

Licensed Healthcare and Yoga Therapy: Let's Talk

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The International Association of Yoga Therapists has been through an extended growth spurt. One next step in our development is exploring and enhancing our relationship with licensed healthcare providers (LHCPs). Our association's membership has varied over the past decade in having between 25% and 40% LHCPs, who have been and still are creating a powerful and important career amalgamation. While the relationship between IAYT and LHCPs has been exciting, and continues to be for members who recently discovered it, like any good relationship it also presents challenges and concerns. So let's examine the history of the LHCP and IAYT, special issues within the relationship between LHCPs and yoga therapy, and consider the next steps to take on our figurative growth chart.

Don't Know Much about History...

Isn't it amazing how quickly having a new profession with a self-created definition, scope of practice, academic and individual standards, and an accreditation process can become so seemingly matter of fact? Less than a decade ago there was no standard definition of yoga therapy—IAYT first published one in December 2007, despite the organization having formed in 1989. That definition was arrived at after a two-year gestational process of inquiry with experts, extensive study, and the devotion of the entire first SYTAR (in March 2007) to answering the question, "What is yoga therapy?" The following year we asked, "What does a yoga therapist do?"—and a scope of practice began to take shape. From that foundation followed answers to the question, "What should yoga therapy schools teach students so that they can adequately understand and perform as yoga therapists?" (School standards.) And more recently, "What skills does a practitioner need to be considered a yoga therapist, and how can we include the many members who had been practicing as such for years? Is this different from a yoga teacher who uses yoga therapeutically or a medical professional who uses yoga technologies?" (Individual certification.) This phase of



development recently closed with the termination of the always-imperfect-but-essential grandparenting process (a sometimes awkward phase every new profession must navigate).

Sounds a bit like the developmental process of being human, doesn't it? Which puts us right about in the middle of puberty! We're gangly, sometimes awkward, and often brilliant. We yearn for professional identity, obsess over our appearance, wince with the growing pains of structure and institutionalization, pull all-nighters developing evidence, make worldwide connections, and mingle with other professions and organizations. We know now what a "pure" yoga therapist and a strictly yoga therapy school are, but how do we understand and get along with the spectrum of people and practices that don't exactly fit into these newly created templates? Shouldn't there be room for those individuals who don't want to be C-IAYTs yet use therapeutic yoga tools in their scope of practice? It is only right here, right now, that we collectively find our-

selves able to more fully consider these issues and have arrived at yet another developmental stage; these questions couldn't be addressed until the former steps took place. Not unlike teenagers gazing into the mirror at their too-big ears or funny noses, we now are asking how we can best relate with these LHCPs who are sorta like us, sorta not, sorta demanding, and sorta exciting to have around. Right on schedule in the professional developmental sequence, it's time we had "the talk."

Challenges within Opportunities: Our Birds-and-Bees Moment

A new identity, a new professional stature, and an extended growth spurt! What could go wrong? Well, turf concerns between professions, not being understood as a subgroup of the membership, and not feeling accepted by others—to name a few. Ah, relationships. Extending our teen metaphor, there are sure to be a few slammed doors and heated disagreements in this phase, but with awareness

and steadiness we can negotiate this stage as we have the others, moving forward with our common vision of bridging yoga and healthcare.

Let's examine some of those challenges and their associated opportunities to explore a way forward.

- What is an LHCP? Is it someone who has been trained in a healthcare profession (including assistant positions) and who is also registered or licensed in their field and by a state, province, or country? This term will need defining limits yet should include physical, mental, and spiritual healthcare practices. An important historical note: it has never been, nor will it ever be IAYT's intention or policy to restrict the use of yoga techniques by LHCPs.
- How can we preserve the hard work that IAYT's standards and accreditation committees continue to do in defining our profession as a distinct entity and not having aspects of it co-opted? This is a critical ongoing concern. We now must further explore what yoga therapy is, what it means to use yoga technologies in a medical paradigm, and how to distinguish each as professions for healthcare seekers to appreciate. Certainly we want to avoid the "weekend wonders" the acupuncture profession deals with and having the profession's credibility diluted by people with scant training putting themselves forward as practitioners, but we also want to manage the very real blurring of lines as integral consciousness evolves to break down the old reductionist walls between professions (e.g., physical activity directed by mental health professions, cognitive inquiry conducted by physical therapists, etc.).
- Is it detrimental that many yoga teacher trainings and yoga therapy schools don't give credit for or accommodate the knowledge level and experience LHCPs bring to yoga therapy? This creates a frustration for LHCPs who then have to pay for a level of instruction that may be below their knowledge base. From the other perspective, some schools may teach almost exclusively from the medical paradigm and fail to ground their curriculum in a yoga therapy lens of assessment and prescription. How do we and our schools reconcile these distinctions?

