A preliminary investigation of the effects of one yoga session for service recipients in a behavioral health intensive outpatient program

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A B S T R A C T

This was an investigation of the feasibility and effectiveness of a brief yoga intervention (one session) within an intensive outpatient program (IOP) for service recipients diagnosed with various psychiatric disorders. Participants (N = 26) completed the Toronto Mindfulness Scale (TMS) and the Positive and Negative Affect Schedule (PANAS). Data was collected before and after one yoga session and follow-up data was collected via mail after discharge from the IOP. Scores indicated that negative affect significantly decreased and positive affect significantly increased from pre to post yoga session. Mindfulness scores significantly increased from pre to post yoga session. Though the results of this study supported that a yoga intervention is both feasible and effective within an IOP, collection of follow-up data after discharge via mail was not as feasible. The results of this preliminary investigation support a larger and longitudinal study to further examine yoga as a treatment modality with this clinical population.

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1. Introduction

Alternative treatment modalities such as yoga are becoming increasingly popular in behavioral health programs, both as stand-alone and adjunctive treatments [4,6]. It is generally accepted that regular yoga practice benefits physical fitness, emotion regulation, relaxation, and present moment awareness or mindfulness [4,13]. While research into yoga is developing, the effects of yoga for outpatient clinical populations have yet to be adequately examined. There are only a few scientific investigations regarding the feasibility of implementing yoga as a behavioral health intervention in outpatient programs with consideration to variables such as the quantity and duration of sessions or type of yoga practice (e.g., [1,12]). Furthermore, it is unclear how yoga may impact overall treatment response or outcome as well as service recipients’ subjective experiences of treatment.

Due to the lack of previous research in this area, pilot studies within intensive outpatient program (IOPs) are necessary prior to examining mechanisms of action and longitudinal effects of yoga as a treatment modality. Questions pertaining to feasibility and methodology must be understood before investing in larger scale research efforts. Thabane et al., [19] explained that pilot or preliminary studies inform aspects of subsequent studies including recruitment, intervention implementation, data collection, and estimates of treatment effects. Thus, the present study provides a foundation for future research into the use of yoga as a treatment modality in IOP settings.

1.1. Yoga as a practice

There are numerous types of yoga traditions, including Iyengar, Hatha, Bikram, and Ashtanga, and each originated in India as practices and teachings for physical, mental, and/or spiritual awareness and equanimity. Breathing techniques, physical postures, and meditation are three components of yoga practice. Although yoga has become increasingly popular as a type of physical exercise (e.g. Ref. [20]), the various types of yoga were originally intended to influence body and mind together and its practice was considered a lifestyle. To this point and relevant to the present study, Srinivasan cautioned that yoga should be viewed as learning strategies “whereby we facilitate the control systems in the mind-body complex for proper functioning” ([16], p.1). Yoga practice may influence one’s being in a multitude of ways and the benefits to physical and behavioral health may be considered byproducts of a larger, interconnected process. For the purposes of the current study and to be consistent with the language from

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previous literature, the terms intervention, treatment, and practice are used interchangeably to denote the use of yoga in a behavioral health program.

1.2. Correlates between yoga practice and behavioral health

Park et al., [13] reviewed studies that involved yoga practice with nonclinical and clinical samples. Results supported that yoga practice is correlated with the following psychosocial and behavioral health variables: neuroticism, mindfulness, spirituality, sleep, anxiety, depression, disordered eating, substance use, and quality of life. Park et al. emphasized that several of the studies had contradictory findings and the directionality of some of these relationships is questionable. For example, it is unclear if people with higher levels of spirituality are generally more likely to practice yoga or if yoga practice significantly increases levels of spirituality. Further, these relationships may vary between clinical and nonclinical populations.

1.2.1. Mood

There is some support for the relationships between yoga practice and mood. Studies with nonclinical female adult samples have found that yoga interventions improved mood and positive affect and decreased depressive symptoms [10,15,18]. These authors highlighted the importance of regular yoga practice for benefitting mood, but immediate effects of yoga practice (i.e. subjective experience directly after one session) on mood have yet to be identified. Further, it is not known if clinical populations would demonstrate the same changes in mood since their baseline levels of affect are likely abnormal as compared to the nonclinical samples used in the aforementioned studies. The relationship between yoga practice and negative affect is particularly important to understand since negative affect is a key variable in emotion regulation [7].

