunities, hope, and wellness to the members of my community who have experienced trauma, anxiety, and stressors of daily life.

The first goal:

1. I will improve my clinical practice skills by implementing occupational therapy interventions, with a focus on sensory integration and mental health, to increase my overall knowledge and confidence as a practitioner over the course of 16 weeks.

One goal that I have continuously strived to achieve is the improvement of clinical practice skills in the areas of sensory integration and mental health. Not only have I experienced a wide range of client populations to help me meet this goal, but I have had excellent guidance and expertise from my mentor who enabled me to enhance my ability to confidently implement interventions. My two objectives for this goal included using Ayres' Sensory Integration Theory

and various theories, models, and frame of references to promote evidence-based practice when providing mental health interventions, such as the Social Participation Frame of Reference, Kawa Model, and Psychospiritual Integration Frame of Reference.

The second goal:

2. I will improve my administration skills by gaining knowledge in how to effectively manage a private practice (e.g. billing, business promotion, insurance, etc.) over the course of 16 weeks.

Enhancing my administration abilities and skills have been an ongoing and challenging process, however I have completed this goal of learning and developing. The two objectives for this goal included managing billing and insurance for the entire clinic and participating in business promotion. My mentor was helpful and provided great demonstrations on various billing related tasks that I needed and wanted to learn. Fusion Web Clinic, the type of electronic medical record system used at SMOT, was the system I will continue to use and learn about upon starting my occupational therapy career. Creating a client profile, scheduling clients, submitting claims to insurance, and problem-solving rejected claims are a few of the important skills I acquired while learning just how to manage a private practice. Upon reflection, one of the most valuable skills I have developed during this experience was how to professionally and successfully promote a private practice clinic, especially one new to the area. I must admit that I had preconceived notions about promoting a business such as supplying an informational brochure about what occupational therapy is and why one should choose this particular clinic. Nevertheless, I immediately learned that the development of relationships by being sincere, unique, and professional, fosters word of mouth referrals in the community which really is the most profound way to promote a new business.

The final goal:

3. I will enhance my program development skills by utilizing evidence-based practice, organization skills, and creative ideas to develop various programs and resources (e.g. home exercise programs, group programs, social media resources) pertaining to yoga and mental health over the course of 16 weeks.

Planning, creating, and strategizing program development skills in yoga and in mental health was one of my most anticipated, and exciting goals achieved during this capstone experience. The two objectives for this goal were to complete the Registered Yoga Certification, 200 hours, (RYT-200) and to create, organize, and conduct yoga classes. I am proud to state that I completed my objective of completing the RYT-200 course, see *Figure 1* for specific information, where I gained extensive knowledge in meditation, breath work, and various postures to enhance mental, physical, emotional, and even sensory processing wellness. Additionally, I have received my accredited RYT-200 certification from Yoga Alliance. After gaining this certification, I developed various yoga sequences for populations that I wished to target in my community including Teenagers in the LGBTQ+ community, beginners in yoga, people with anxiety and trauma, and individuals that would like to participate in chair yoga. In addition, I created handouts, social media pages, and informational packets about yoga, breathwork, and meditation (*see Figure 2*). Finally, I have conducted private yoga classes for clients and new members that have seen my advertisements. Clients with PTSD, trauma/anxiety, sensory integration disorder, and people experiencing stress have completed my classes.

In summation, I have achieved the overarching goals of my capstone experience where I have furthered my knowledge and confidence in providing interventions with sensory integration and mental health focus, excelled my administration skills in leading a private outpatient clinic,

and developed a yoga program for my community for individuals with past trauma, limited resources, and constitute minority to cultivate occupational justice. I have attached the certification of completion of the Registered Yoga Teacher 200 hour (RYT-200) in the appendices. Understanding the needs of the members in my community and the possibilities the SMOT outpatient clinic had to offer, I was allowed to execute my idea with a concrete plan. I am honored to have an opportunity to continue my achievements at Smoky Mountain Occupational Therapy upon degree completion where I plan to further promote, develop, and refine the yoga program. I recommend any student that is wanting to gain a deeper awareness of self, clients, and even the world in which we live to be blessed with the opportunity to complete capstone experience with Smoky Mountain Occupational Therapy.

Summary

Finally, over the course of 16 weeks, I have developed a deeper understanding and the true meaning of *holistic*. In occupational therapy, it is essential that practitioners must understand this meaning when looking at client factors, environment, occupations, and the performance of an activity. I am grateful to understand and execute this definition from my extensive knowledge gained at Nova Southeastern University. It has been a rewarding experience knowing that I challenged myself to go beyond this knowledge and viewpoint throughout my residency at Smoky Mountain Occupational Therapy. From providing interventions to children and adults with diverse conditions, personalities, and environmental factors, managing and maintaining administrative duties at a private outpatient clinic, to developing a yoga program for children, adolescents, and adults that have endured traumatic life experiences, I have ultimately discovered that it is feelings, connections, and internal reflection that are the greatest outcomes for the client. Perhaps *holistic* should be written *whole-istic* to help facilitate the value of therapeutic relationships, motivating means, and fostering a sense of self-awareness. I feel that I am no longer evaluating and treating the perimeter of an individual but the entire area, where the client feels whole, complete, and absolute.

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Appendix A

Figure 1

200 Hour Registered Yoga Certification



Note. Certification of completion of the 200 hour Registered Yoga Training (RYT-200).

Appendix B

Figure 2

Yoga Handout



Yoga Classes

Instructor: Morgan Farris

ALL LEVELS, BODIES, AND ABILITIES WELCOMED!

We support you where you are on your journey.

Tuesdays in February:

9:00am - Adults

5:30pm - Adults

6:45pm - Teens

Introductory Rate:

\$25 for semi-private class, 60 minutes (limited to 3 students)

Where:

200 E Broadway Ave, Suite 306, Maryville TN

Dress comfortably. Yoga mats available.

Please RSVP so that we don't overbook.

Contact us: 865-201-0213 (text or call)

Private classes available by appointment.



Note. Brochure created for capstone project to advertise yoga program in community.