

Issues in Yoga Therapy

The Role of Outcome-Based Standards in Yoga Therapy

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Abstract: *This article introduces a powerful and effective approach to facilitating and documenting positive change that may be new to many in the Yoga therapy community: outcome-based standards and practices. Outcome-based methods are efficient, effective, and conform to both modern medical practices and to third-party reimbursement requirements. At the same time, outcome-based approaches maintain the spirit and identity of the Yogic approach to change and are thus superior to strictly evidence-based therapies. Outcome-based therapy is a middle way between a reductionist, allopathic medical model approach and a free-wheeling, forever spontaneous philosophy that eschews research and evidence. Sample measurement tools are provided.*

Keywords: *Yoga therapy, evidence-based medicine, common factors, practice standards, outcome-based measurements, feedback, client-oriented therapy*

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Introduction

Yoga therapy based on outcomes is known as outcome-based therapy (OBT), and the standards developed to support this approach are known as outcome-based standards (OBS). An outcome-based approach offers Yoga therapy a middle way between the allopathic, reductionist medical model so dominant within Western health services, and the natural desire to keep Yoga therapy free from restrictions and externally-imposed standards. Outcome-based standards can also prevent the misuse of the Western medical model and evidence-based therapy (EBT) as a foundation for Yoga therapy methods. This article argues that OBT is more closely aligned with the spiritual, integrative, creative, and spontaneous aspects of Yoga as a whole, while retaining the value of using objective evidence for positive change.

The Foundations of Outcome-Based Therapy

Outcome-based therapy is a form of empirical philosophy with varying degrees of influence in service and healing

professions. It is most clearly established within the world of psychotherapy, especially in client-directed, outcome-informed therapy (CDOI).¹

OBT reflects a core set of values and principles, including:

1. A focus on clinical, practice-based (as opposed to evidence-based) research and empirical data;
2. A very strong focus on the client, patient or student; and, most importantly,
3. The use of measurable feedback to guide the course of therapy, including therapeutic termination or referral to another practitioner.

1. Practice-Based Evidence. In OBT, the use of research focuses on developing an individual or group practice that is based on local, individually obtained evidence through practice, rather than clinical studies intended to show that a specific Yoga therapy method is superior to no treatment at all. It therefore emphasizes *practice-based evidence* rather than *evidence-based practice*. This allows for the development of highly specialized practices suited to specific populations

served by an individual or group. This approach also argues for demonstrable evidence that an individual practitioner or practice is more effective than other options available. The evidence is practical, contextual, and unique to a particular combination of therapist and client, rather than universal and hierarchical in nature.

2. **Client-Oriented Service.** The focus on the client, patient, or student (depending on whether you apply a business, medical, or educational model to the process of Yoga therapy) is another crucial part of OBT. OBT is guided by the client's assessments of outcomes, such as symptoms and positive change, as well as the client's assessments of the methods used and the practitioner's effectiveness. From this point of view, the consumer of the services, working closely with the therapist, is the final arbiter of whether or not the therapy is working. The therapy's effectiveness is not determined by external experts, the therapist alone, or a third-party reimbursing. OBT is, therefore, highly service-oriented as opposed to expert-driven.

The outcome-oriented perspective requires that the therapist elicit as much information as possible from clients regarding their thoughts, feelings, and responses to treatment, in addition to observable physical changes. It requires the therapist to recognize when a specific treatment is not working and to be willing to modify methods rather than adhering to ineffective approaches. In turn, this requires that the therapist establish a relationship, or *therapeutic alliance*, that encourages openness and acceptance, so the client does not feel ashamed, fearful, or defensive about revealing information that may help in modifying treatment. In outcome-based models, the therapeutic relationship prevails over all. This does *not* mean that Yoga therapists do not employ theoretical, experiential, or third-party knowledge to treat. Rather, it means that all of this information must be modified to suit the context and moment.

