

ABSTRACT

A YOGA THERAPY PROGRAM TO INCREASE POSITIVE MENTAL HEALTH
FOR ADULTS EXPERIENCING SYMPTOMS OF ANXIETY OR DEPRESSION:

A GRANT PROPOSAL

By

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Depression and anxiety affects approximately 25 million adults within the United States each year. Furthermore, the population of adults experiencing some form of mental illness is expected to grow 15% by the year 2020. While there are many traditional therapeutic approaches to treating mental health challenges, evidence-based alternative therapies are gaining credibility. One such form of alternative treatment is yoga therapy. Therefore, the purpose of this project was to create an innovative yoga therapy program for adults to reduce the symptoms associated with anxiety or depression. This project was developed on behalf of the Jewish Federation and Family Services of Orange County. The goals of this yoga therapy program are to increase mind-body connection, decrease symptoms of anxiety or depression, and improve the overall quality of one's life. The actual submission and/or funding of this grant were not required for the successful completion of this thesis project.

A YOGA THERAPY PROGRAM TO INCREASE POSITIVE MENTAL HEALTH
FOR ADULTS EXPERIENCING SYMPTOMS OF ANXIETY OR DEPRESSION:

A GRANT PROPOSAL

A THESIS

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CHAPTER 1

INTRODUCTION

Mental illness impacts over 450 million adults around the world each year, and can affect individuals of any race, religion, gender, or socioeconomic status (Safaei, 2011). Throughout the United States, 26%, or 57 million adults, experience a mental illness in any given year (Kessler, Chiu, Demler, & Walters, 2005). Furthermore, the population of individuals with some form of mental illness is expected to grow approximately 15% by the year 2020 (World Health Organization, 2004). The National Institute for Mental Health (NIMH; 2014b) defines mental illness as any diagnosable mental, emotional, or behavioral disorder, and can range in severity levels from mild to severe. It is estimated that approximately 40 million individuals throughout the United States will fall into the mild or moderate category (Kessler et al., 2005). These types of mental health challenges consist mostly of depressive and anxiety disorders, often including substance-related disorders (Substance Abuse and Mental Health Services Administration, 2010).

One form of treatment that has been shown to decrease symptoms associated with having a mental illness is therapeutic counseling (Ponton, 2012). Research also shows that symptom reduction occurs more frequently when two or more modalities are combined (Bhatia et al., 2012; Craighead & Dunlop, 2014; Hart, 2013; Visceglia & Lewis, 2011). Paired forms of treatment include traditional therapy along with

medication or peer counseling along with yoga therapy (Bhatia et al., 2012; Craighead & Dunlop, 2014; Hart, 2013; Visceglia & Lewis, 2011). Furthermore, symptom reduction has also been shown to happen more often when an individual receives treatment that conforms to their belief system (Alavi, Shafeq, Geramian, & Ninggal, 2014). A recent study on motivation for seeking treatment surveyed 150 graduate students to learn what prompted them to obtain treatment from their campus mental health center (Alavi et al., 2014). The study results indicated that students were more likely to seek treatment and to have a positive experience if counseling, or discussing challenges with a professional, was accepted within their specific belief system. Conversely, students who did not believe in counseling, for cultural or other personal reasons, were reluctant to use the center's services.

While there are many approaches to treatment, some of the most common include traditional psychotherapy, cognitive-behavioral therapy, peer support therapy, and pharmaceutical therapy (Bouchard, Monteuil, & Gros, 2010; Cavaliere, 2014; Partridge, Lucke, & Hall, 2014; Young, 2013). Psychotherapy consists of several subcategories, including individual therapy, group therapy, family therapy, and couple's therapy (Cavalier, 2014). Each type involves a trained professional and a client discussing personal problems in a private, face-to-face manner. Methods for attaining treatment goals can vary and are highly personalized to meet the goals of the individual, group, family, or couple (Bradley & Drapeau, 2014). Cognitive-behavioral therapy involves the use of a therapist to help an individual consciously learn to replace maladaptive thoughts and actions with more positive cognitions and behaviors (Young, 2013).

An alternative to psychotherapy and cognitive-behavioral therapy is peer support groups. Peer support groups often utilize paraprofessionals to facilitate the treatment process as the nature of the work does not necessitate skilled clinical work (Bouchard et al., 2010). These types of groups are categorized by likeness and are managed in an informal manner, creating an open forum for discussion of feelings and allowing participants to heal and support one another throughout the recovery process (Bouchard et al., 2010). Pharmaceutical therapy differs in that it focuses on the use of prescription medication to help in symptom reduction (Partridge et al., 2014).

In addition to these more traditional treatment approaches, alternative therapies are gaining popularity as viable treatment options for mild to moderate mental health issues (Gangadhar & Varmbally, 2011). One form of alternative, evidence-based treatment is yoga therapy (Nagendra, 2013). Yoga, meditation, and other mindfulness-related awareness techniques reduce stress, anxiety, and depression by helping individuals take control of their mental states (Carlson, Speca, Kamala, & Goodey, 2004). The conceptual framework behind yoga therapy is that of the mind-body connection, suggesting that there is a relationship between what originates in the mind and what physically manifests itself through the body (Tsao et al., 2005). Through the use of specific postures (asanas), breathing techniques (bramayama), and meditative techniques (dhyana) yoga allows the body to physically decompress, while also allowing the mind to find a higher level of peace (Sengupta, 2012). By bringing awareness to one's mental state, the evidence-based practice of yoga allows individuals to change their thought processes, behaviors, and overall mental health (Carlson et al., 2004).

Statement of Purpose

Given the growth of evidence-based, complementary and alternative therapies in helping clients cope with mental illness, the purpose of this project was to write a grant to obtain funding for the development and implementation of a yoga therapy program. This program was specifically designed to serve adults experiencing mental health challenges such as depression or anxiety and will be offered by the Jewish Federation & Family Services (JFFS) of Orange County, located in Irvine, California. The Jewish Federation & Family Services is a non-profit agency that seeks to help adults and children in need of social services and support, including, but not limited to, mental health counseling on an individual, couple, and family basis. The primary goal of this program, entitled Peace of Mind Yoga, is to assist adults with depression or anxiety by offering a therapeutic form of yoga therapy. This program will help clients to increase their mind-body connection through the use of yoga postures, breathing techniques, and meditation. Through participation in this program participants will reduce their levels of anxiety and depression to achieve a better overall quality of life. Operated through referrals from the Counseling and Support Services Department of JFFS, the Peace of Mind Yoga program could serve approximately 320 individuals over the course of the 1-year of grant funding.

Conceptual Definitions

Psychological Well-Being

Throughout this proposal, psychological well-being will be used to refer to the way in which individuals evaluates their lives. Factors that determine this evaluation

include the client's level of self-acceptance, amount of positive relationships, autonomy, life purpose, and personal growth (Moeenizadeh & Kumar, 2010). These concepts are all congruent with the teaching and practice of yoga.

Yoga

Yoga will be used to include the practice of postures (asanas), breathing techniques (bramayama), and meditation (dhyana) into the form of a structured class to be led by a certified yoga instructor (Sengupta, 2012). Yoga places strong emphasis on the unification of the body and the mind by being present and aware in each moment.

Relevance to Social Work and Multiculturalism

Peace of Mind Yoga will be a yoga therapy program tailored to meeting the needs of individuals facing mental health challenges. The National Association of Social Worker's (NASW) Code of Ethics states that a primary role for social workers is to provide service for clients in need (2014). By providing clients experiencing mental health challenges with an evidence-based form of alternative therapy, this program will uphold this duty. The NASW Code of Ethics also states that social workers must strive to promote the importance of human relationships, and in doing so engage their clients throughout the process. This program allows the social worker/instructor to be a guide, while ensuring that students are instrumental entities in their own healing process. Increasing professional expertise, or developing competency, is another key role according to the NASW Code of Ethics. Peace of Mind Yoga will require the program coordinator to be competent and able to create classes that are relevant, engaging, and

appropriate to meet the needs of the group while developing therapeutic treatment modalities in recognition of physical limitations.

