(Video plays)

SPEAKER:
What do you think of when you think of yoga? Poses on a mat, perfect alignment, reaching far beyond your toes, the beauty of yoga is that it is much more than a sequence.

SPEAKER:
Thank you so much for joining us.

SPEAKER:
Yoga is awesome, and also activism. Yoga is about a quiet internal journey. A growing powerful outward voice. Yoga is action, curiosity, empathy. Join us as we celebrate yoga. The diversity of the millions who practice it, and the power it gives us all.

We are all for yoga. Yoga is all for us.

KEISHA COURTNEY:
Alright everyone, welcome into this training today where we are talking about introduction to trauma-informed yoga in studio settings. We have a poll on the screen.

We would like to talk would how to bring those into the studio settings.

I would like to tell you about myself, and who the driven yoga is. I was born to a Jamaican mother, and a (indiscernible). I was born in Utah. The town was 98% white, and we were one of only two Black families in the entire place. We stuck out everywhere we went.

I was in competitive sports, and I was always the one and only. I have difficulty relating to those around me and I never felt presented. Unfortunately that continued into my career.

It now continues into my career as a yoga teacher. As I progressed in my career as a you a teacher, not only have I experienced excursion, but I have seen the harm that is being done in yoga spaces. These are places that are supposed to heal.

I started The Driven Yogi for that reason because I believe it begins with change. As teachers we have the power to lead the change.

I would like to share a short video about the company before I introduce you to our speaker today.

(Video plays)

SPEAKER:
As teachers of movement we all have our story. The moment that helped us discover the incredible

 

hearing powers within the practice. And the moment that led us on our path to teach.

For me that moment came in 2010, I was in a high stress, high visibility career as a TV news reporter. I was looking for something, anything to destress.

As a former competitive athlete, I already knew the power movement could bring some physical health, but I was searching for something deeper. Enter yoga.

During my first practice, I felt transformed. For the first time in my life I was present. For the first time in my life, I felt safe, in my own body.

The practice itself brought healing, but my experience inside yoga studios was quite the opposite.

The pain, dismissal, and discrimination that I experience in the outside world was amplified in yoga spaces. For the past several years, it has been made clear that hundreds of yoga students feel that way too.

Our world is quickly changing, if fitness bases do not adapt grow and change, spaces that exclude certain populations, will quickly become obsolete.

If we want to live up to the true meaning of yoga, we have an awful lot of work to do. That work begins with teacher education.

At The Driven Yogi, our mission is to fill the education apps and teacher training center to transform the spaces for the better.

We do that by educating teachers, studio owners and staff, how their conscious and unconscious actions discriminate and exclude large groups of students.

We then give them skills and knowledge do better, and grow their communities.

In the past two years, our team has conducted studies on what is happening in the field to help guide the conversation, and bring diversity and inclusion to the forefront of wellness.

We were named by reclamation ventures as an organization to learn from. Our unique trainings, already taking place within Bay Area California studios, have impacted close to 5000 yoga students.

We offer online and on-site delivery of our signature teacher training courses. Our membership combines the signature courses for teachers, staff and management, and includes one-on-one real-time support.

This critical work is new territory for most studios and requires unlearning,... To see true change.

The process is going to be messy sometimes, but The Driven Yogi will be with you every step of the

 

way.

If you are ready to commit to inclusivity, I encourage you to join us for a series of free workshops, or add our courses into your already existing yoga teacher training.

Moving ideas into action is hard work. I thank you in advance for your support. I hope you will join us in moving the industry forward, together.

The Driven Yogi is available for media coverage and collaborative content creation. We also tell stories and print and video about the fight, for inclusivity.

KEISHA COURTNEY:
Give me a second to transfer over to our other presentation. As I am doing that, I want say that we would love for you to purchase paid in the conversations that we will be having throughout the training. Please use the chat feature if you want to add to anything we are saying.

If you have questions that you would like us to talk about live, use the Q&A feature so that we can go over those in the training.

Can we all see? This is part two of a series that we are doing on an introduction to trauma-informed yoga in studio settings. We are talking about the signs of trauma today.