3. **Honest, Negative, and Accurate Feedback.** Therapeutic effectiveness requires accurate and often “negative” feedback. Clients of all professions have a natural hesitation to criticize the “expert.” However, trust requires the client's growing understanding of the increasingly important role he or she can provide in guiding the therapist. The cornerstone of OBT, therefore, is feedback. Research indicates that *the very act of seeking, receiving, and discussing feedback, independent of the content of that feedback*, improves therapy and shortens the number of sessions required.²

Negative feedback is often misunderstood as being judgmental or critical. It is a term from systems engineering that means the information provided to the operative has a

guiding or directive effect to interrupt a harmful outcome or ineffective process. In the context of Yoga therapy, this means that the client provides feedback about what is not working. On the other hand, positive feedback encourages or maintains a process. In the context of Yoga therapy, this means that the client provides feedback about what is helping. Both positive and negative feedback can be “good,” in the sense that encouraging useful action is good, and failing to correct nonuseful action is bad.

Without this foundation of understanding, therapists can be deceived into thinking that their approach is working and be clueless as to why the client fails to show up again. For example, therapists may provide advice, explanations, and beliefs that are contrary to the client's world view, thus damaging the relationship. How many Yoga studios or Yoga therapists lose students or clients and have no idea why? Or worse, do not even follow up to determine what keeps or repels their clientele? How many clients might have been retained if even a slight variation in approach or method had been tried?

Collecting Feedback and Outcomes Data

OBT goes beyond informal, strictly qualitative and verbal feedback. It collects formal written feedback about both meaningful outcomes and the client's satisfaction with the therapeutic process. Although simply asking clients “how things are going” is better than nothing at all, it may encourage clients to be overly acquiescent. It is very easy to forget to ask open-ended, but more specific, questions, or to probe for more details. Further, establishing a database of responses is imperative for the growth of a professional practice.

Client-directed outcome-informed (CDOI) psychotherapy provides one model for collecting feedback and outcomes data. In CDOI therapy, each session starts with a client self-rating using four scales, each reflecting levels ranging from 0 to 10 for low to high satisfaction. Clients are asked to rate themselves using a tool known as the Outcome Response Scale, or ORS, according to the following criteria:

1. *Individually*, or on their personal well-being;
2. *Interpersonally*, or on the quality of their family and close relationships;
3. *Socially*, or how well they are doing in such activities as at work or in school, and
4. *Overall*.

Each scale is then tallied, and the total can range from 0 to 40. At the end of each session, clients rate their levels of satisfaction on a Session Response Scale:

1. The quality of the *relationship* with the therapist;
2. Whether or not the therapist worked on the *goals or issues* that the client thought important;
3. Whether or not the client judged the *approach or methods* used as a good fit; and
4. An *overall rating* of the session.

Again, the maximum score on each scale is 10, and the maximum total score is 40. For the feedback process to be useful, the client must feel sufficiently relaxed and open to provide an honest assessment of the therapeutic intervention.

We strongly urge Yoga therapists to develop analogous measures for their practice. This requires effort, but pays off in improving effectiveness. The tools must be easy and fast to use, so that they are not seen as onerous, intrusive, or burdensome. The sample measures included in the Appendix can be used as models. However, the development of brief and practical outcome standards for Yoga therapy must be validated against more comprehensive measures of change. The CDOI ORS form, for example, was validated against a much longer standardized scale known as the OQ[®]-45.2, a 45-item self-report outcome/tracking instrument designed for repeated measurement of client progress through the course of therapy and following termination.³

Of course, any and all documentation is onerous to some, and there will always be therapists who eschew written feedback and measurement as intrusive to the natural flow of the session. If a practitioner does not collect written feedback, he or she must still elicit some client response or assessment and demonstrate a willingness to adapt to the client's needs.

Therapists should maintain a record of the client's ratings and feedback. For individual treatment, it is imperative that the feedback be discussed with the client immediately and used as part of a partnership to guide future therapy. Criteria for using the information to guide therapy can be developed on an individual or group basis.