Peace of Mind Yoga will also allow for students of diverse multicultural backgrounds to participate without feeling excluded. Although yoga evolved from a specific culture and religion, it has since grown to be an inclusive practice that can easily be approached in a neutral manner (Sengupta, 2012). This yoga therapy program will be taught in a manner that will allow the individual to internalize the teachings in a way that make sense for his or her specific belief system; Peace of Mind Yoga will not structure classes to include any one religion or culture.

CHAPTER 2

LITERATURE REVIEW

History of Yoga and Relevance to Peace of Mind Yoga

The term yoga is derived from the Sanskrit root yuj-, meaning to yoke together or to unify (Sengupta, 2012). Yoga is the practice of connecting the mind and body, breath and movement, spirit and the self; the means through which this is done has evolved over time (Sengupta, 2012). Although there is no written history to determine when yogic practices began, excavated soapstones with depictions of yogi-like figures trace origins back to India over 5,000 years ago (Sengupta, 2012). This time period is known as the vedic period and it revolved around the use of hymns and prolonged periods of meditation. Chants and meditation were used to transcend the limitations of reality in an effort to find oneness with a higher power (Sengupta, 2012).

It was not until 200 CE, approximately 2,000 years after yoga is believed to have begun, that practice began to incorporate the use of physical postures to aid in creating a stronger mind-body connection (Sengupta, 2012). This time period is known as the classical period of yoga, and serves as the foundation upon which modern yoga was built (Sengupta, 2012). During the classical period, Patanjali published the first written document relating to yoga, entitled *The Yoga Sutras*. This text is comprised of 196 sutras, or thoughts, pertaining to yoga, the most important being the explanation of the eight limbs of yoga (Shrivathsa, 2010). Each of the eight limbs of yoga are considered

separate entities, but when combined in succession create the foundation for yoga as a entirety (Shrivathsa, 2010). Each limb will be expanded upon, depending on its ability to aid in treatment, through the series of classes in Peace of Mind Yoga.

The first limb of yoga consists of the yamas, which are comprised of five different “do not” components. These components are ahimsa (non-violence), satya (truthfulness), asteya (non-stealing), brahmacharya (controlling the senses), and aparigraha (non-hoarding); (Sengupta, 2012). Together, the yamas can be used as themes in Peace of Mind Yoga to teach students how to think kindly about themselves (non-violence), to let go of that which does not serve them (non-hoarding), or to reframe the ways in which they see themselves (controlling the senses). The second limb of yoga is made up of the niyamas, which includes five different “to do” components. These categories are saucha (cleanliness), santosha (contentment and gratitude), tapas (heat and discipline), svadhyaya (self-study), and isvara-pranidhana (devotion and surrender); (Sengupta, 2012). The niyamas can also be used as themes in Peace of Mind Yoga, for example teaching students to see the positive in their life (contentment) or encouraging students to continue with treatment (self-discipline).

The third limb of yoga focuses on the use of asanas, or postures, and is a key element of this yoga program (Sengupta, 2012). The purpose of the asana is to aid in connecting the body with the mind; as a student moves through different postures, the mind has a chance to further sync with and control the body (Shrivathsa, 2010). This practice can be used off of the mat as well; students learn to gain more control over their mental states and in doing so learn how to overcome mental health challenges (Rao,

Varmbally, & Gangadhar, 2013). There are also certain health benefits found in specific postures such as stress reduction, detoxification through organ stimulation, increases in circulation and cardiovascular fitness (Rao et al., 2013).

Pranayama, or breath of life, is the fourth limb of yoga and focuses on breathing with intention and purpose (Sengupta, 2012). By learning to control the breath, students in Peace of Mind Yoga will learn to shift their energy. Physical benefits of breath control include lowered blood pressure, reduced oxidative stress on the body, and improved autonomic functioning; mental benefits include more control over thought processes and mental clarity (Brown & Gerbarg, 2009; Sengupta, 2012). The fifth limb of yoga is pratyahara, or a withdrawal of senses away from objects and towards the inner body (Sengupta, 2012). This limb of yoga is relevant to Peace of Mind Yoga in the sense that it focuses on shifting students' focus from what is going on around them, to what is going on within them. Dharana, the sixth limb of yoga, encourages students to focus on a single point or object in preparation for the seventh limb, Dhyana, or meditation (Sengupta, 2012). Meditation is an important concept for Peace of Mind Yoga because it teaches students to engage in an effortless and relaxed form of concentration. This draws focus more internal, allowing for changes in perspectives and mindset (Horowitz, 2010). The final limb of yoga, samadhi, or oneness, can be interpreted in several different contexts (Sengupta, 2012). For the purpose of this program, it will mean to have gained more connection with body and mind. Successful oneness will represent the student's ability to implement the teachings of Peace of Mind Yoga into their daily lives to improve mental health functioning.

Anxiety

There are several types of anxiety disorders, including generalized anxiety disorder (GAD), social anxiety disorder, panic disorder, and various phobia disorders (American Psychiatric Association, 2013). For the purpose of this project, anxiety will refer, specifically, to GAD. Generalized anxiety disorder is defined as having persistent and excessive general feelings of worry, uneasiness, or tension about imminent future events (Craske et al., 2009). It is common for individuals with GAD to have exaggerated negative expectations, even when there is no reason to believe disaster will occur (Craske et al., 2009). In order to meet criteria for having GAD, one must have feelings of anxiety about normal everyday situations on a continuous basis for at least 6 consecutive months (American Psychiatric Association, 2013). Symptoms that often accompany GAD include muscle tension, fatigue, restlessness, insomnia, increased irritability or edginess, and difficulties concentrating (American Psychiatric Association, 2013). Although the exact cause of GAD is unknown, it has been linked to genetic predisposition and the experience of stressful life events.

Approximately 6.8 million American adults experience GAD each year, and women have been found to be twice as susceptible as men (NIMH, 2014a). Of the individuals that have depression, only about one-third will seek treatment (NIMH, 2014a). Successful treatment of anxiety, resulting in significantly reduced or completely vanished symptoms has become available through a variety of techniques, including medication, cognitive-behavioral therapy, peer support groups, and complimentary and alternative therapy options, such as yoga (Craske et al., 2009).

Depression

Depression can be represented by various forms of disorder including, major depressive disorder (MDD), persistent depressive disorder (PDD), postpartum depression, seasonal affective disorder, or bipolar disorder (American Psychiatric Association, 2013). For the purposes of this project, depression will refer to major depressive disorder and persistent depressive disorder. Major depressive disorder and PDD are similar forms of depression, but vary in slight ways. Major depressive disorder is defined as having feelings of despair, hopelessness, difficulties getting out of bed, difficulties concentrating, excessive feelings of guilt, and/or thoughts of suicide (American Psychiatric Association, 2013). To meet criteria, an individual must experience symptoms for at least 2 weeks continuously, and have a severe interference in performing daily activities (American Psychiatric Association, 2013). Persistent pervasive disorder is similar, but considered less severe for the fact that symptoms may cause less impairment in everyday functioning and can be absent for periods of time (American Psychiatric Association, 2013). To meet criteria, an individual must report experiencing periods of depression for at least 2 consecutive years (American Psychiatric Association, 2013).

In the United States, approximately 14.8 million adults live with depression each year (NIMH, 2014c). While an exact cause is not known, factors for risk include biological, environmental, genetic, and psychological (American Psychiatric Association, 2013). Women have also been found to experience depression more often than men; this increase in risk has been linked to changes in hormones throughout the

lifecycle (NIMH, 2014b). Men have been found to be more at risk for developing a substance use disorder as a result of experiencing depression (NIMH, 2014b). Treatment modalities have successfully included the use of antidepressants, psychotherapy, peer support groups, yoga therapy, mindfulness-based therapies, herbal remedies, including the use of St. John's Wart, a botanical extract, and, in some cases, electroconvulsive therapy (NIMH, 2014b).