As the video said, we are continuing education platform, and we educate fitness professionals in studio staff about how their conscious and unconscious actions discriminate and exclude students from naturalized communities. We then educate and guide them through the important work to create safer and more inclusive spaces.

I want to point out one of the stats that was in that video, in a national survey that we conducted, 60% of yoga students said that they felt excluded in yoga spaces, due to their race, gender, ability, age or background.

73% said that their experiences could have been changed if teachers were better trained. 73%.

Students feeling excluded from yoga spaces was cited as the number one reason for not returning to a studio.

I want to thank you all for being here. You also know that there is work to be done, and you are here to learn. We want to thank you for doing that with us.

As yoga teachers, we have the most power in the room. Change begins with us.

Now I would like to introduce you to Emma Stern, our Teacher Trainer. Emma Stern is a somatic counselor, mental health profession or, ryt 500, YA CEP. She is a Teacher Trainer, she has trained by leading mental health professionals, and has been teaching for 10 years. Emma, I would that handed

 

over to you so we can get started.

You are on mute.

EMMA STERN:
Thank you so much Keisha, I am really looking forward to being back with you today. Thank you for joining us. I am Emma. My pronouns are she/her. I am coming to you from Portland Oregon.

Let's get started. Some things you might want today are papers to make notes on, it is recorded but we will not be sharing the PowerPoint. Please take notes of anything that you want to remember.

I always encourage an open mind when we work with the trauma informed Lens, it is often times that things might go contrary to our teacher training.

Just know that this might, some of the things that confuse or challenge you. That is really normal. Please take the time that you need to sit with it.

Also, talking about trauma is inherently triggering. Please, please, prioritize your self-care in taking care of yourself.

Know that the conversation may be a lot today. We really will get into the actual trauma aspects of trauma. Do what you need.

We do have a question and answer section at the end, so please use the Q and a, we would love to get to as many questions as possible.

On that note, we had a lot of questions we did not answer last week that were geared towards specific populations, veterans, or going into shelters etc.

We are exclusively talking about studio, public studio settings, may apply to gyms as well. We are not talking about those settings or environments. If you are interested in those environment, that is wonderful to hear. I would recommend more and more training, even within studio settings this is just the tip of the tip of the iceberg.

I am just going to go over a quick review of what we spoke about last week. We started off by discussing the scope of practice, and scope of competence.

A scope of practice is what you are legally competent to provide under a certain license. In my other world, my other hat, I am a therapist. Right now I am wearing my yoga teacher, and my continuing education provider hat.

All of us, as yoga teachers, have certain credentials based on our education and training. When we speak of those things, that is scope of practice.

 

Scope of competence is what you are competent to do based on education and training. This is where we get into a lot of these focus in niche areas.

Our hope today is that we are giving you an introduction, base layer in these three webinars of how to work towards harm reduction, in studio settings.

The trauma informed lens is really all about harm reduction. We are not giving you clinical training, we are giving you tools to make spaces safer.

Power/privilege/positionality are big terms that we talked about last week. The other recording is available if you were not here last week.

Power is the ability to influence. Power dynamics can be largely influenced by inclusion and marginalization.

Positionality to you is how different social positions identities and ideologies shape our status in different groups.

It is the power that someone holds within certain standards groups or settings. What we really want to emphasize in these trainings, is that yoga teachers are in a seat of positional power, when you are offering your class. Even if you work towards harm reduction, you work to give folks agency back, there is an in here and power that you have by leading that class.

Intersectionality is the last concept. There is a whole training on inclusion. I really recommend, this is just a touch of what this is. This work is so very important if you are interested in trauma and informed yoga reduction.

Intersectionality is a primary tool for understanding visual power relations and how they shape inequality not identity. Intersectionality looks at interlocking systems of oppression and how these play out in individuals lives.

There are so many aspects of our intersectionality, gender, race, age, orientation, body size, socioeconomic status, mental health history, access to resources, wealth etc. so many aspects that inform whether or not we are included or feel excluded, and the idea with intersectionality is how they overlap to form the individuals feeling of inclusion or marginalization.