Before leaving this topic, we must emphasize that the choice of scales focusing on client satisfaction within CDOI psychotherapy is very different from the emphasis of the predominant allopathic medical model and the EBT orientation to establishing methodological effectiveness. This may be true as well in the profession of Yoga therapy.

Common Factors in Positive Change

OBT within psychotherapy has grown out of a very large body of evidence that stresses the role of *common factors* in bringing about positive change, while diminishing

the importance of specific methods or theoretical orientations. This is referred to as *the primacy of absolute over relative efficacy*. Demonstrating that a particular approach to depression, works better than does no treatment at all is an example of *absolute efficacy*. Study after study has shown that psychotherapy works, compared to no treatment.⁴ At the same time—and this is the crucial point—these studies show very little relative efficacy. There is very little evidence to display that one talk therapy model is superior to another. In other words, all talk therapy methods work, but no method works better than another. Another way to see this is that therapeutic effectiveness depends more upon the individual practitioner and the therapeutic relationship than on the model of therapy used.

This is supported by many individual research studies and most directly through meta-analysis of multiple studies, primarily by Wampold.⁴ This research helps explain why there can be so very many approaches, methods, and philosophies within psychotherapy (at last count, 400 or more—and this does not include the dozens of unofficial, amateur, and culture-specific methods), each claiming to be effective. Some are “proven as effective” based on evidence-based standards, which often require only that a particular method be demonstrated to be more effective than a placebo or to no treatment at all, as opposed to a far more useful standard of demonstrating that it is the best possible treatment or that it is superior to other, established treatments.

Since virtually all methods of talk therapy are effective, and yet no method or orientation appears to be notably superior to another, researchers such as Lambert⁵ began to look for factors that were common to all approaches. Lambert describes four factors that can influence the effectiveness of talk therapy:

1. The therapeutic model and its associated methods and techniques
2. Hope and expectancy (factors typically excluded from models of EBT)
3. So-called *extra-therapeutic* factors (basically, every important factor in the client's life not addressed within the therapeutic session)
4. The therapeutic alliance, or the strength and quality of the relationship between therapist and the client.

What Lambert concluded, and what Wampold later demonstrated with meta-analyses, was striking: evidence indicates that the specific method used by the talk therapist was relatively unimportant. Its contribution to positive change was about 10% to 15%. By far the biggest contributing factor under the influence of the therapist was the

quality of the relationship between the therapist and client. In general, Lambert's analysis supports the claim that there are far greater differences in effectiveness between individual therapists than there are between different therapeutic models or methods. Hope, expectancy, and so-called extra-therapeutic factors account for the rest of the change. From this point of view, improving positive change should focus on strengthening the quality of the therapeutic relationship and much less on the specific methodology used.

Within Yoga therapy, one might ask: which, if any, of the approaches to Yoga are superior? And if there is a variety of effective methods and treatments, *what is common among them?* We cannot yet say how powerful common factors are in Yoga therapy as opposed to talk therapy, and it is exciting to think of the surprises that might await further research into this area. However, note that the holistic approach of Yoga, which encourages changes in even the extra-therapeutic factors (e.g., relationships and lifestyle), can perhaps effect greater positive change than the more limited talk therapy methods.

Integrative and holistic therapists will be pleased to know that helping clients build up hope and improving other aspects of their lives can help the process of therapeutic change. This stands in contrast to most EBT methods, which are highly focused on controlling for extraneous factors or eliminating the so-called placebo effect. Yoga therapy, on the other hand, historically recognizes that such expectation effects are powerful tools, and they cannot be divorced from a specific *asana*, breathing technique, or meditation. They often augment one another, and the total outcome is the result of the synergy created in the process. Trying to isolate one variable from the package can diminish the effects of the other components.

Should Yoga Therapy Adopt the Medical Model?