The Effects of Poor Psychological Well-Being on the Body

Having poor mental health can negatively affect physical health (Burke et al., 2012; Patel, Keogh, Kolt, & Schofield, 2013). Physical symptoms that typically accompany mood and anxiety disorders can include irregular sleep patterns, fatigue, chronic headaches, stomach aches, or other bodily pains, changes in appetite, and fluctuations in body weight (Patel et al., 2013). A meta-analytic review found that chronic fatigue and irregular sleep patterns accompanied depression most often, while stomach pains and irritable bowel syndrome frequently accompanied anxiety (Henningsen, Zimmerman, & Sattel, 2004).

The physical consequences associated with mental health challenges can also lead to an increased susceptibility to illness or prolonged recovery times (Burke et al., 2012). One study surveyed 492 older adults to assess their perceived level of physical health in relation to their level of mental stress (Burke et al., 2012). The study found that participants who had more self-reported stress in their daily lives also reported feeling physically ill more often than those who experienced low amounts of stress. Another study that surveyed 669 participants from the Veteran's Administration reported that

individuals who viewed themselves as having poor psychological well-being also reported having more physical sickness, body aches, sensitivity to pain, and fatigue (Achat, Kawachi, Spiro, DeMolles, & Sparrow, 2000). However, participants who viewed themselves as having stable or good mental health, experienced the opposite and reported that they felt they had exceptional health.

Depression and anxiety have also been linked to health problems such as weight gain (Brumpton, Langhammer, Romundstad, Chen, & Mai, 2013; Grundy, Cotterchio, Kirsh, & Kreigher, 2014). In a study that followed over 25,000 men and women, ages 18-55, for 11 years, it was found that participants who reported having anxiety and/or depression were more likely to have experienced an increase in weight (Brumpton et al., 2013). Confounding variables such as socioeconomic status, alcohol consumption, level of physical activity, among others were moderated to create similarity within the group. Although medication was determined to play a factor, those who did not take medication still experienced an increase, ranging from mild to severe. Another study that found similar results preformed a cross-sectional study of 3,004 women, ages 25-74 (Grundy et al., 2014). Participants from this study were also assessed for having other related health issues; findings included increases in blood pressure, asthma, and diabetes.

Traditional Treatment Modalities for Depression and Anxiety

Psychotherapy

Psychotherapy consists of several subcategories, including individual therapy, group therapy, family therapy, and couple's therapy (Cavaliere, 2014). Each type

involves a trained professional and a client discussing personal problems in a private, face-to-face manner. Methods for attaining treatment goals can vary and are highly personalized to meet the goals of the individual, group, family, or couple (Bradley & Drapeau, 2014). Methods can include, but are not limited to, positivity-specific psychotherapy, dream analysis, or culture-specific psychotherapy (Jacob & Kuruvilla, 2012; Montangero, 2009; Seligman, Rashid, & Parks, 2006).

A meta-analysis of several studies conducted on 193 adults who had received psychotherapy for anxiety or depression showed significant changes in the prefrontal cortex of the brain after treatment (Messina, Sambin, Palmieri, & Viviani, 2013). Neural imaging was done before beginning treatment and afterwards to assess the level of functioning. The prefrontal cortex, which is responsible for complex cognitive processes, decision-making, personality expression, and moderating social behavior, became active in different ways as the person learned new methods for restructuring thought processes and regulating emotion (Messina et al., 2013).

Cognitive Behavioral Therapy

Cognitive-behavioral therapy (CBT) is a short-term therapy and involves the use of a therapist to help an individual consciously learn to replace maladaptive thoughts and actions with positive cognitions and behaviors (Young, 2013). Approaches to this type of therapy can differ depending on the clinician and/or disorder (Curran, Machin, & Gournay, 2006). In the case of depression, a typical area of focus is the amount of pleasurable activities an individual has in his or her daily life. Therapists help their clients to identify opportunities to insert uplifting activities into their schedules (Curran

et al., 2006). In addition to this, the clinician will help the individual identify and examine negative thought processes in order to alter them (Curran et al., 2006). With anxiety, it is also common practice for the therapeutic process to include the examination of past anxiety-driven situations and to reformat negative thought patterns (Curran et al., 2006).

Peer Support Groups

Peer support groups often utilize paraprofessionals or members within the group community to facilitate the treatment process, as the nature of the work does not necessitate skilled clinical work (Bouchard et al., 2010). These types of groups are categorized by likeness and are managed in an informal manner, creating an open forum for discussion of feelings and allowing participants to heal and support one another throughout the recovery process (Bouchard et al., 2010). Research suggests that group environments create a buffer for the adverse effects of mental health stigma by allowing individuals to identify with a group, thus increasing feelings of social support and stereotype rejection (Crabtree, Haslam, Postmes, & Haslam, 2010).

A study on the effectiveness of peer support groups divided 44 women experiencing anxiety and depression into two groups (Field, Diego, Delgado, & Medina, 2013). The women were initially assessed using the Center for Epidemiological Studies Depression Scale and the State-Trait Anxiety Inventory (Field et al., 2013). One group attended a peer-guided support group once per week for 12 weeks, while the other group attended an interpersonal psychotherapy group once per week for 12 weeks. Both groups were assessed using the same depression and anxiety scales upon completing

treatment. The results showed that scores were significantly reduced following the conclusion of both groups of women (Field et al., 2013).

Pharmaceutical Therapy

Another approach to treatment for depression and anxiety is through the use of prescription medications (Partridge et al., 2014). Depression medications, or antidepressants, inhibit the reuptake of specific neurotransmitters, allowing for an increase in serotonin, which is a type of hormone that helps create feelings of happiness (Ellen, Selzer, Normon, & Blashki, 2007). There are different categories of anti-anxiety medications (Shirneshan, Hong, & Brown, 2012). These medications can work similarly to antidepressants by increasing levels of serotonin, or can work to slow the central nervous system allowing for more feelings of calmness and relaxation (Shirneshan et al., 2012). A downfall to this type of treatment is that medications can often have side effects that impact an individual's life (Grossman, 2009). Some common side effects of antidepressants include nausea, anxiety, weight gain, and loss of sexual drive, while anti-anxiety medications can cause feelings of confusion, drowsiness, depression, or dependency (Grossman, 2009; Stein, 2013).

Effectiveness Studies of Complimentary and Alternative Medicine (CAM)

Complementary and alternative medicines (CAM) are treatments that take a less invasive and more holistic approach to treating physical and mental illnesses (Baker, 2013). Forms of CAM include, but are not limited to equine-facilitated psychotherapy, acupuncture, ayurveda, herbal medicines, aromatherapy, yoga, and other mind-body interventions (Brandt, 2013; Jobst, 1999; Telles, Singh, & Balkrishna, 2012).

Essentially, these forms of treatment are meant to approach the process of healing in an untraditional manner and require the client to approach therapy with an open mind.

The recent passage of the Affordable Care Act in 2010 created a protection system for licensed CAM practitioners, forbidding any discrimination from insurers and health plans (Baker, 2013). This allows many Americans the opportunity to utilize their health insurance for non-traditional forms of treatment. It was also noted that CAM endorsement from Veteran's Affairs (VA) hospitals are helping to pave the way for other major health care providers to offer similar services (Baker, 2013).

In a recent study, 37 volunteers experiencing generalized anxiety disorder received CAM therapy for a period of six weeks (McPherson & McGraw, 2013). Throughout this pretest-posttest study, participants received massage and aromatherapy treatments, learned yogic breathing, adjusted their eating habits to include healthier foods and kept episodic journals. Participants reported a significant reduction in anxious feelings and felt more confident in their abilities to maintain their mental health by utilizing CAM practices in the future. Studies continue to show positive outcomes when utilizing CAM practices for treatment of anxiety and depression (Tait, Laditka, Nies, & Racine, 2012; Crabb & Hunsley, 2011), and provide a foundation for continued research.