1.2.2. Mindfulness

Mindfulness was defined by Kabat-Zinn as, “paying attention in a particular way: on purpose, in the present and nonjudgmentally” ([8], p. 4). The relationship between yoga practice and mindfulness is well-established in the field of psychology [17]. Keng et al., [9] conducted a thorough review of empirical studies regarding mindfulness and psychological health and concluded that mindfulness was associated with reduced symptoms of psychopathology and increased subjective well-being and emotion regulation. Inclusion of yoga practice in IOPs seems like a useful approach to targeting mindfulness as a mechanism of change. While additional research is needed, it is plausible that increased states of mindfulness during treatment may increase receptivity to other components of treatment such as process groups and writing exercises. In summary, findings in previous literature suggest that improved mood and increased mindfulness as consequences of yoga may benefit service recipients’ functioning during and after treatment as well as augment other treatment modalities received during the treatment program.

1.3. Yoga in behavioral health settings

Considering the correlates of yoga practice with behavioral health variables, it is not surprising that yoga has been investigated as an alternative treatment in medical and behavioral health settings. Büsing et al. [4] identified studies of yoga interventions to influence depression, fatigue, anxiety, stress, posttraumatic stress disorder, physical fitness, cardiovascular endurance, blood pressure and hypertension, pulmonary function, glucose regulation, menopausal symptoms, musculoskeletal functioning and pain, cancer, and epilepsy. Yoga as a treatment modality has been implemented in behavioral health settings for various different psychological disorders as a complementary or add-on treatment in both inpatient and outpatient psychiatric treatment settings [5,14,22,23].

Vancampfort and colleagues [21] performed a systematic review to assess the effectiveness of yoga as a complementary treatment on general psychopathology, positive and negative symptoms and health-related quality of life (HRQL) for people with schizophrenia. The results of the study indicated that yoga therapy can be a useful add-on treatment to reduce general psychopathology, positive and negative symptoms, and HRQL. Similarly, a study by Manjunath et al. [11] compared the effect of a 6-week add-on yoga therapy to physical exercise along with standard pharmacotherapy in the inpatient treatment for psychosis. The results of this study indicated that adding a yoga intervention to standard pharmacological treatment is feasible and may be beneficial even in the early and acute stages of psychosis.

Cramer et al. [5] conducted a meta-analysis based on 12 randomized controlled trials (RCTs) with a total of 619 participants and concluded that yoga could be considered an ancillary treatment option for service recipients with depressive disorders. Additionally, Doria et al. (2015) [24] found that participation in yoga adjunct therapy, which included 10 days of intense workshops coupled with daily individual and independent practice of a simplified protocol of breathing techniques, can lead to significant reduction in levels of anxiety and depression. Other research found that yoga may be an efficacious complementary therapy for smoking cessation among women [2].

2. Purpose of the current study

As a preliminary investigation, the objective of the current study was to analyze the immediate effects of one session of yoga on mood and mindfulness state for service recipients in a behavioral health IOP. The investigation also served to test the feasibility of the intervention and study methodology. Further effects of yoga following discharge from the examined in order to assess initial support for the enduring effects of yoga as a treatment modality.

It was hypothesized that the intervention and study methodology would be deemed feasible according to the willingness of service recipients to complete measures, the yoga instructor’s acceptance of the data collection procedure, and preliminary support for the effects of yoga as a treatment modality. It was hypothesized that: (a) Participants’ negative affect would decrease from pre-yoga to post-yoga session, (b) Participants’ positive affect would increase from pre-yoga to post-yoga session, and (c) Mindfulness state would increase from pre-yoga to post-yoga session. Finally, it was hypothesized that the follow-up qualitative data would support that participants’ enjoyed the yoga sessions and found them beneficial both during treatment and post-discharge from the program.

3. Method

3.1. Study design

This was an experimental study with a within-subjects repeated measures design.

3.2. Participants

Participants (N=26) were service recipients in a behavioral health IOP who attended treatment for 3-hour periods, 3–5 days per week, for 4–6 weeks. Treatment included group therapy, individual therapy, and psychiatric intervention, as well as weekly yoga sessions. The IOP is situated within a rehabilitation hospital
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