At this point, many Yoga practitioners and therapists are probably thinking that such results are to be expected, and that they are hardly striking. And yet, such information, while highly compatible with the Yoga tradition of change, flies in the face of the dominant model within modern Western medicine, which adheres to what we know as the allopathic medical model.

The **allopathic medical model** is essentially reductionist, rule-based, and sequential. It aims to ensure that a specific protocol has been established to treat an identified diagnosis or disorder. In this model, information from a variety of sources is used to *assess* the patient; this leads to

one or more *diagnoses*. The practitioner then refers to experience, the literature, or some set of rules to choose one or more methods to treat this disorder. Ideally, the treatment of choice has been established by research to work for the diagnosis(es); this is known as evidence-based medicine. In this way, the medical model and evidence-based therapy are highly focused on choosing appropriate means, or methods. From this general point of view, *if the proper procedures are followed, the best possible outcome is assured*.

Many of our major advances in medical interventions have profited from this model: one does a particular surgery a certain way, using the best available techniques. Moreover—and this is key regarding the political and economic influences on best practices—a practitioner can be protected from lawsuit or termination, even if the patient or client suffers harm, by claiming adherence to the process: “I did what I was trained to do and what is reflected in the standards of my profession. Therefore, I am not responsible for an unforeseen outcome.” Thus, the adherence to a process-based model can be a defensive approach to protect against malpractice. This is sometimes necessary, but does not always result in the best possible combination of treatments for a particular patient.

Outcome-based approaches, in contrast, emphasize the results of the treatment. For example, an allopathic and insurance-based treatment allows for a practitioner to be paid on the basis of applying accepted methods. A certain number of hours or sessions will be reimbursed, but nothing is linked to a positive outcome. Payment for an outcome-based therapy, on the other hand, would compensate for demonstrable success, regardless of the number or types of treatments or sessions.

This relative emphasis on process or outcome lies at the heart of many conflicts over best practices and standards in most fields, most notably, education and medicine. A teacher evaluation, for example, might focus on observations of what he or she does in the classroom; in particular, if a specific curriculum is being followed and if the teacher is able to manage behavior to reduce distraction. The assumption is that if the teacher follows the correct formula, then the children will learn. The outcome-based approach is to let teachers do what they think best and to judge performance based on how much the students have learned.

Where Is the Field of Yoga Therapy Heading?

Within Yoga, we often value an intuitive and individualized approach and we wish to retain the ability to modify our methods to suit the present context, rather than following a prescriptive sequence based on a prior assessment and

diagnosis. However, many within the field of Yoga therapy aim to have Yoga therapy established within the medical model in an attempt to gain professional recognition, referrals from medical professionals, and reimbursement from managed care. Consider how we are already seeing a proliferation of claims that certain postures and practices are effective for treating a variety of allopathically defined disorders, including depression, anxiety, back pain, and others. (For example, see McCall's *Yoga As Medicine*.⁶) Thus, we are seeing a hybrid approach developing where Yoga accepts allopathic medical definitions of diseases and disorders and uses Yoga therapy to treat them.

For each of these claims, we must ask ourselves: if indeed these methods work, why do they work? Research may show that a particular method has worked, and therefore a claim is made that the method itself is responsible for most or all of the change observed. Is it truly because the use of this or that particular sequence of *asanas* or other Yoga therapy methods leads to positive change, or is there also a very significant contribution from the factors common to psychotherapy, such as hope and the therapeutic relationship? Yoga therapy recognizes the synergistic and holistic effect of these factors. Attempting to reduce treatment to a simple relationship between a diagnosable disorder and a prescribed Yogic treatment violates the fundamental orientation of Yoga itself.

Adopting the allopathic medical model may support more access to Yoga for those with few private resources, by facilitating third-party reimbursement. However, Yoga therapists—as individual practitioners and as a field of practice—must decide if we truly seek to be absorbed into the dominant medical culture, or if we would like to coexist and compete for resources and clients, using a different model and different methods.