This is necessary and trauma-informed yoga, which is why we do this as part one of our training. We do that before we get into trauma.

Let's get on to some student stories. These are stories that student shared in driven yogi about experience is that they have had.

"I was having trouble staying still in class. The posture we were holding didn't feel good to me. The teacher singled me out and Shane be in front of the entire class."

 

That was one that was shared. I think that is a common experience.

Keisha and I will share our personal stories that will illustrate the bodies experience of trauma and distress, in yoga classes.

Mind that I chose to share today comes from when I was in college. I really long time ago, I was very young, and this is before I had any mental health training, and I was still a fairly narrow yoga practitioner.

Someone in my community had died. I did not really understand the way in which that was stored in my body. I went to a yoga class thinking it would be good self-care, I would feel good, it would help me process. I had heard yoga teachers say things a lot about have pigeon, bringing up emotions. However, really our whole entire body stores emotions.

When I went to the yoga class, I was doing fine, feeling pretty grounded, present and regulated. When we got to stress enough, camel pose, at the end of class, I did not understand it but I had an emotional flooding.

It was such a huge heart opener. There had been so much stress in that region of my body. I did not understand it. I do not know that the teacher really understood it. They kind of work coming up to me and seeing if I was OK or if I needed to leave. I started crying which made me feel worse. I am nuts was to do that here.

Grief is one of the most universal experiences. That was an experience of emotions that I had in my body, that came out in a yoga class. I did not really understand, and I do not think this is going back, not to date myself (Laughs), 15 to 20 years, I do not know how much of an understanding anyone in that particular community had at that time, about the power of these shapes that we hold in our body. That is something that I experienced

KEISHA COURTNEY:
My story is a little bit different, I just want to say why we are sharing these stories. I think when we hear other people stories, and experiences, we can relate to the subject matter in this area a little bit more. This is why we are sharing the stories.

For me, mine happen more recently. This is actually after Emma and I had just finished filming the trauma and form course for the driven yogi. I had lived in the area, for five years. The night before the presentation, a bullet came through my bedroom window.

I was not aware of all the things that would be happening with my body. Part of the way that I was trying to heal from it was going to yoga classes, but I found after that experience that my yoga practice was completely different. I could not sit still and poses. I had to move because I had so much excess energy in my body.

 

Thank goodness we had just done this course, because I had knowledge of what was happening, and why that was happening. I am sharing that story because we do not know what is happening to people when they come into our rooms, or why they might be needing to move, or why they are crying for example like Emma said. It is really important that we just hear people stories like that.

EMMA STERN:
Thank you Keisha. To piggyback on what Keisha was saying, something that I wanted to discuss that comes up a lot in the trainings, it is your everyday person who is walking into the studio's caring emotional experience is.

There is this idea, I think unfortunate, that you will not deal with folks with people in your class. Folks with trauma are everyday people, they are you and me, and they are incredibly resilient. They are everywhere. I just want to normalize that you will not know what someone is going through, we may never know, it may not be something that they ever share. These things are so much more common, and will absolutely be in our environment whether we know it or not.

If folks feel comfortable typing in the chat box, I would love to hear some reasons why you think it is necessary to talk about trauma-informed yoga in studio settings in particular.

I am having trouble keeping up because there are so many. They all look great.

We have all experienced trauma and one way or another. Therapists often recommend yoga. We want to support students to feel safe and keep practicing. To normalize it.

Let students know that felt emotions are normal. Trauma is everywhere. It is all too easy for people to have their boundaries violated. The empathetic. You can be supportive even if you are unaware of trauma.

Trauma is normally understood as physical pain in the body. To normalize the healing process. These are all great.

Create a safe environment. Folks might be experiencing dramatic release. So people feel safe with their emotions, to avoid re-triggering. So that folks can have a safe space.

I see that there are 52. I will try my best. Have less judgment. Thank you all so much for participating. I always want to encourage you to learn from each other. There is so much happening in the chat box. So many great insights. Please definitely keep an eye on the chat box as well.

Grief is common as well. It is universal. It can be traumatic as we will discuss today.