- Could some LHCP members be acknowledged as having demonstrated an understanding of yoga therapy and our profession while wanting to promote research and work opportunities and assisting in integrating yoga therapy into existing healthcare programs or new venues, the way many C-IAYTs do? Yoga therapists struggle with developing appropriate referral networks and receiving quality referrals, as well as with getting themselves included in many conventional healthcare delivery systems. LHCPs who use yoga could be the prime "ambassadors" for negotiating these new relationships. While these members wouldn't be delivering yoga therapy per se, could they be acknowledged as LHCPs who use yoga in their practices and are therefore aligned with our profession? This will take time to evolve, but it certainly seems to be a nuanced approach that would serve both individual yoga therapists and the profession.
- Might it be possible to develop an LHCP yoga therapy curriculum under the special schools policies that would bring in LHCPs as affiliated with IAYT, recognize their professional experience, AND ensure their understanding of IAYT's scope of practice, standards, and so on? Because of the complexity and demand on resources IAYT doesn't yet have, this would be a long-term strategic consideration. But as described below, such programming tweaks are beginning to emerge.
- Can IAYT create a system for maximizing inclusivity for LHCP members? We can never fully satisfy every need or expectation, but if we don't create such a system, we risk fracturing into splinter groups due to breakdowns in communication and collaboration. Right now we have insufficient information from members and potential members who are LHCPs. How do we come to understand, explore, and envision the steps to take to address needs that we haven't fully discovered in our earlier stages?
- How can we help answer the question, "Which hat am I wearing when?" LHCPs have unique legal and professional challenges in navigating multiple scopes of practice, professional boundaries, liability issues, regulatory guidelines, and rule challenges around diagnosing and advertising. This is all new ground and deserves

further study and discernment with a flexibility to change guidance as new possibilities arise to address these challenges. The yoga therapy field isn't alone in these dilemmas, but we are positioned to lead in innovation because we aren't bound by decades or centuries of hardened attitudes and conventions.

In the past our profession didn't have the foundation to explore these issues, but now is the time to begin. How might we proceed in fostering this important relationship? Here are some initial possibilities.

Next Developmental Steps with LHCPs

There is a steady groundswell in education to address some of these possibilities. Let's consider one to promote communication between programs, then review the more formal activities already underway within IAYT.

Early Modeling of LHCP Programs

One site of the general movement to support LHCPs is Southern California University of Health Sciences (SCU), an integrative health institution with graduate, undergraduate, and certificate programs across a broad spectrum of integrative health modalities. One of its main missions is to foster interprofessional education and provide students with a vision of patient-centered integrative healthcare that extends beyond their individual professions. The school therefore provides an ideal platform for an LHCP yoga program. (Disclaimer: The authors are developing this program but wish to share their work with other programs to minimize re-inventing this wheel.) Our working title is "Yoga for Health Care Practitioners: A Foundational Training."

This new SCU program aims to address gaps in the integration of yoga into the broader integrative healthcare field. Because yoga therapy is not just a stand-alone approach to the management of clinical conditions, it lends itself to integration with other physical and mental healthcare approaches in a fully interprofessional manner. The program will provide participants with the 200-hour foundational training for pursuing a full yoga therapy training, should that become a goal.

One way of fostering the inclusion of yoga therapy in a broader healthcare

discussion is to offer LHCPs training opportunities that will familiarize them with the foundations of yoga therapy so they can make informed referrals to yoga therapists and incorporate some of the basic principles of yoga therapy into their own

- Created a private Facebook group by the name of "SIG LHCP IAYT"; anyone can join.
- Hosted online discussions about some of the issues mentioned above.

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practices. The SCU curriculum provides a rigorous introduction as to how yoga can be used by LHCPs. While most foundational yoga trainings are tailored toward the general public regardless of the students' professional backgrounds, this program is specifically designed to meet healthcare practitioners at their level of education. It will therefore provide a context that honors their professional knowledge while allowing them to expand their personal understanding of yoga as it pertains to their own self-care as well as their professional practice.

The program is focused on developing a foundational understanding of yoga and yoga therapy where the LHCP doesn't just learn the ancient yogic traditions. As change-makers in healthcare, they learn how to interpret and apply the ancient to the current in a culturally coherent, scientifically sophisticated, and competent manner commensurate with the lexicon of their respective professions. We think this will be a new growth area for yoga therapy programs and are happy to share what we are learning.

Now, what is IAYT doing to support LHCPs?

The IAYT LHCP Special Interest Group

The special interest group (SIG) formed in March 2016 and has been working closely with the board of directors doing preliminary issue exploration while waiting for grandparenting to be completed to eliminate confusion. To date the group has

- Sponsored a regular interprofessional journal club to better understand professional perspectives and practice interprofessional communication skills.
- Offered outreach to other LHCPs to include those who might be seen as competitors or independent groups of LHCPs.
- Begun developing survey questions for members and nonmembers to acquire additional information later in 2017.
- Scheduled a free webinar with John Weeks, who was instrumental in guiding IAYT's early development and strategic planning as past executive director of the Academy of Complementary and Alternative Health Care. Weeks will explain how professions develop and how other professions have dealt with multiple certifications; the broadcast is September 26 (7:30 pm EST) and will be recorded for those unable to attend. Registration information is available in the Facebook group at www.LHCPiayt.org.

There are so many exciting possibilities on the horizon regarding LHCPs and IAYT. What are your concerns or needs around this issue? How about stepping forward with us in this next exciting developmental phase by joining the SIG and participating in the activities listed above? Or consider contributing to other related committees of IAYT to give us a robust process of ongoing development. By working together to bridge yoga and healthcare, we can model collaborative healing in our world. **YTT**



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