Mindfulness Techniques

Mindfulness techniques seek to create awareness in an individual's mind by focusing on the present moment and understanding that unpleasant thoughts and feelings are temporary mind states, rather than accurate reflections of reality (Eisendrath, Gillung, Delucchi, Chartier, Mathalon, 2014). By creating awareness, the individual learns how to

self-regulate what they are experiencing in their mind and in their body, rather than be dictated to by their emotional state (Hofmann, Sawyer, Witt & Oh, 2010). Mindfulness techniques can be adapted to suit the needs of the client and can be taught individually or in a group setting (Hofmann et al., 2010). Regardless of the technique, the therapist encourages the client to explore what they are feeling emotionally, physically, and mentally in the moment (Foulk, Ingersoll-Dayton, Kavanagh, Robinson, & Kales, 2014). Common tools and methods include using the breath as a point of focus, guided imagery, and stream of consciousness conversations (Hofmann et al., 2010). Mindfulness is a technique utilized in yoga practice, and will be a key proponent of the yoga done in Peace of Mind Yoga to alleviate symptoms of anxiety and depression.

A meta-analysis on mindfulness-based interventions for anxiety and depression examined the results of 39 studies of 1,140 participants (Hofman et al., 2010). The analysis found that this type of therapy proved to be moderately effective for improving anxiety and mood symptoms. Possible explanations for these improvements were attributed to the ability to recognize mental thoughts and physical feelings as temporary and changeable. Another 8-week mindfulness-based cognitive therapy (MBCT) followed 50 older adults diagnosed with anxiety and/or depression (Foulk et al., 2014). Using a pretest and posttest, it was found that there were significant improvements in depressive symptoms, ruminative thoughts, sleep patterns, and feelings of anxiety (Foulk et al., 2014).

Meditation

Similar to the practice of mindfulness, meditation draws awareness to the present moment in an effort to self-regulate thoughts and feelings (Schreiner & Malcolm, 2008). Meditation, specifically, encourages the individual to sit for designated periods of focused times (Horowitz, 2010). This can be done by the individual or with the help of a skilled practitioner, either in person or previously recorded on an electronic device (Burns, Lee, & Brown, 2011). Tools for meditation may include the use of deep breathing, relaxing music, guided imagery, or verbal cues (Horowitz, 2010).

A study on 50 adults with depression, anxiety, or stress received mindfulness meditation treatment for a period of 10 weeks (Schreiner & Malcolm, 2008). The participants were given the Depression, Anxiety, and Stress Scale, a 21-question survey meant to assess the level of symptomology a person was experiencing, before and after the treatment (Schreiner & Malcolm, 2008). Participants were given specific mantras and breathing techniques to practice on a daily basis. At the conclusion of the study, meditation was found to significantly decrease symptoms. Participants also reported feeling more calm throughout their day after meditating. The greatest improvements were found in participants who initially reported more severe symptoms (Schreiner & Malcolm, 2008).

Another study done on 47 college students, used transcendental meditation to combat feelings of depression, anxiety, stress, and perfectionism (Burns, Lee, & Brown, 2011). Transcendental meditation is specific in that it requires the use of a specific sound, word, or short phrase to be repeated for 15 minutes, twice per day (Burns et al.,

2011). Students practiced this meditation for a period of two semesters and were found to have reduced feelings of depression, anxiety, stress, and perfectionism (Burns et al., 2011). One limitation of this study was the ability to closely monitor if students were engaging in meditation for the instructed amount of time.

Tai Chi

Tai Chi is an ancient Chinese form of martial art and involves moving through a sequence of standing postures that incorporates slow, rhythmic hand movements and body motions (Field, 2011). Mastering postures, or forms, of Tai Chi requires patience, concentration, and regular practice since they require attention to detail (Field, 2011). Similar to mindfulness techniques, meditation, and yoga, this practice focuses on creating a connection between the body and the mind (Field, 2011).

A study on the effects of Tai Chi and older adults with depression or anxiety found that this form of martial art led to a reduction in symptoms (Taylor-Piliae, Haskell, Waters, & Frowlicher, 2006). In this study, 39 participants with a mean age of 66 years practiced Tai Chi with a skilled teacher 3 times per week for 12 weeks. Before beginning practice, they were assessed using Cohen's Perceived Stress Scale, Profile of Mood States, and the Multidimensional Scale of Perceived Social Support (Taylor-Piliae et al., 2006). Following the conclusion of the study, all participants took the same assessments to determine any changes. It was found that participants felt less stressed, anxious, and depressed, and were better able to control their thoughts and emotions (Taylor-Piliae et al., 2006).

Yoga for Anxiety and Depression

Yoga, which encompasses the use of physical postures (asanas), breathing techniques (pranayama), and meditation (dharana), has become a viable form of treatment for anxiety and depression due to its success in lowering symptoms (Kiecolt-Glaser et al., 2010; Kozasa et al., 2008; Sherman, 2009; Skowronek, Mounsey, & Handler, 2014). Yogic practice focuses on creating a stronger connection between the body and the mind (Sengupta, 2012). Through the strengthening of this connection, individuals are taught how to gain cognitive control over their mind by learning to control their physical body (Kozasa et al., 2008). As individuals become more aware in their breath and body, they become more aware of their thoughts, feelings, and emotions (Kozasa et al., 2008). This allows for more self-regulation, thus decreasing symptoms associated with depression and anxiety (Kozasa et al., 2008).

In a study on yoga and meditation, it was found that participants who suffered from depression and attended a weekly yoga group as the only means of treatment showed reduced levels of cortisol, a hormone in the brain released when a person experiences stress (Rao et al., 2013). In addition to this, participants also stated that they felt they had more control over their cognitions and would be able to continue using these interventions after discontinuing the yoga group (Rao et al., 2013). This effect was also observed in a study of 54 participants diagnosed with depression (Thirthalli et al., 2013). These participants were broken into four groups: no treatment, antidepressants only, yoga and antidepressant, and yoga only. Each individual took a baseline depression scale assessment and had his or her levels of cortisol tested

(Thirthalli et al., 2013). After three months of treatment, both measurements were taken again. All groups that received treatment showed a drop in cortisol levels, but the yoga and antidepressant group revealed the most significant reduction (Thirthalli et al., 2013).

A similar study on depression specifically, examined 137 outpatient individuals with depression to see if yoga could function as a sole form of treatment (Gangadhar, Naveen, Rao, Thirthalli, & Varambally, 2013). The participants were split into three groups: yoga-only, medication-only, and a combination of yoga and medication. The treatment lasted one month, and each individual was assessed before participation, one month after, and three months after (Gangadhar et al., 2013). Results showed that all three groups experienced fewer symptoms after completing the study; however, the yoga-only group and the yoga and medication group showed significantly greater improvement as compared to the medication-only group (Gangadhar et al., 2013). These findings suggest that, while yoga can be an effective form of adjunctive treatment, it can also serve as a viable standalone form of treatment for outpatients with depression.

Another study on depression and anxiety remission levels, yoga therapy, and hypnosis split 46 participants into two groups to assess the effects of each (Butler et al., 2008). One group received treatment in the form of yoga therapy, while the other group underwent hypnosis sessions. As the conclusion of the study, the group that received yoga as treatment experienced a more significant reduction in symptoms than the hypnotherapy group. Furthermore, the yoga therapy group reported longer periods of remission after the conclusion of the study than the group that received hypnosis (Butler et al., 2008).