Trauma-informed yoga is a lens, I like to think of it as distress. This lends support set as well.

Keisha, and am missing anything?

 

KEISHA COURTNEY:
I think you are getting a lot of the good ones. I want to reiterate also though, if you have an actual question that you would like us to answer at the end, please put it in the Q&A box. The chat box is to just continue with the conversations that are happening right now, and the prompts that Emma will ask you. That is all I wanted to say from that. In a Mac they are all amazing. Keep them coming. Keep reading each other's. I am going to move forward. I really love everything that you all are contributing.

The working definition of trauma that will be used for the training is that trauma is anything that causes an intrusion upon our minds and bodies, and experience that physically and mentally overwhelms our nervous system and overrides our conscious ability to cope and process.

It is kind of a vague and subjective definition, that is what we are going for because trauma is very widespread. What is universal, is the way that the nervous system response to it.

What is trauma informed care? I trauma informed approaches a framework shaped around an understanding of trauma and how to navigate in relation to someone who may be experiencing the physical, mental, and emotional experience of trauma.

It essentially harm reduction. It is something that everyone is capable of doing. You do not need to be a mental health professional, we can all work towards us.

We are going to discuss two types of trauma in more detail. The first one is shock trauma. I think shock trauma is what folks think of when they think of trauma. What helps me remember shock trauma is that it is usually things that shock us. Events, isolated acts, natural disasters, experiencing or witnessing isolated acts of violence, accidents, a sudden death, or a sudden emotional instance that impacts us in a big way, robbing, mugging, medical events, especially that kind of shocked aspect of it.

There are aspects of medical events that could be in the other type of trauma we will talk about. But the actual treatment, diagnosis, can be a shock trauma. Assault, a lot more.

Pervasive trauma is a little more complicated to understand. This comes from, at least for me, pervasive trauma comes from repeated occurrences. These tend to be more relational and societal in nature.

Some relational and interpersonal examples are domestic violence or abuse of any kind, bullying, separation from a caregiver, neglect, and not sudden death of a loved one, incarceration of a loved one, toxic relationships, whether they are romantic, French, familial or professional.

There is also intrapersonal that happen within yourself. An eating disorder, poor body image, self-harm, suicidal ideation, addiction, and I just want to remind you all that these are triggering subjects. I am listing them off, do what you need to take care of yourself as we talk about these things.

If you need to take a deep breath, or take a moment, and we will talk about some more examples of

 

trauma.

Other examples of pervasive trauma could be social and societal, this is why we do such a long section on power privilege and position out he and intersectionality, because a lot of these are things like inequality and oppression, micro-aggressions, racism, white supremacy, able-ism, homophobia, heteronormativity, toxic masculinity, fat phobia, I would also add in access to housing. Wealth can cause a lot of trauma if you do not have it.

Anti-Semitism, Islam phobia, sexism, transphobia, the gender binary, wealth, yes access to work. Social aspects of illness, social aspects of a pandemic, and the list go on and on and on.

As I have in the bottom at it footnote, incest real and and inherited trauma are worth discussing as well. African-Americans who are descendents of enslaved folks, as well as Jews are ancestors of Holocaust survivors, DNA changes how it is described. Similar words for the same things, absolutely real.

I see ageism a number of times in the chat box. That is as well. All of these types of generational trauma. Folks are sharing these, they are great.

The final one, immigration status, all great. Secondary/vicarious trauma. It is common in folks in helping profession, a teacher, a therapist, those working in a hospital, first responders, working in various real, grassroots, community groundwork, social workers exactly.

If you are exposed to trauma, it is been proved that secondary/vicarious trauma mirrors the effect of PTS. Working in hospice, exactly. Great examples.

You might notice that I used PTS and not PTSD, that is my preference. When we work to understand PTS it is not a disorder it is what our body does to survive. That is my soapbox.

I know some folks really appreciate having that D when there is a diagnosis, that is a different landscape. This is what has been going on. You can use whatever language you choose. I am not getting into complex PTS because of the scope of the training. I do see you in the chat box. I thank you for the work that you are doing, and your interests.