Much current Yoga practice is informally outcome-oriented, and many practitioners eschew explanation and theory in favor of outcome. Many oppose the analytic, reductionist, and evidence-based focus of Western medicine, with good reason. It is important to remember, however, that if Yoga therapists ally themselves with an outcomes approach, they risk being challenged when their methods fail. This is one reason why Yoga therapy cannot abandon standards altogether. OBT is a “middle way” between a reductionist allopathic medical model approach and a forever spontaneous philosophy that eschews research and evidence. True best practices require collecting client feedback, maintaining simple records, and collating information to improve practices over time. Having client assessments available in their own writing also helps to assure clients that they were listened to. It also helps to bring problems to light early in

treatment, before they become more serious medical or even legal issues.

Implications for Professional Standards and Schooling

An outcome-based approach has implications that go beyond standards for individual and group practice. In establishing standards for education and professional schooling, the emphasis will be much more on practical applications, internships, strong interaction with an experienced therapist, and ongoing supervision of new therapists with consistent feedback. The emphasis is more on developing therapeutic expertise through supervised interaction with clients than adhering to certain and specific content requirements. A “means” approach, for example, might insist that a therapist know a specific number of *asanas*, or Sanskrit terms, or anatomical concepts, whereas an “ends” approach insists that expertise be measured by how real clients assess the therapy's effectiveness, regardless of what the therapist knows or has achieved.

The Future of Yoga Therapy Research

There is no doubt that Yoga therapists with a bent for practical research will continue to provide comparisons between various groups receiving this or that Yoga-based treatment and compare results to those on waiting lists or those receiving little or no treatment at all. And if positive results lead to more acceptance of Yoga therapy, more access to Yoga therapy by those in need, and acceptance of these treatments by third-party payers, this must be good for the profession.

However, these types of studies are limited in their ultimate utility for therapeutic practice. Instead, practical research should shift its emphasis toward comparing methods to determine relative efficacy (“Is there any difference between these methods, or are they equally effective?”) and to improving individual and group therapeutic practices. We urge Yoga therapy researchers to avoid the limitations of most EBT studies and to examine published EBT studies with a critical eye. Typically, EBT studies fail to examine change over long periods of time (say, more than 6 months, a notorious limitation in psychoactive drug studies) and they often fail to compare multiple approaches, instead of merely showing that a method is superior to doing nothing (or to a non-Yogic alternative).

Even when we read about a positive effect of using a method, we cannot know whether a greater number of negative results have gone unpublished and hidden. Most im-

portantly, it is imperative to analyze these results to see how large the effect really is. Many unsuspecting readers fail to distinguish between a statistically significant result (one that cannot be attributed merely to chance), and a truly large or meaningful difference. Of course, if we were to compare Yoga therapy to medication for the treatment of depression, it would be useful to include such factors as side effects, cost, and influence of both methods on the person's quality of life. These holistic effects are usually isolated or ignored in typical EBT studies.

This is not to imply that experimental, scientific research about Yoga is to be avoided. It is necessary not so much to demonstrate effectiveness, but to ground theoretical explanations in physical reality. Can we learn more about *why* Yoga works? Yoga has always been relatively atheoretical, seeking a practice that achieves goals through individual and group experimentation. Useful techniques are passed on without the oversight of rigorous testing or understanding of why they work. This has not stopped many in our field from venturing explanations based on energetic models that have a vague relationship to established Western science, including physics, chemistry, biology, and psychology.

Theory allows for the invention of previously unknown concepts and methods, and it creates a solid foundation for further exploration. Most of all, it allows for predictions. Yoga therapists must ask themselves if they favor concepts and explanations from Yoga and Ayurveda because they reflect a superior and testable theory of change, or because they help identify their practitioners as special "outsiders" who practice within their own subcultures and who are therefore not subject to the standard rules of evidence. This is a difficult choice and cannot be taken lightly, because some of these notions can influence the very powerful factors of expectancy and hope. However, I believe that Yoga therapy will survive this test, even if it must abandon some cherished explanations that service cultural rather than scientific interests.