A small study, conducted on 22 adult participants with depression or anxiety, examined the effects of yoga and breath (Kozasa et al., 2008). In this study, the participants were split into a control group that did not receive any treatment, and a group that participated in weekly yoga and breath classes. All participants took either the State-Trait Anxiety Inventory or the Beck Depression Inventory before treatment and one month after the conclusion of the study (Kozasa et al., 2008). While involved in the study, the yoga and breath group was instructed to practice specific breathing techniques, recite certain mantras, and practice assigned postures for 20 minutes, twice per day (Kozasa et al., 2008). The findings concluded that those who participated in the yoga and breath group showed significant decreases in depression, anxiety, and tension levels. Many participants also reported continuing to engage in yogic practices after the conclusion of the study in an effort to keep symptoms in remission (Kozasa et al., 2008).

Yoga has also been shown to improve mental health by modulating the body's stress response systems. The body's reaction to yoga is evidenced by the reduction of heart rate, lowering of blood pressure, and easing of respiration (Li & Goldsmith, 2012). In a study that examined this interaction, participants either received treatment for stress and anxiety in the form of hatha yoga or did not receive therapy at all (Kiecolt-Glaser et al., 2010). Results showed that following engagement in the yoga classes, participants showed an increase in positive affect and an increase in a specific protein linked to stress modulation as compared to those in the control group who did not participate (Kiecolt-Glaser et al., 2010). Additionally, another study demonstrated similar results related to stress management. In this study, 42 participants were divided into 3 groups: yoga

practitioners, non-yoga practitioners, and non-yoga practitioners with fibromyalgia, a stress-related condition characterized by hypersensitivity to pain (Harvard Health Publications, 2009). These groups were exposed to thumbnail pressure while brain activity was monitored through a functional MRI. Participants who practiced yoga showed far less activity in the area of the brain that processes pain than those who did not practice yoga (Harvard Health Publications, 2009). These findings, again, suggest that practicing yoga allows an individual to better regulate their body's stress response system.

Yoga, Culture, and Religion

Although yoga originated in India and is traditionally an eastern practice, it has evolved to be inclusive for all cultures and religions (Sengupta, 2012). Modern yoga is taught in a non-culturally specific and nondenominational manner; instead teachers allow students to internalize their practice and create their own system of beliefs and meanings (Chaoul & Cohen, 2010). By teaching this way, students can experience the benefits of yoga, without feeling judged or discriminated against. Alternatively, teachers can also choose to teach yoga in a culture or religion-specific manner if it meets the needs of their specific student population. An example of this could include honoring a specific higher power, rather than a universal or ambiguous higher power.

A survey on 4,307 yoga practitioners in the United States, age 18-87, reported some diversity of ethnicities (Ross, Friedmann, Bevans, & Thomas, 2013). While 89% identified as being Caucasian, 4% identified as multiracial, 3% identified as Asian, 2% identified as African American, and 3% identified as being other (Ross et al., 2013). A

limitation of this survey is that the studios in which the data was collected were predominately membership-style studios, which may exclude certain minority communities due to costly monthly fees (Ross et al., 2013). Another study done on 638 college students found that 61% of yoga students identified as being Christian, while 39% distinguished themselves as belonging to another religion (Riley, Park, Marks, & Braun, 2012). Students in this survey partook in yoga classes that were all-inclusive, rather than religion specific.

Although there are many yoga programs specifically designed to meet the needs of diverse cultures, there is little research to show effectiveness and acceptability among these populations (Wilson, Marchesiello, & Khalsa, 2008). One study that found successful results for yoga and acceptability among minority communities was conducted on the Kripalu Teaching for Diversity Program (Wilson et al., 2008). This program provides small grants to teachers who provide yoga for well-being to culturally diverse and underserved populations (Wilson et al., 2008). Researchers administered surveys to 220 students in current Kripalu programs and found that a significant amount of students reported that yoga lowered their stress levels and increased their ability to maintain healthy levels of mental well-being. Participants also reported that they felt comfortable in classes and were likely to recommend yoga practice to others (Wilson et al., 2008).

One ongoing pilot study is being conducted on 50 African American and Hispanic individuals with Arthritis (Middleton et al., 2013). The study aims to explore the relationship between yoga and the ability to modulate stress. While the presence of

Arthritis is a requirement for participation, the component of acceptability among minority community members is a key focus throughout the study. Levels of acceptability will be assessed by study retention rate, exit interview comments, and the continuation of yoga three months after the conclusion of treatment (Middleton et al., 2013). Researchers hypothesize that a key factor to acceptability will be the teacher's ability to meet the needs of the specific culture. Study completion is aimed for March of 2015 (U.S. National Institutes of Health, 2014).

Conclusion

Given that the population of adult Americans experiencing mental health conditions is expected to grow 15% by the year 2020, it is clear that there is a need for treatment interventions that can be proven effective with evidence-based outcomes (World Health Organization, 2004). Although there are many forms of evidence-based treatment to improve functioning for mental health conditions, research indicates that combining modalities increases success rates in reducing symptoms (McFarling, D'Angelo, Drain, Gibbs, Olmsted, 2011). Furthermore, when an individual engages in a form of treatment that coincides with their personal holistic belief system, they are more likely to experience a reduction in mental health symptoms (Baker-Ericzén, Jenkins, and Haine-Schlangel, 2012). In that types of yoga have been shown to be an effective form of therapy for those experiencing mental health issues, especially those regarding anxiety and depression (Saper, 2014), this approach, offered, as an adjunct to traditional therapy in a clinical setting, could be a potent tool for those seeking mental health treatment to improve therapeutic success rates.

CHAPTER 3

METHODS

Potential Funding Sources

Several strategies for locating a potential funding source were utilized in writing this grant. First, the grant writer for JFFS, Orange County, Terri Moses, was contacted to discuss possible funders. Another strategy included conducting an online search on Grants.gov, which provided a list of federal grants through the United States Department of Health and Human Services (www.grants.gov). Grant databases from California State University, Long Beach's online library were searched; in addition, the Long Beach Nonprofit Library was utilized for leads on possible funding sources. The World Wide Web was also explored; phrases including *yoga and mental health funding* and *mental health funding for non-profit agencies* and *complementary and alternative therapy funding* were used as search terms.

One potential funding source was the Give Back Yoga Foundation (2012). This foundation supports projects that provide yoga to underserved socioeconomic groups that would not otherwise have access to yoga classes and that inspire the greater community to become more aware and compassionate. Potential grant projects must also occur in the broader community where the applicant resides, have the potential to continue beyond the grant's original timeline, and bring a greater understanding of yoga to all people involved. Although the foundation can make exceptions, potential

disqualifications include projects written by an applicant without teaching experience, projects that do not meet the above requirements, funding requests for projects that have already been completed, and projects that require an educational requirement for employment. Although this proposed grant meets the majority of the aforementioned requirements, this project will require the hiring of an MSW. Because this is an educational requirement, this project's grant request could potentially be disqualified.

The Yoga By Design Foundation (2014) was also considered as a potential funding source. This foundation, which was created in 2011 by Lynn Meadow, seeks to provide funding to programs that bring yoga to underserved populations. Areas of focus include, but are not limited to, Alzheimer's, Autism, cancer, Parkinson's, homelessness, rehabilitation, and individuals with physical or mental illnesses. The Yoga By Design Foundation also requires that the program be offered at no cost to its participants. Although Peace of Mind Yoga meets the listed criteria, there is no information on funding minimum and maximums. Because this project will require a budget of \$104,995, The Yoga By Design Foundation may not be the most suitable option.

Another potential funding source is The Harry and Jeanette Weinberg Foundation, Inc. (2014). This funding source allocates \$100 million every year to non-profit agencies that create programs to serve underprivileged, vulnerable, and at-risk populations in the community where they reside. Furthermore, the foundation is committed to serving the Jewish community, as well as the surrounding community-at-large. Annually, 60% of all grant allocations are given to Jewish agencies, while 40% are distributed to non-denominational agencies.

The Harry and Jeanette Weinberg Foundation, Inc.