As far as I am concerned, PTS is a normal response to an abnormal circumstance. Unfortunately, more and more of these are prevalent in our society.

Symptoms of PTS can be: intrusive memories, memory difficulties, I will point at these two because they seem paradoxical. A lot of the things that we talk about might be paradoxical, that is why this harm reduction is not a lens of harm elimination. Unfortunately, there are no perfect tools, but pointing out that you will see that as you see some of the symptoms. Some of the things contrast each other.

We have self blame, numbness, poor self-esteem/self-worth, losing interest in activities, problems of concentration, I would say the flipside is to that you will see hyperfocus, physical discomfort, sleep

 

challenges, angry outbursts, hypervigilance.

All of these things are norms and not rules. Everyone's presentation is going to be different. Folks could also have these symptoms, and maybe they are not currently experiencing trauma, or do not have a history of trauma.

It is a very, very gray territory.

In a study that was conducted by the US Department of veterans, in 2018, when we were putting together the training, 70% of adults in the US were understood to have experienced at least one type of trauma in their life.

I think the statistic is incredibly low. We will talk about why, but this is a statistic from 2018, 70%, still incredibly widespread.

It is important to understand the limits of trauma research. A lot of this goes back to who is funding and conducting the majority of the research. An example of this that I think really drives home the point, the adverse childhood experiences study, also known as ACES. Perhaps you have a foot in the mental health world as well, so you might be familiar with them.

The study was conducted in 1995 to 1997. To this day, it is still the leading study on childhood trauma. It was conducted on a predominantly white sample from higher social economic backgrounds and is often critiqued for this.

On the next slide, we have what was studied in the ACES study. There were three types of abuse, abuse, physical and emotional, neglect, physical dysfunction, mental illness, incarcerated relative, abuse toward parent, substance abuse, divorce.

I wonder if folks might like to write in the chat box what is missing. I think there is a lot missing from this study.

Poverty, yes thank you absolutely. Verbal abuse, being On House, oppression, racism, sibling abuse, lack of food and water, lack of access, educational challenges, medical abuse, bullying, lack of access to medical treatment, strict religious circles, religious abuse.

It is subjective. We will all have our different feelings on these. Absentee parent, being underrepresented, these are great. Unsafe school settings, yes. Being discounted and unseen, neglect, nothing on heteronormative, and we know that the highest amount of teenagers who were unhoused are LGBTQ. There is a lot.

We have a video on the embodied experience of trauma, I want to normalize that this will oversimplify things. This is not your full education on the embodied experience of trauma. We wanted something that was concise to drive home the understanding of how trauma lives in your body. Keisha will show us that.

 

KEISHA COURTNEY:
Emma, can you see the screen?

EMMA STERN:
I can thank you Keisha.

(Video plays)(audio issues)

EMMA STERN:
Keisha, the audio went away. I think you need to stay on muted.

KEISHA COURTNEY:
Sorry about that folks, we will try that again.

(Video plays)

SPEAKER:
There has been a big shift in our understanding of how trauma stays with the person over time. We used to think it was held in the brain is a bad memory. If we can forget about it we can move on with our lives. Now we understand that trauma is actually a body memory. It gets stored on the central nervous system, and stuck in the here and now part of our brain.

Any sensations like sight, smell, sound, can bring back memories from the previous event. Trauma is always running in the background.

Here is an example, Beth attends a training session on trauma for work, and hear stories and examples of childhood trauma. The next day, Beth breaks out into hives. For the next few days, she is agitated and cannot focus. Beth trauma happened when she was very young, and she has no conscious memory of it, but her body kept the score.

To figure out what is going on, she reaches out to her therapist and friends. With their support, she turns to her adoptive mother for answers, and learns that she was abandoned by her birth mother is an infant.

She can do things to tune into her body, like meditation, guided breath, dance, prayer, yoga, or singing. She can notice what her body feels when she is doing these calming activities. This way, she can understand how she might obtain felt safety, when she needs it, and return to those activities to feel safe over and over again.

There is a way to heal from trauma. When we can name our sensations instead of being driven by them, we orient the here and now, feel the safety in the present moment, and give our body a new score to keep.

