

## Credentialing and Policy Update for Yoga Teachers and Yoga Therapists: Implications for Yoga Research and Yoga Therapy Research

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### Editorial

In January 2016, *Yoga Journal* and Yoga Alliance (YA) released the 2016 *Yoga in America Study* [1]. According to this study, the number of people participating in yoga in the United States has surged from 20.4 million in 2012 to over 36 million at the beginning of 2016. For the 2,021 persons over the age of 18 who were surveyed, the top three reasons given for participating in yoga practice were enjoyment, health benefits, and stress relief. The surge in the popularity of yoga and its use to enhance health and reduce stress begs the question, "What oversight exists to assure the safety and welfare of the more than 36 million yoga practitioners?" The answer comes in the form of self-regulation of the industry by YA and the International Association of Yoga Therapists (IAYT) and the voluntary participation by yoga teachers and yoga therapists.

YA, a national organization for yoga teachers and yoga schools, and IAYT, an international organization for yoga therapists and yoga therapy schools, were established to advance yoga and yoga therapy, respectively. Since the founding of these two organizations, each has been at the forefront of developing and implementing professional and ethical standards for yoga and yoga therapy, standards for credentialing of yoga schools and yoga teachers, standards for the accreditation of yoga therapy schools and credentialing yoga therapists, the advancement of yoga therapy as a professional discipline, and the definitions of professional titles/designations. Most recently, efforts have been focused on use of the term "yoga therapist" to identify persons providing services to clients. Documentation of attempts by IAYT to define and differentiate yoga therapy from yoga practice can be found beginning in 2000 [2]. In 2012, IAYT formalized the definition of yoga therapy in a one-page statement that begins: "Yoga therapy is the process of empowering individuals to progress toward improved health and wellbeing through the application of the teachings and practices of yoga" [3].

Historically, in the United States, no standards for use of the designations "yoga teacher" or "yoga therapist" have existed. Even with the recent YA policy update and the IAYT standards, anyone can use the words "yoga therapy" or "yoga therapist" as a title or in marketing materials. No local, state, or federal regulatory restrictions on the use of these designations exist, leaving any oversight on the use of such terms to IAYT and YA. Although YA certifies schools as Registered Yoga Schools (RYS) and individual yoga teachers as Registered Yoga Teachers (RYT), in 2015 YA changed its policy, removing words such as "yoga therapist," "therapeutic yoga," and "yoga therapy" from the school and teacher registries and online YA profiles [4].

IAYT has established a process for accreditation of qualified member schools to use the designation "IAYT Accredited Yoga Therapy Training Program<sup>SM</sup>," and, beginning in June of 2016, individual members of IAYT who meet the organization's eligibility criteria can apply for authorization to use the credential "IAYT Certified Yoga Therapist<sup>SM</sup> (C-IAYT)" [5]. While yoga teachers and the emerging profession of yoga therapy make progress in self-regulation and delineation of scope of practice, concomitant gains in professional credibility are being

made as well. However, this is just one step in the long and challenging process to legitimize the yoga therapy profession in providing a viable and recognized health care modality [6].

While those in the yoga community are working to create recognition of the distinction between the terms "yoga teacher" and "yoga therapist", so must those in research and in health care settings. Yoga research and yoga therapy research connote differences that must be recognizable to researchers, health care professionals, and the public [7]. Recommending that a healthy client try yoga as a form of exercise (given that the general public and many health care practitioners view yoga as exercise) is different from recommending to clients that they seek yoga therapy, not simply yoga practice, as a supportive therapy for a chronic condition. An illustration to clarify further this important point is that one should not send a client with chronic low back pain to a group aerobics class for supportive therapy; likewise, the same client should not be referred to a community yoga class as a symptom self-management modality. A teacher's yoga education, level of expertise, depth of assessment of individual needs, and approach-versus those of a therapist-are different, as would be the outcome for the client [7]. Similarly, the yoga professional who consults on research design and intervention development and acts as the intervention instructor affects the study fidelity and outcome.

In a recent systematic review of yoga for fibromyalgia, the authors found that although experts identify the qualifications of the yoga instructor as key to intervention delivery and fidelity, it was on this criterion that the authors found the lowest compliance rate with reporting recommendations [8-10]. Given the current level of reporting in research publications, it is unlikely that the qualifications of the individual yoga teacher or yoga therapist and the associated certifying organization will be disclosed. Guidelines for the design and reporting of yoga and yoga therapy research do not exist at this time. In a suggested guideline for randomized, controlled trials of yoga interventions, it is suggested that instructors have adequate training or, in some cases, additional training, although no distinction is made between the qualifications and training of a yoga teacher versus a yoga therapist [8]. Lack of study rigor and inadequate reporting are recognized problems in the yoga and yoga therapy research community [11,12].

It is as important for research and health care communities

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to make the distinction between yoga research and yoga therapy research and between yoga and yoga therapy as it is for yoga and yoga therapy professionals to understand the distinction and the associated limitations on scope of practice. To date, despite the growing body of research and its use in building evidence for yoga and yoga therapy in the treatment of chronic disease, health care professionals and regulatory agencies make no distinction between these terms. For example, on its public access page about yoga, the National Center for Complementary and Integrative Health (NCCIH) refers only to yoga and yoga research when discussing yoga practice and its associated health-related findings for both healthy and disease populations [13].

As yoga increases in popularity and becomes a mainstream complementary modality, the use of incorrect terms will continue to have a negative impact on the advancement of yoga and yoga therapy science. Inherent in the lack of distinction in yoga-related terms is the potential impact on study rigor, study findings, and the potential for health care providers to recommend inappropriate yoga styles and to refer their clients to unqualified yoga teachers, thereby increasing the potential for undesirable outcomes. Moving forward, the health care and research communities, in collaboration with the yoga community and organizations such as YA and IAYT, can create clarity in an emerging area of science that shows potential for alleviating some of the issues facing health care in the United States. Developing clear yoga and yoga therapy research designs and reporting guidelines for disseminating study results is critical to this progress. Not until all relevant parties come together to address basic issues related to yoga nomenclature and recognize differences in qualifications of yoga teachers and therapists will we achieve optimal outcomes for those who seek out this modality for enjoyment, stress relief, and other health-related benefits.

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