The Harry and Jeanette Weinberg Foundation was selected as the potential funder for this grant proposal because of its commitment to aiding non-profit agencies in serving underprivileged populations (2014). Furthermore, this foundation also seeks to specifically support agencies that support the Jewish community (The Harry and Jeanette Weinberg Foundation, 2014). Because the Jewish Federation and Family Services is a Jewish-based agency that focuses on serving individuals of the Hebrew faith, it is a candidate for grant funding. The Harry and Jeanette Weinberg Foundation also fund many large-scale grants each year; according to records, grants can vary from \$50,000 to over \$7,000,000 each year (2014). Because Peace of Mind Yoga will require \$104,995 in funding annually, The Harry and Jeanette Weinberg Foundation is a viable potential funding source.

Target Population

The target population for this short-term, yoga therapy program will consist of adults who are experiencing anxiety or depression and will be recruited from the Jewish Federation and Family Services located in Irvine, California. The Jewish Federation and Family Services serves approximately 4,700 individuals in Orange County each year; Peace of Mind Yoga is projected to treat approximately 320 clients, with a capacity to grow based on client demand. The Jewish Federation and Family Services offer short-term and long-term therapy to individuals in the Orange County area regardless of religion, race, or ethnicity. In addition to individual therapy, JFFS also offers couples counseling and family counseling (JFFS, 2015). Although, JFFS offers several types of

groups to accompany therapy such as bereavement support groups, psycho-education groups, and a community chaplain program, there is no form of yoga therapy group. With mental illness expected to increase, and growing evidence showing yoga as an effective form of therapy, creating a program that uses yoga as a form of therapy to treat mental health would be beneficial for the Jewish Federation and Family Services (World Health Organization, 2004; Saper, 2014).

Needs Assessment

Multiple databases were thoroughly searched in order to assess the needs of individuals with depression or anxiety. An in-depth review of current treatment practices was conducted to gain more understanding of what modalities have been evidenced to be successful. Traditional treatment modalities were examined, as well as complimentary and alternative medicine modalities. This writer will work closely with service providers at JFFS to obtain information regarding their specific observations of what their clients may need. This will also allow service providers to state any concerns about implementing Peace of Mind Yoga. These steps will be taken in order to offer this program to benefit those who desire a therapeutic alternative to complement their traditional mental health therapy.

Grant Submission Process

Prior to grant submission, The Harry and Jeanette Weinberg Foundation requires a letter of inquiry (LOI) to be submitted. Letters of inquiry must not exceed 3 pages in length and are reviewed on a weekly basis by the foundation. The applicant will then be notified within 60 days if the LOI was denied or accepted; if acceptance is granted, then

the applicant will be given a deadline by which to have the full grant proposal completed and submitted. The Harry and Jeanette Weinberg Foundation's program director will keep the grant writer informed throughout the process, asking for more information when necessary and projecting a decision date. If the grant is accepted, the foundation will mail out an official congratulatory letter and begin the contracting phase of the process. During this time, the foundation will write a contract for the writer to sign. If no further information is needed and the contract is signed, a check will be issued.

Host Agency

The Jewish Federation and Family Services, Orange County was founded in 1965 and is one of 153 satellite federations, belonging to the larger agency, The Jewish Federations of North America (JFFS, 2015). The Orange County location is staffed with licensed therapists, master's level social workers, an administrative team, and an extensive team of volunteers. The Jewish Federation and Family Services currently provides services to families in the Orange County area, and serve approximately 4,700 individuals each year (Personal Communication, Terri Moses, August 12, 2014). Although they are primarily a Jewish-based agency, they serve people of all religions and cultures. Services provided are extensive and include, mental health counseling for individuals, couples, and families, support groups for bereavement, aging, and mild cognitive impairment, senior care management, emergency social services, a holocaust survivor program, and chaplain services. The Jewish Federation and Family Services is a non-profit agency that is funded through donations from individuals, corporations, and foundations. The grant writer conferred with Terri Moses, Director of Human Services

and Program Sustainability who endorsed and supported this proposed program for JFFS in Orange County (Personal Communication, June 12, 2014).

CHAPTER 4
GRANT PROPOSAL

The following is a grant proposal to the Harry and Jeanette Weinberg Foundation to create a yoga therapy program specifically for anxiety and depression on behalf of the Jewish Federation and Family Services of Orange County. For the purpose of this thesis project, the organization's resume has been omitted from the grant application. The appendices of this portion include the agency's mission statement, professional qualifications, and formal partnerships.

Executive Program Summary

This grant is seeking \$104,995 on behalf of the Jewish Federation and Family Services of Orange County to develop and implement Peace of Mind Yoga; a 5-week yoga therapy program provided for adults to treat the symptoms of generalized anxiety disorder, major depressive disorder, and persistent depressive disorder. The goals of this program are to increase the mind-body connection of participant's, reduce symptoms associated with the participants identified mental health challenges, and to improve each individual's overall quality of life. These objectives will be achieved through the use of yoga postures (asanas), breathing techniques (pranayama) and guided meditation (dhyana). Each class will end with an encouraged at-home practice to promote the incorporation of teachings into each individual's daily lives throughout the week.

Detailed Description of Program

This yoga therapy program will be provided in 60-minute sessions over the course of five weeks. The 5-week cycle will be offered eight times per year. Participants will be divided into 4 separate groups of 10 participants each, each group being taught on a different day to accommodate varying individual schedules. Although classes will be taught on different days, class content will remain the same for the duration of each week. In the event that an individual cannot attend their scheduled class due to a personal commitment, illness, or other unforeseen circumstance, the program coordinator can assign them to another session for that particular week.

Peace of Mind Yoga will be a low impact form of yoga in which no previous physical fitness experience will be necessary. This program will use gentle, restorative yoga postures to focus on increasing mental health, rather than physical health. Requirements will include the ability to sit and recline without assistance, as well as the ability to move one's legs and arms.

Each session will address a specific theme in relation to aspects of positive mental health. Themes will be generalized in order to ensure that all participants are able to internalize meanings to fit their individual circumstance. Each theme will be directly drawn from one of the ten yogic principles for living, referred to as the yamas and niyamas (Sengupta, 2012). The chosen principles are outlined below in the timeline portion of this chapter. In addition to themes, other elements of yoga will be incorporated into each class to improve mental health benefits. These elements include breathing techniques, gentle physical postures, visualization, and meditation. Each

session will conclude with an encouraged personal practice option to promote continuity from yoga classes to the at-home environment in order to increase mental health coping abilities.

Incentives will also be offered in an effort to encourage attendance. Students, who stay for the full duration of the class, attend all 5 sessions, and successfully complete the initial and final assessment will receive a \$15 gift card to Target stores. There will also be a celebratory event after each cycle's last class with healthy refreshment options.

Program Schedule

The following is a proposed schedule of topics for the 5-week series of yoga classes. This schedule is tentative and subject to change based on group needs. All classes will incorporate elements of visualization, breathing techniques, meditation, and gentle asana practice.

Session 1: Ahimsa--Non-Violence/Santosha--Contentment (Sengupta, 2012): This class will focus on the concept of being kind and forgiving with oneself and others. Students will be asked to visualize situations in which they were being excessively critical of themselves or others and to think of ways they could begin to reframe their thought processes. Furthermore, students will be encouraged to accept themselves and others and to see the positive within seemingly negative situations;

Session 2: Satya--Truthfulness (Sengupta, 2012): This class will continue to promote reframing thought processes by encouraging students to think of areas in their lives where they may be distorting reality. This may be in ways of thinking (i.e. thinking that the worst will occur) or in speaking;

Session 3: Aparigraha--Non-Hoarding/Saucha--Cleanliness (Sengupta, 2012):

This class will focus on releasing negative thoughts and feelings (i.e. feelings of worry or sadness). Furthermore, students will be asked to visualize the thoughts, feelings, or goals that will increase positivity within their lives (i.e. happiness);

Session 4: Tapas--Heat/Self-Discipline (Sengupta, 2012): This class will focus on internal heat as a metaphor for the ability to be self-disciplined and to continue to stay committed to increasing positive mental health. Students will reflect on their progress thus far, and will be encouraged to continue practicing yoga and seeking mental health treatment. This class will also incorporate the specialized breath technique of Ujjayi Pranayama, a specific style of breath that creates internal heat (Sengupta, 2012);

Session 5: Ishvara-Pranidhara--Surrender and Devotion (Sengupta, 2012): This final class will focus on the profound concept of surrendering. This concept will be kept ambiguous, but relevant and spiritual in nature, and will not include the use of the term God or any other religiously specific vernacular. Rather, it will focus on the acceptance and understanding of the world and life as it is.

Program Timeline

The following is a tentative 12-month timeline for the implementation of Peace of Mind Yoga, following receipt of funding. The timeline is subject to change depending on program need.

Weeks 1-5: Receive funding, hire a program director/ yoga instructor, MSW, hire a per diem yoga instructor. The program director will set up an office and yoga room, as well as develop and carry out a recruitment plan, begin initial assessments, and create

each session's curriculum. The program director will also begin to establish relationships with JFFS staff in an effort to create awareness of Peace of Mind Yoga.

Weeks 6-10: Pretest and conduct cycle one, groups A-D. Complete follow-up assessment following concluding session. Recruit for cycle two, groups A-D.

Weeks 11-15: Pretest and conduct cycle two, groups A-D. Complete follow-up assessment following concluding session. Recruit for cycle three, groups A-D. Begin compiling data from cycle one, and adjust curriculum as-needed.

Weeks 16-20: Pretest and conduct cycle three, groups A-D. Complete follow-up assessment following final session. Recruit for cycle four, groups A-D. Begin compiling data from cycle two, and adjust curriculum as-needed.

Weeks 21-25: Pretest and conduct cycle four, groups A-D. Complete follow-up assessment following final session. Recruit for cycle five, groups A-D. Begin compiling data from cycle three, and adjust curriculum as-needed.

Weeks 26-27: Review all data obtained thus far, make adjustments to class format and recruitment strategies as-needed.

Weeks 28-32: Pretest and conduct cycle five, groups A-D. Complete follow-up assessment following final session. Recruit for cycle six, groups A-D. Begin compiling data from cycle four, and adjust the curriculum as-needed.

Weeks 33-37: Pretest and conduct cycle six, groups A-D. Complete follow-up assessment following final session. Recruit for cycle seven, groups A-D. Begin compiling data from cycle five, and adjust the curriculum as-needed.

Weeks 38-42: Pretest and conduct cycle seven, groups A-D. Complete follow-up assessment following final session. Recruit for cycle eight, groups A-D. Begin compiling data from cycle six, and adjust the curriculum as-needed.

Weeks 42-47: Pretest and conduct cycle eight, groups A-D. Complete follow-up assessment following final session. Begin compiling data from cycle seven, and adjust the curriculum as-needed.

Weeks 48-52: Compile data from cycle eight. Develop program evaluation and present completed evaluation to the Jewish Federation and Family Services, Orange County. Submit evaluation and grant for continued funding to the Harry and Jeanette Weinberg Foundation.

Goals and Objectives

The goals and objectives of Peace of Mind Yoga are as follows:

Goal 1: To increase the strength of each individual's mind-body connection.

Objective 1: Ninety percent of individuals will experience a significant increase in mind-body connection as measured by the Scale of Body Connection (Price & Thompson, 2007). This measurement assesses mind-body connectedness and will be taken before the first session and after the concluding session of the Peace of Mind Yoga program.

Goal 2: To achieve a decrease in symptoms of depression and anxiety through the use of yoga practice to address their life challenges.

Objective 2: Ninety percent of individuals will experience a significant reduction of symptoms at the conclusion of the program as measured by the Center for

Epidemiologic Studies Depression Scale and the State-Trait Anxiety Inventory (Radloff, 1977; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). This will be measured by comparing results taken before engaging in the program and at the conclusion.

Goal 3: To improve overall quality of life for individuals with symptoms of depression and/or anxiety.

Objective 3: Ninety percent of participants will experience an increase in their overall quality of life as measured by the Quality of Life Inventory (Frisch, 2014). This assessment will be taken at the beginning and the conclusion of the Peace of Mind Yoga program.

Target Population

The target population for this short-term, yoga therapy program will consist of adults who are receiving psychotherapeutic services, social services, or other assistance services at the Jewish Federation and Family Services located in Irvine, California. The Jewish Federation and Family Services serves the whole of Orange County, which is predominately comprised of a Caucasian (42%), Latino/ Hispanic (34%), and Asian (19%) demographic (U.S. Census Bureau, 2013). Each year JFFS serves approximately 4,700 individuals in Orange County; Peace of Mind Yoga is projected to benefit approximately 320 participants, with a capacity to grow based on JFFS's client demand. The Jewish Federation and Family Services offers short-term and long-term therapy to individuals in the Orange County area regardless of religion, race, or ethnicity. While some services, such as counseling, are provided on a sliding scale to accommodate client income, other services, such as the lifelines emergency social services can be provided

at no cost. In addition to individual therapy, JFFS also offers couples counseling and family counseling (JFFS, 2015). Although, JFFS offers several types of groups to accompany therapy such as bereavement support groups, psycho-education groups, and a community chaplain program, there is no form of yoga therapy group. With mental illness expected to increase, and growing evidence showing yoga as an effective form of therapy, creating a program that uses yoga as a form of therapy to treat mental health would be beneficial for the Jewish Federation and Family Services (World Health Organization, 2004; Saper, 2014).

Budget Narrative

See Appendix for Line-Item Budget.

Personnel Cost

Program Director/ Yoga Instructor MSW: This individual is employed full time and is responsible for maintaining the program, planning classes, instructing, intakes, follow-ups, and outreach. The salary for this position will be paid entirely by the Harry and Jeanette Weinberg Foundation at a total cost of \$55,000. In addition, employee-related benefits will also be paid by the foundation at an estimated 20% \$11,000. This position will require a Master's of Social Work degree, a minimum of two years experience with mental health, an accredited 200 hour yoga teacher certification, a current CPR certification, and athletic instructor liability insurance.

Per Diem Yoga Instructor: This individual will be available to teach classes to cover the program director's vacation days or sick days. The classes will be planned in advance by the program director, but will be instructed by the per diem when necessary.

The allotted budget for this position will be an estimated \$5,000. Requirements for application will include an accredited 200-hour yoga certification, at least two years experience teaching yoga, a current CPR certification, and athletic instructor liability insurance. This position will not include any employee-related benefits.

Direct Expenses

Direct costs include office supplies (\$500), printing of recruitment materials and postage for mailing incentives (1,500), and incentives for staying the full duration of each class and attending all five sessions (320 participants @ 15/card = \$4,800). A small supply of yoga mats will be purchased as Peace of Mind Yoga property and lent to participants who do not have their own mat (20 mats @ \$20 each = \$400). A supply of bolsters, blankets, blocks, and straps will be purchased to aid in safety and comfort in specific yoga postures (\$600). While the Center for Epidemiologic Studies Depression Scale is available to the public at no charge, the State-Trait Anxiety Inventory, Quality of Life Inventory, and Scale of Body Connection do require an annual fee (\$1,000). Liability insurance and CPR certification (\$300) and continued training and education (\$2,500) will also be included in the total budget. Refreshments will be offered to each class at the conclusion of the final session and will include health snack options (4 classes @ 8 cycles/year = \$3,200).

In-Kind Resources

The Jewish Federation and Family Services, Orange County will be donating a yoga room and office space (\$3,000), utilities (\$40/month = \$480), a computer, printer, and internet connectivity (\$2,600), and a phone line (\$50/month = \$600).

Indirect Expenses

Fifteen percent of the total budget will be allocated to the Jewish Federation and Family Services, Orange County to cover the cost of providing yoga room and office space, as well as additional support to Peace of Mind Yoga throughout the course of one year (\$13,695).

Project Evaluation

Peace of Mind Yoga will be internally evaluated based on the accomplishment of the previously outlined goals and objects. The goals of this program are to: (1) increase the strength of each individual's mind-body connection, (2) achieve a decrease in symptoms of depression and/or anxiety, and (3) to improve the overall quality of one's life. The corresponding objective to each goal will be evaluated using a specific measurement tool and will be administered before participation begins and after participation ends in a pretest-posttest manner. After the appropriate data is gathered and analyzed, a report will be provided to the Harry and Jeanette Weinberg Foundation and The Jewish Federation and Family Services, Orange County. Findings will be used to improve the program for future participants and to seek additional future funding.

CHAPTER 5

GRANT WRITING

Grant writing is a crucial component to the success of any non-profit agency, therefore it also an important aspect of social work as it contributes to funding programs that can help better serve our clients. This grant was developed based on personal and professional knowledge and sought to create an innovative and alternative program to help manage symptoms of anxiety and depression. After initial research was done to better understand mental health challenges in adults as a whole, the topic was narrowed down to only include two specific disorders. Furthermore, an initial investigation was done to review current forms of evidence-based treatments, and to affirm yoga therapy as a valid form of treatment for the identified disorders. After this step in the process, an in-depth literature review was conducted to strengthen the argument that yoga therapy could be implemented to significantly reduce symptoms of depression and anxiety.

Host Agency and Identifying a Funding Source

The Jewish Federation and Family Services, Orange County was chosen as the agency for which this writer would create the grant. This agency offers services to approximately 4,700 individuals each year, which would allow for a large pool of potential candidates for Peace of Mind Yoga. Although the agency offers several forms of traditional therapy for the treatment of the named disorders, it did not offer any alternative options. This writer contacted the agency's grant writer, Terri Moses, and

proposed the idea of a yoga therapy program. After receiving positive feedback and approval, this writer sought out several potential funders.

There were several plausible contenders to fund Peace of Mind Yoga. However, on closer examination, there were two components to this yoga therapy program that eliminated two of the three potential funders. The first reason for disqualification was Peace of Mind Yoga's large-scale budget. The total program budget of \$104,995 was higher than the limit for two of the considered grant funders. This budget was necessary and not able to be reduced to a significantly lower amount. The second reason for disqualification was the requirement of a Master's of Social Work degree for the program director. This educational requirement made Peace of Mind Yoga ineligible for consideration. After a continued search, the Harry and Jeanette Weinberg Foundation was identified as the chosen foundation because of its allowance for large-scale budgets and commitment to funding Jewish agencies that strive to serve disadvantaged communities.

Challenges

There are many challenges that arise throughout the grant writing process. One such challenge is pursuing a topic that inspires passion and drive within the writer, while still creating a grant that is going to positively impact an underserved population. It is imperative to find intrinsic zeal for the topic and program, as enthusiasm will allow for the creation of a strong, persuading argument. Having genuine interest in the subject matter will also aid in overcoming other challenges.

Another challenge is establishing a connection with an agency that shares the same program vision and would be interested in submitting and creating the program after the conclusion of the thesis project. Some agencies will decline the request to have a grant written for them. Other agencies will ask the student writer to divert from their original idea, and write a grant they have already decided they want to pursue. It is also plausible that some agencies will initially agree and then decide to rescind their agreement at a later time. These situations can dishearten a writer; it is important to identify many agencies and choose the one that shows authentic interest in the proposed idea. Although it is important to be firm, it is also important to have a clear idea of where you, as a writer, are willing to be flexible.

Choosing a funder is another area of difficulty in grant writing. There are often parameters set by each funder that cause potential grants to become disqualified. It is important to find a funder that you qualify for and to write the grant in a manner that clearly articulates how you meet criteria. It is also helpful to note previously funded grants and to identify if any are similar. If there are no similar grants, it is wise to make contact with the funder before beginning the application to quickly propose the grant. Often times, funders will tell you outright if your grant would be a potential contender.

Implications for Social Work

Peace of Mind Yoga, and other similar alternative, evidence-based therapies can positively impact mental health for many underserved populations. Although yoga therapy is not widely used to treat anxiety and depression, it has gained credibility through numerous research studies (Kiecolt-Glaser et al., 2010; Kozasa et al., 2008;

Sherman, 2009; Skowronek et al., 2014). This program will continue to strengthen the argument that yoga therapy can successfully be implemented into treatment plans to positively impact mental health. It is conceivable that yogic techniques such as deep breathing, guided meditation, or basic physical postures can be used by social workers as an intervention for client's experiencing mental health challenges. This knowledge would increase competency, while allowing social worker's to provide the best possible service to their clients, two components of the NASW's code of ethics (National Association of Social Workers, 2014). Social workers strive to recognize the importance in human relationships (National Association of Social Workers, 2014). A yoga instructor, who is also a social worker, will fulfill this duty by guiding individuals through varied yogic techniques (i.e. deep breathing, mediation, postures) and interacting with participants in an authentic and meaningful way.

Programs such as Peace of Mind Yoga will also allow for participants of diverse multicultural backgrounds to participate without feeling excluded. Although yoga evolved from a specific culture and religion, it has since grown to be an inclusive practice that can easily be approached in a neutral manner (Sengupta, 2012). This yoga therapy program, and all future programs can be taught in a manner that will allow the individual to internalize the teachings in a way that make sense for their specific belief system. This allowance promotes another component of the NASW code of ethics, dignity and worth of the person (National Association of Social Workers, 2014). This principle states that social workers seek to respect the individual differences of each person, as well as cultural and ethnic diversity (National Association of Social Workers,

2014). By offering an approach that can be interpreted for each client's specific set of beliefs, social workers will be promoting dignity and worthiness.

Strategies for Enhancements

Although this grant was thoroughly researched and developed, there are several strategies that could be utilized in the future to enhance this grant. Firstly, a greater collaboration with the host agency could take place to further assess program logistics and feasibility. Meeting with agency representatives to discuss the grant would allow for expansion and revision of the grant to better fit the agency's specific needs. Conversing with the host agency's grant writer regarding current funders could also allow this program to utilize a specific funding source. Another strategy for enhancement would be to identify and contact agencies that are implementing similar programs. This would allow a discussion to occur regarding successful approaches to development, execution, and searches for potential funders. Lastly, this grant could be enhanced by contacting the selected funding source in an effort to inquire about the feasibility of Peace of Mind Yoga as a possible contender for funding.

Conclusion

Peace of Mind Yoga will provide an unconventional, yet evidence-based approach to reducing symptoms of depression and anxiety. It will allow the social worker to uphold and promote the NASW code of ethics, and will provide the client with an opportunity to approach their mental health challenge in an alternative manner. Peace of Mind Yoga has the potential to grow into a larger program or to serve other unique

populations within the mental health scope. Peace of Mind Yoga also has the ability to adapt to participant need in order to promote continued positive mental health outcomes.

APPENDIX
LINE-ITEM BUDGET

Peace of Mind Yoga: Line- Item Budget

PERSONAL EXPENSES	Amount	In-Kind
Program Director @ 100% FTE	55,000	
Per Diem Yoga Instructor	5,000	
Benefits for Program Director @ 30%	16,500	
TOTAL SALARIES AND BENEFITS	76,500	
DIRECT EXPENSES		
Office Supplies	500	
Postage and Printing	1,500	
Yoga Mats and Props	1,000	
Incentives for Participants @ \$15/card	4,800	
Assessment Tools	1,000	
Liability Insurance and CPR	300	
Training and Continued Education	2,500	
Refreshments	3,200	
Room Rental		3,000
Utilities @ \$40/ month		480
Computer, Printer, and Internet Connectivity		2,600
Phone		600
TOTAL DIRECT EXPENSES	14,800	
INDIRECT EXPENSES		
Administration @ 15% of Total Cost	13,695	
TOTAL PROGRAM BUDGET	104,995	6,680

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