 

EMMA STERN:
Thanks Keisha. Again, that video is not going to be the end all understanding of trauma and the body. It is based on (indiscernible). Keisha will type the video in the chat box as well if anyone wants to have that for their own references. I love that. I think it is one of the best short videos discussing trauma and the body.

Let's talk about with an understanding that trauma lives in the body, to terms that are really important for practitioners are interoception and proprioception.

Interoception is literally feeling being in your body, feeling your feelings. I did not learn this for a long time. The experience of being in our bodies.

Proporioception is being able to sense your body in space and its position in relation to movement. Both of these are things that we deal with in the practice.

Yoga gives practitioners tools to find present moment awareness. When we moved with mindfulness, we become conscious of our bodies, and feelings. With this, the yoga practice has the potential to be both triggering and therapeutic in nature. The trauma informed lens is a system of harm reduction to support student safety if triggers occur.

When we understand that our feelings, our experiences within our body, and the yoga practice asks us to be present, to notice what is showing up and what is going on. To me, it really instills the importance of harm reduction, in this practice. Even if someone is just going to a yoga class because they see it as a workout, it is so much more.

I think, across the board, movement offerings should be treated from a harm reduction practice.

I want to open up the chat box and see if folks have ideas on how trauma or distress might show up in a yoga student during a yoga class. These are things that we may never know for sure. We may never have someone come to us, and say they were going through something.

Awesome, I see folks saying things. Panic attack, shaking, tears, physical tension, pain, tears, sweating, crying, rigidity.

I like that someone mentioned rigidity, because there are a lot of really subtle things. Some will be wow something is going on here. There were also be things like... Competitive yoga, freezing, tremors, shallow breathing, looking bored, absolutely.

Agitation, physical imbalance, unable to focus, that is great. Racing heart, perfectionism, absolutely. Tension, needing to stop, really restless and cannot stay still, absolutely.

Closed eyes, anger, stiffness, shortness of breath, having to personally quiet, taking breaks, not being able to relax and Savasana, withdrawal, these are great. I still have about 70. Everyone is doing a really wonderful job.

 

Difficulty or reluctance to get into poses, I love that... Dizziness, folks are not sharing the ones that we can think of is obvious, but some of these things are really subtle.

Also some of these things might just people having their experience. Very gray area, nothing too technical.

Frustration, these are great, approval seeking, trouble focusing, not being present, interrupting and asking questions, making suggestions, these are all great.

Keisha, feel free to chime in. Standing in the back of class. The norm, which is not the rule, is that if someone has trauma, they might want to be in the very back where no one can be in behind them, no one is intruding their space, they can see everything that is happening.

Also 70 could just want to be at the back because they do not want someone to watch them. We never know these things for sure.

Lack of self compassion, difficulty making eye contact, we will talk about that. Even them options to keep their eyes open is really important. Isolation, these are wonderful. Feel free to keep them coming.

I think this is our break to segue into questions. Is that correct Keisha? Before we do questions, I just want to remind folks that next week, these little workshops are all building blocks, next week and put them altogether and we will talk about some best practices to use in studio settings. We hope you are there.

We will get to the questions for today.

KEISHA COURTNEY:
Again, if you have questions, please put them in the Q and a.

Carol Jean asked what recommendation do you suggest if someone is crying, without making them feel the focus and attention has to be brought to them.

EMMA STERN:
I love these kinds of questions, and I will give the question that it depends. It depends on a lot, it depends on your relationship with the student, it depends on what you are picking up from their energy. Does it feel like they want support? Does it feel like they want space? First check in with yourself. Do you feel comfortable and have the capacity to do anything in that moment? Will you be overwhelmed and perhaps projecting that on to someone else?

Remember that people are incredibly resilient. People are incredibly strong. Whether you are there or not, this emotion is probably something that they are managing, and persevering through.

 

I would quietly asked him if there is anything that I can do to support them. Unless I got a really energetic sense that this person does not want me in their space, and we might make the wrong choice.