The Role of Yoga Therapy in Western Healthcare

A fundamental problem with most modern medical approaches is the focus on short-term analysis and short-term gain, which leads to more problems and higher costs over time. Both Yoga and an outcome-oriented approach assert that a great deal of effort and time expended in early treatment—especially in developing a relationship of openness and trust—can result in significant cost savings in overall treatment over an individual's entire lifetime. If a client ar-

rives concerned about back pain and depression, and the therapist is able to bring about, say, smoking cessation in the process, how much value is this to the individual as well as to society at large? These are the types of side effects we see in Yoga therapy, as opposed to the deleterious side effects we see with so many allopathic methods. This is part of what it means to be Yogic and holistic in the first place: to help others not merely fix immediate problems but also to establish a lifestyle that prevents future problems and reduces the need for outside experts and expensive treatments.

Current third-party oversight of healthcare requires a tremendous amount of documentation that is evidence-based and oriented towards legal protection, but that reduces the quality of therapist–client interaction. One of the ways Yoga therapy can influence this tragic and ironic state of affairs is to demonstrate that an integrative and holistic approach should be recognized as reimbursable, and, ideally, at a rate of pay that reflects both the high degree of expertise of the Yoga therapist and the long-term gain and reduction in costs for the client and the third-party payer, as opposed to reimbursement based on time spent and "process accomplished." Outcome-based measures are far less onerous and are less expensive in time and money than are current clinical documentation requirements in medicine, chiropractic treatment, or physical therapy, not to mention more useful.

Closing Remarks

Weaving our way through the dynamic nature of Yoga therapy while attempting to adhere to external scientific standards is fraught with difficulty and complexity. In this article, I have suggested that an outcome-based approach provides a bridge between the need to establish a science of Yoga therapy and the need to adhere to its fundamental principles and practices. In fact, this is perhaps the only way to weave Yoga therapy into the fabric of Western science and avoid the possibility that Yoga therapy will be absorbed into and therefore diluted by established Western practices (e.g., physical therapy, chiropractic, medicine, psychotherapy) or isolated and labeled forever as an alternative therapy that cannot or will not base its practice on solid evidence for real therapeutic change.

I encourage individual practitioners to focus immediately on obtaining structured and measurable feedback within their practice and to demonstrate that they can effect real, positive change by documenting Yoga therapy outcomes. Larger institutions can help validate simple measures against medical or other data to ensure acceptable levels of reliability and validity. I encourage all Yoga therapists to

back up their claims for effectiveness, not by referring to the fact that they use a method that has been branded as “evidence-based,” but rather by stating that, among all available treatments, *this* practitioner can provide evidence from *this* practice collected from *these* clients that demonstrates fundamental satisfaction through measurable outcomes.

I would never suggest that measurement and documentation interfere with the primary function of the Yoga therapist as he or she perceives it, but Yoga therapists are no less subject than any other profession to confusing correlation with causality, to hypothesizing untestable theories to account for change, to focusing on short-term versus long-term gains, and to convincing ourselves that we are more effective than is true or as is perceived by our clients. We need some sense of scale and a relative measure of success to ground our focus on spontaneity, and to prevent us from being stuck doing what we have always done “because we have always done it this way.”

The full implementation of OBT by the field of Yoga therapy would result in an entirely new way for the Yoga therapy professional to interact with potential and actual clients and would affect everything from the architecture of the treatment center, to the amount and nature of time spent

with the client, to the financial arrangements, to how treatment is modified and individualized over time, to how success is measured. We predict that a proper balance between EBT and OBT can serve to launch Yoga therapy as an important catalyst for changing how people are treated in healthcare more broadly, in a way that supports positive change, reduces costs, and improves the health of the nation.