We are working towards harm reduction, but every person is so different that it is hard to say what the best thing to do would be. I would encourage everyone to think what is the best thing to do? What would I do? Be really curious about your own comfort in that situation, as well as what you are getting from the environment.

Keisha, do you want to chime in? She has done so much work in this area and I value her insight as well.

KEISHA COURTNEY:
I do not have anything else to add to that. I would defer to you as the trauma expert here, if you will.

I am moving around on the side so that people know, because people are asking to see the slides again. I have this light up for the next question that we have from Maggie, they have not heard the term shock trauma or pervasive trauma. Is it equivalent to acute and complex?

EMMA STERN:
Yes, very similar. Shock trauma will be in line with what we think of as acute, pervasive will be what we think of as more complex.

I like these terms better because I think for me, there is no right or wrong, I find acute and complex to be very medical. I am interested in the more emotional realm, so there is no right or wrong. These are the terms that I like better, but they are essentially the same.

KEISHA COURTNEY:
The next question from Janice, what is the best approach to take when a new student who the teacher does not know, starts to pour his or her heart out about unfortunate events they are expensing? What does the teacher do in that situation?

EMMA STERN:
Again, it depends. I do not have a best answer because it depends on what the best answer for you, in terms of both taking care of yourself, holding appropriate boundaries, and also committing to harm reduction with this person.

What I will say is that I think as yoga teachers, folks open up to us. I am willing to bet everyone in here has had a surprise revelation that someone has shared about what they are going through.

The yoga practice in itself is so transformative, and powerful, that people will have these big revelations, and big things when they practice.

Knowing who you are referrals are in your community, or anything that might come up. I know I have

 

referrals for accessible community mental health, alternatives to the police, shelters.

With that, I think some really good lines, one that I use a lot, I am a therapist, but as yoga teacher I tell them I can only offer support as a member of their community, and I am amazed you are here. I appreciate everything you have been through, here are some resources that I know of in our community, for mental health. I do that often.

Even if I want to be my yoga students therapist, I cannot. It is a boundary violation. I do not mix-and-match. Knowing when to refer out.

Someone typed in the chat box, these are all beautiful. Everyone should check in with what is in the chat box.

Knowing when to refer out... No both yoga therapist and mental health therapist because there is a different scope. Yoga therapy is an amazing type of work. I am not a yoga therapist, so I cannot really speak to the work that yoga therapists are doing.

For me I refer to a mental health therapist. There are yoga therapists who are specialized to work with trauma, for example.

Still honoring their struggle, that is great. I also see... We need to refer to professionals when it is beyond the scope of our practice.

These happened during their everyday life. Yoga therapists are not licensed mental health providers. There are different lanes. Knowing what people do, under these different lanes.

For me, if I was going to refer to a yoga therapist in particular, it would be somebody that I know whose training I know. Yoga therapy is credentialed. It is a whole other platform, but you want to know that folks are working under certain credentials, whether the yoga therapy world or the therapy world.

Have a list of resources. Not just in general, some thing that came up in the last training, market your class appropriately. If you are teaching a vigorous then yes a class, do not say it is all levels. Have referrals who might be able to health students in different times and spaces and their practices.

KEISHA COURTNEY:
The next question is from Carolyn who is asking if there is a book or training that you can recommend to delve a little bit deeper? I will plug the training that we have done. It is a 20 hour training that goes much deeper into these concepts. There are quizzes, journaling, a lot of interaction.

That course can be found by going to courses.The Driven Yogi.com, it is 175 for (indiscernible) of content.

The next question is a little bit longer. It is from Shiva: without critical mass of trauma informed culture being in place, rather with oppression being the norm and normalized a struggle with how realistic it is

 

for yoga teachers, who may themselves be healing or need it to be held to a standard, nebulous at best, politically correct it worse, one not reflected in one's relationship, modern systems in society as a whole?

EMMA STERN:
If every individual was committed to harm reduction, even if the system was not, we would have small change. We need them both to change. If it is something, in our next section we will give you simple tips, they are not making you the expert. These are the tip of the tip of the iceberg ways to provide harm reduction your classes. They are pretty easy, most folks can do them without having to get super disruptive how you already teaching.

This is my soapbox, but why would you not? Why would you not work towards harm reduction? Yes, the systems need to change absolutely.

KEISHA COURTNEY:
Liz asks if you can talk a little bit more about how yoga shapes or movements might trigger emotions?

EMMA STERN:
Great question. If we understand that our entire body holds our emotional experience. In a practice, we are getting in touch and being present with certain regions of the body, that is where our emotions live. That can come out during the yoga practice.

I actually think it is kind of miss information that only hip openers would (indiscernible) emotions. Every part of our body can hold emotional responses. Standing in (unknown term) is one of the most powerful. Knowing the typical idea is that fight or flight lives in your torso, heart openers can be really triggering, but also really mindful and present they can be healing. It could be either our grounding energy lives in her lower limbs, a lot of potential to find regulation that can empty these regions. Or hoses that focus on the region.

With that, any shape can bring up anything. I do not know if that feels like an OK answer? Is there more to be desired?

KEISHA COURTNEY:
If there is more to be desired, please put it in the chat box.

Tiffany asked about the course, and I want to address it for everybody. The 20 hour course that Emma has, that goes more in depth, it is Yoga Alliance certified.

A lot of questions in here. Give me a second. This one comes from Lena, what do I do if the client keeps asking for changes in the class because the music is too loud, these are specific words, because those things keep triggering her? She said she would love to make the person feel included, but she still needs to think about other participants.

EMMA STERN:

 

Great question. It depends. I would encourage that kind of curiosity about the gray area, as a teacher are there things that you can do that you want to do that might benefit everyone. Or, next week might help, next week session might help. Sometimes it is just a mismatch. Maybe it is a mismatch, the student trusts you and feel safe with you, so that might not be the case.

I would encourage you to keep checking in with yourself, and figuring out what feels right, where there is space to grow that the student is offering you inside out. Get curious about what is harm reduction versus...

An example that I will use only talk about music in the training, a good friend of mine plays a lot of (indiscernible). She plays a lot of Latinx music and I love it. She has created a inclusive and safe space for those who have not been represented in yoga spaces. With that, not to use lyrics, music with vague lyrics.

This is a good example of a teacher using music to be inclusive. A lot of these things are going to be it depends.

KEISHA COURTNEY:
This is going to be the last question that we are going to be able to answer, unfortunately there are so many great questions. A lot of them can be answered if you take the full 20 hour course. I'm getting questions about that as well.

It is online, self-paced, you can do it by yourself. There is also a type of course for a studio that wants to rebuild their entire studio culture from the ground up, they can work with The Driven Yogi team. We will help them do that.

All that information can be found on the website. This is the last question from Patrice, how do you acknowledge that you see someone is traumatized without making them feel self-conscious?

EMMA STERN:
That is a good question. No right or wrong answer, do you need to acknowledge, I think that will define whether you work to acknowledge it or not.

For me, I think what I would do is just keep reminding students that this is their space, their time, their body, they get to make their choices.

That is something that I would do either way. We will talk more about those things next Monday. I wish it was tomorrow, you are lovely to work with. I will see you Monday. Maybe that is a good segue Keisha if you want to add anything else.

KEISHA COURTNEY:
I just want to add, let me get to the slide... The final session in the series will be next week, same time and place. Ammo will be going over best practices. She will talk about harm reduction, consent in

 

touch, which is huge when you're talking about trauma-informed yoga. Also handling triggering classroom dynamics.

I see there is a question about how to handle a narrow divergent student. Come to the section next week, and hopefully we can answer that question then.

After Emma's session next week, we are continuing on the diversity equity and inclusion and bringing it into studio settings. Our new Teacher Trainer (Unknown name) will be coming for a three-part series with Yoga Alliance where we are talking about creating safe, inclusive yoga spaces across race, gender, and ability.

Thank you so so much for coming to the sessions. We hope to see you next week. If you have any questions, Emma's information and my information, social media handles can be found at the bottom of the screen. If you have direct questions about the training, you can email me at: hello@thedrivenyogi.com.

Thank you for your presence, and we will see you next week.