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**Figure 1: General Satisfaction Scale
(SAMPLE)**

Name _____
Date: ____ / ____ / ____

Please rate your present sense of distress or satisfaction in the following areas by placing a vertical mark (“|”) on the line nearest to the description that best fits your judgment

<p>I am experiencing intolerable levels of pain, discomfort, lack of energy or sexual functioning, sleep or other physical problems</p>	<p>Physical Body</p> <p>I-----I</p>	<p>My physical body, sleep patterns, eating, drinking and sexuality are at their highest level</p>
<p>My relationships at home, work or community are suffering</p>	<p>Relationships</p> <p>I-----I</p>	<p>My relationships at home, work or community are at their best</p>
<p>I am not experiencing sufficient joy, freedom, leisure or recreation in my life</p>	<p>Leisure, Recreation</p> <p>I-----I</p>	<p>I am able to enjoy outside activities to their fullest</p>
<p>Overall, there is a significant level of distress or discomfort in my life</p>	<p>Total Experience/Happiness</p> <p>I-----I</p>	<p>Overall, my life is in alignment with my hopes and expectations</p>

Comments: Please mention any particular changes you are looking for, or what you think will work best for you to improve your quality of life, or accomplish your goals:

Figure 2: Yoga Therapy Clarification of Goals and Status of Practice (Sample)

NAME _____ DATE ____ / ____ / ____

Please help us note what aspects of your yoga practice require more clarification, assistance or work. Place a vertical line (“|”) where you are at present. *Please feel free to leave any section or sections blank, or to make written notes or comments.*

Some personal thoughts, emotions or actions are impulsive and are hindering my practice

Yamas (Moral Restraints)

I-----I

My personal sense of restraint is in balance. I do not need to work on any of my personal thoughts, emotions or actions

I am not applying one or more observances and it is hindering my progress

Niyamas (Observances)

I-----I

My practice is balanced and I am diligent in applying all relevant practices and observances

I am concerned about the quality of my postures or their suitability to my practice

Asanas (Postures)

I-----I

I am completely satisfied with my current asana practice (flexibility, balance, strength, etc.)

My practice is significantly hindered without sufficient integration of breath

Pranayama (Mindful Breathing)

I-----I

I am completely satisfied with my knowledge and application of breathing

I am drawn to the external despite my attempts to focus on my personal experiences

Pratyahara (Turning Inward)

I-----I

I can turn inward at will and I am not subject to external influence during my practice

My concentration wavers; I am easily distracted

Dharana (Concentration)

I-----I

I am completely satisfied with my level of concentration, throughout my practice

I am struggling or dissatisfied with my practice of meditation

Dhyana (Meditation)

I-----I

I am realizing the full benefits of my meditation practice

Samadhi (Transcendence, Actualization, Union)

I-----I

I am not aiming for a final or complete goal in my practice, or I am making no significant progress

I feel that I am on the path to realizing my ultimate goals for practicing yoga

Today, I would like to focus on the following aspects of my yoga practice:

Figure 3: Yoga Therapy Experience Rating Scale (SAMPLE)

Name _____
Date: ____/____/____

Please rate today's yoga therapy session by placing a vertical mark ("|") on the line nearest to the description that best fits your experience.

Relationship		
My sense of being accepted and of feeling relaxed needs improvement	I-----I	I felt completely accepted by and relaxed with the therapist
Goals		
We need to improve on defining my goals in yoga therapy	I-----I	We worked on what I wanted to work on
Methods		
The methods and skills used are <i>not</i> a good fit for me.	I-----I	The methods and skills used <i>are</i> good fit for me
Overall		
In general, there was something lacking in the therapy experience that needs to change	I-----I	In general, this therapy experience was just right and I would like more of the same

Comments: Please indicate any special requests or changes to the therapy that you think would be most helpful or effective for you:
