

TEACHING to SPECIFIC POPULATIONS

Bringing Yoga to the Veterans Administration Health Care System Wisdom From the Journey

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This article describes the author's experience of developing a yoga program in a Veterans Administration (VA) health care system and of the needs and benefits of providing yoga to veterans. It also discusses the growing openness to complementary and integrative medicine in the VA system and how yoga fits within it. The unique aspects of teaching yoga and delivering yoga therapy to this population are explored, as are the training methods that the author has found useful. Since there is more trauma in this population than in the general public, the author gives sources for training and literature to build knowledge about working with trauma and the military. Also noted are the challenges of and opportunities for working in the VA system. The author explains the process of gaining access to the system and on promulgating yoga services within the system.

Keywords: Yoga, meditation, veterans, iRest, Phoenix Rising Yoga Therapy, complimentary and alternative therapy, integrative medicine

Veterans (nonactive military personnel) are one of the country's most underserved populations with regard to mental health services (Clay, 2010). In 2011, there were 21.5 million veterans in the United States (U.S. Dept. of Commerce, 2012). Homeless veterans, approximately 62,000, account for about 13% of the homeless adults in the United States (U.S. Dept. of Housing and Urban Development, 2012) and another 1.4 million veterans are considered at risk for homelessness (National Coalition for Homeless Veterans, 2013). Seventeen percent of Marines and soldiers returning from Iraq have post-traumatic stress disorder (PTSD; Hoge et al., 2004). Patients with PTSD have a higher prevalence of chronic pain, substance abuse, and general medical issues (Morasco et al., 2013). Homecoming veterans who have served in Iraq and Afghanistan are only part of the cause of the growing pressure on the VA to care for veterans. Other factors adding to the growing need for care are aging Vietnam veterans with chronic health conditions, rising unemployment rates for veterans, and expanding benefits and outreach

programs on behalf of the VA to encourage veterans to utilize their benefits and seek care (Dao, 2009).

These men and women put the quality of their lives in jeopardy for our country. They deserve to receive the best health care: that which moves them from simply dealing with and trying to ward off disease to living well with whatever issues they have. Yoga contributes to the best health care by helping veterans practice self-care and integrate the mind, body, and spirit, allowing healing of the whole person. Yoga has been shown to treat a constellation of symptoms at the same time, for example, chronic pain, PTSD, depression, anxiety, stress (Libby, Reddy, Pilver, & Desai, 2012; Smith, Hancock, Blake-Mortimer, & Eckert, 2007; Tekur, Singphow, Nagendra, & Raghuram, 2008). Because it is practiced in a group setting, many underserved veterans can be reached at once. Yoga is something veterans can continue to do inexpensively and simply on their own.

Veterans Health Administration

The Veterans Health Administration (VHA) serves 8.8 million veterans each year through more than 1,700 sites. Its medical centers, clinics, and veteran centers compose the largest health care system in America (U.S. Dept. of Veterans Affairs, 2013). While providing care to veterans, the VHA also provides opportunities for 100,000 people a year to receive required practicum training (surgical students, dental assistants, psychology interns, etc.). It provides patients and facilities for cutting-edge research in a wide spectrum of medicine (Joehl, 2013). For example, the 237-bed hospital in Long Beach, California where I serve has a significant outpatient program that provides mental health services, patient education, acupuncture, medical, dentistry, and a multitude of other services.

Author

My father was in the navy for 20 years, retiring as a senior chief petty officer. This gave me some experience with the stress carried by veterans and their families. In late 2010, I was looking for a venue to practice yoga therapy. I wanted a place where there was great need and a situation I would feel good about serving. When a billboard with a service member in uniform saluting a flag brought me to tears, it also brought me

to the realization of my calling. Since January of 2011, I have been volunteering as a yoga teacher/therapist at a VA health care system up to 20 hours a week, and have evolved into a paid professional. Over this three-year period I observed veterans' continual search to find peace in their bodies, minds, and hearts. I have witnessed them enjoy less pain, benefit from the ability to breathe more easily and sleep more peacefully at night, and discover new ways to look at their challenges and life. They tell me routinely how beneficial yoga is to them:

"The yoga classes have lowered my back pain, my stress level, and are helping with my PTSD."

"The techniques have helped me daily to improve those interrupted sleeping episodes."

"After yoga I was able to do a full Ten-HUT! which I haven't been able to do in years."

Veterans write letters to the administration with similar feedback. When I started working at the VA, I was looking for a place to practice my profession. Now, I come to serve.

Integrative Medicine

Integrative medicine can be defined as an approach to the practice of medicine that makes use of the best available evidence, taking into account the whole person (body, mind, and spirit), as well as lifestyle factors. It emphasizes the therapeutic relationship and makes use of both conventional and complementary/alternative approaches (Kligler et al., 2004). Integrative therapies are most commonly utilized in the VA to help veterans manage stress, promote general wellness, and treat anxiety, PTSD, depression, back pain, headache, arthritis, fibromyalgia, and substance abuse (U.S. Dept. of Veterans Affairs, 2011a), as well as allergies, fatigue, and gastrointestinal problems (Baldwin, Long, Kroesen, Brooks, & Bell, 2002).

In 2011, about 9 out of 10 VA facilities directly provided complementary and alternative medicine (CAM) therapies or referred patients to outside licensed practitioners (U.S. Dept. of Veterans Affairs, 2011b). As Table 1 shows, out of the 10 CAM therapies reviewed, meditation was the most commonly provided or referred CAM therapy and hatha yoga was ninth. In

Table 1.
Types of CAM Therapy in the VA System in 2011

Type of Therapy	Number of VA Sites Providing Therapy
Meditation	101
Stress Management/Relaxation Therapy	93
Guided Imagery	82
Progressive Muscle Relaxation	75
Biofeedback	70
Animal-Assisted Therapy	62
Music Therapy	60
Acupuncture	58
Yoga	44
Hypnosis/Hypnotherapy	41

another survey of 125 PTSD VA programs, 96% used some form of CAM modality. Mindfulness meditation was most prevalent with 77% of programs using it, yoga was sixth on the list with a 29% usage rate, and 26% of programs used meditation in general (Libby et al., 2012).

Clearly, there is interest in and use of CAM throughout the VA (U.S. Dept. of Veterans Affairs, Veterans Health Administration, 2009). A survey of veterans being treated for chronic pain and cancer found that if CAM were offered in the VA, three-fourths of the veterans would use it (McEachrane-Gross, Liebschutz, & Berlowitz, 2006). A study of 401 veterans suggested that CAM modalities may have broad appeal among veterans living with chronic pain. In this study, 99% of the participants were willing to try CAM (Denneson, Corson, & Dobscha, 2011).

One of the 2013–2018 VHA strategic goals is to train 1,100 clinicians by the end of 2014 in a new core course called “Whole Health: Change the Conversation—Advancing Skills in the Delivery of Personalized, Proactive, and Patient-Driven Care.” One of the purposes is to bring integrative medicine to the VA by educating current staff about how to integrate CAM into their practices to address the needs of the whole person (Gaudet, 2013). The environment is changing in a manner that provides more opportunities to bring yoga to veterans.

Considering Working in the Military

Following are some questions to ponder if you are considering working in a military setting.

Which Population do You Want to Serve?

There are three primary populations of military personnel and each has different needs and challenges: (a) active military who are still working in the military and who may return to combat; (b) veterans who are actively working in the community; and (c) veterans who are mostly supported by disability payments or are retired. There are opportunities to provide yoga to all three populations. This article describes serving veterans at VA facilities in an outpatient capacity.

Do You Enjoy Being a Pioneer?

You will likely be a pioneer working with medical professionals within the system. The traditionally trained physician may be skeptical of CAM and integrative medicine (Hsiao et al., 2006), although there appears to be increasing openness within the medical community. In many cases you will need to develop your own program, get it off the ground, and deliver it.

Do You Want to Serve Primarily Healthy People or Those With More Health Challenges?

I teach chair yoga and slow, repeated poses done with a lot of coaching about awareness. Serving working veterans in a medical center is somewhat akin to working with middle-aged Americans who are juggling work and home and dealing with life’s stresses, except that they are more likely to have PTSD, traumatic brain injury (TBI), military sexual trauma (MST), or severe injuries related to accidents or combat. Your skills as a teacher are likely to be challenged because your students may have walkers or be in wheelchairs, have difficulty following your basic instructions due to TBI or hearing losses, or be relatively healthy, and they may all attend the same class.

Would You Like to Increase Your Medical Knowledge?

In a hospital setting it is important to invest time learning about the particular medical challenges with which your students are diagnosed. The medical professionals want to know they can trust you with their patients and their issues. Having a fair amount of medical knowledge will allow you to better connect with the professionals and be more effective with the veterans. There is a wide variety of medical subpopulations

that you can learn about and serve (e.g., spinal cord injury patients, people with a variety of mental/emotional challenges, cancer patients and survivors). It is helpful to have basic knowledge about the subpopulations' challenges and how you will work with them before you approach the VA, and then to show eagerness to learn more through on-the-job experience.

Do You Want to Work With Men or Women?

Only 10% of veterans are women (U.S. Dept. of Veterans Affairs, Women Veterans Health Care, 2013). This number is projected to be 14% by 2027 (U.S. Dept. of Veterans Affairs, Office of the Actuary, 2011). I have found it difficult to sustain women's classes, even with a women's clinic from which to draw participants. I believe this is due to a number of reasons: (a) there are fewer women veterans; (b) up to 33% of women veterans live with MST, and some women are uncomfortable in a male-dominated environment, fearful they might see their perpetrator (Blumenthal, 2008); and (c) women tend to have roles as primary caregivers to both younger and older generations and find it hard to prioritize care for themselves.

Although I have taught yoga classes primarily to male veterans, I have not had any problems. My conduct is professional and I have found that they respect that.

Are You Sufficiently Motivated to Work Within a Bureaucracy That May be Slow to Change?

Being understanding, patient, and respectful is important, as is being tenacious and having a good follow-up system.

Would You Enjoy Working in a Highly Patriotic Environment?

In my experience, most veterans are patriotic and would choose again to serve their country in much the same way as before. It is prudent to consider your responses to war and patriotism at the outset and to habituate yourself to the realities of war as best you can. Watching movies and reading books can help, as can talking to veterans about their lives and service. Try to imagine marching a mile or two in their shoes. If this is challenging for you, it will afford you a great opportunity to practice acceptance and to focus on our common humanity rather than to impose your own views.

How Important is Ambience in Yoga Settings to You?

You will probably be teaching in conference rooms, mental health group rooms, or therapy offices. Most likely you'll need to move chairs and tables to make space; it often takes me almost as long to prepare the room and put it back together as it does to teach the class. However, veterans are often very pleased to help with this task. You might be interrupted frequently by people passing through the yoga space or coming into the room to ask questions. There may be a lot of surrounding noise. At least initially, you will probably need to supply your own props. There might be somewhere for you to store them, or you might need to bring them with you each time. In other words, teaching yoga at a VA is usually very little like teaching yoga in a well-equipped, designated space such as a yoga studio, and you will need to be prepared, creative, and flexible in your approach.

Preparing to Work in the VA

In my view, the single most important preparation for teaching veterans is learning how to serve people living with the effects of trauma. This influences all parts of the teaching experience, including how you prepare the room, how you approach the participants, which activities you select, and how you phrase your words and teach. It is beyond the scope of this article to provide comprehensive advice on teaching appropriately for this population. I highly recommend taking one of the available trainings on this topic. Free training regarding PTSD is available online through the VA (U.S. Dept. of Veterans Affairs, National Center for PTSD, 2013), and the Warriors at Ease program offers online training for teaching yoga in military settings (Warriors at Ease, 2013). I highly recommend the book *Overcoming Trauma through Yoga: Reclaiming Your Body* (Emerson & Hopper, 2011), which I have read many times.

It is helpful to have both asana-based yoga training that has a strong emphasis on safe alignment and training that includes management of mental and emotional states. I have a significant amount of training as a yoga teacher and as a student with Iyengar yoga teachers. When working with physical issues, I constantly refer to the alignment details and the teaching approach I learned with them. In addition, I completed yoga therapy and yoga teacher training with Phoenix Rising Yoga Therapy (PRYT), which em-

phasizes the emotion/mind *koshas* (the five energetic layers, or sheaths, of the body). I draw from PRYT to encourage the students' self-inquiry, and my training in PRYT provides me with the ability to hold a safe and nurturing space for the students to delve into potentially raw, scary places. It is imperative that you have appropriate training for such situations and that you have a trained mental health professional (MHP) available in case a veteran has a strong upsetting response. Teachers should always know what number to call if any threatening or unmanageable situation arises.

In addition, my training in iRest, a method of yoga nidra (Miller, 2005), has deepened my understanding and practice of nondual awareness. This training supports my ability to see individuals as essentially whole, reminding me not to focus solely on what is damaged. Richard Miller, PhD, has adapted yoga nidra into a reproducible 10-step protocol that has been used in practice and research with military populations (Integrative Restoration Institute, 2013).

Regardless of what level of training you possess, be aware that a large part of your job is to provide a safe container for your students to practice their own yoga. When teaching, I move my insecurities out of the way and focus on providing what, to the best of my ability, will be beneficial to the veterans.

My Journey in the VA

In the fall of 2010, I took the Warriors at Ease training. I became excited about the prospect of serving veterans and I had greater confidence in approaching the VA.

In January 2011, wearing business attire and with professional-looking folders in hand, I made cold calls to the departments of interest at the VA. I left brochures, and I picked up business cards. I wrote e-mails to each person and called them the next day, noting why I wanted to assist veterans with yoga and meditation.

I received a call back from the Women's Mental Health Center (WMHC) within two days. It had an immediate need to replace a movement instructor. After an interview, the director invited me to volunteer for a 12-week period, and by February I was teaching yoga.

After that, my focus was all about providing yoga that the veterans and staff would appreciate. Today, I

am an employee, a contractor, and a volunteer, all in different departments.

Getting in the Door

Preparation and presentation are key to getting your program started at the VA. Dress professionally; do not wear yoga clothes or casual attire such as jeans. Bring a well-written brochure and perhaps a published article on how others have taught in military settings. Be clear and articulate about how yoga might help the population you want to teach and what your yoga program entails. A select few research studies showing how yoga can benefit veterans can be helpful, although you should keep them brief. Be confident and humble. Be respectful of people's time; the VA staff is busy. Be clear about your credentials and any experience you have working with your chosen population or a similar population. If you do not have specific experience, explain clearly what qualifies you to teach this group. Be especially prepared to discuss why working with veterans is important to you. Ask what you can do to assist with the process of getting the class started and be willing to do whatever is necessary, including follow-up communication with key personnel.

It can be very effective to provide demonstration classes to staff. This can help to remove some potential misconceptions about how you will present your yoga classes and will give staff a taste of some of yoga's benefits. This can help provide the staff the confidence to refer their patients to your classes. You may want to offer to attend staff meetings or hold special lunch-hour programs to provide more opportunities to educate staff about your program. I had much success with this strategy; a substantial portion of students are referred to me by primary care doctors. Offer classes for the specialists whose patients you most want to serve (e.g., cardiologists, oncologists). In addition, you may want to offer to be a guest presenter at ongoing patient groups. This gives the staff a break and allows veterans to experience yoga.

Building Your Program

Once you are in the door, the next step is to provide your services in such a way that veterans enjoy your classes and keep coming back. Often, the most

important outcome is for the veterans to find a sense of calm and relaxation. Encourage them to spread the word. Sometimes veterans are reluctant to tell others about the class because they are concerned that the classes will get too crowded, and then they will not be able to come. You might explain that if the program is not well received and not in demand, it will be cut. If appropriate, you can allay concerns by offering to teach an extra class if overcrowding becomes a problem. I also encourage my students to tell their medical providers how they are benefitting from yoga.

Consistency is key. It is important to be there to teach class, on time, when you say you will. This builds trust with both the staff and the veterans. Being prepared for your classes is essential and will earn you credibility. I remember the saying, “No one cares what you know until they know that you care.” I have found this to be very pertinent when offering classes at the VA.

Consider providing feedback forms at the end of each class series (see Appendix). This will help you to evaluate how successfully the program met the needs of your chosen population and will provide information about how to modify and improve your classes. Keep good records of the feedback you receive, inputting the data into a Word document or a spreadsheet. These data can support the VA's decision to offer you the opportunity to teach another class. It can be easily sent through e-mail, and your document may make it to other departments, opening up additional doors. Other suggestions that may help you to build your program:

- Thank the physicians who refer patients, and provide a complementary class for their team.
- Encourage physicians to promote your services to their colleagues.
- Place flyers for your classes in primary care waiting rooms, in the health education department, and in specific specialty areas such as the nutrition, diabetes, and cardiac departments, depending on your interests.
- Network with other professionals who are actively promoting wellness and other CAM modalities (e.g., nutritionists, acupuncturists, health psychologists).

Volunteering Versus Paid Work

The VA in which I work is looking to the currently employed MHPs to provide meditation, mantra repetition, and various forms of relaxation. This was also noted as a current trend in a recent survey of CAM in the VA (Libby et al., 2012). Using currently employed professionals provides the professionals with a break from individual sessions and potentially keeps costs down, because no further personnel payment is required. The VA is structured such that, for the most part, a person is required to have a license to work with patients. Since yoga professionals are certified but not licensed, there is a barrier. If you are a licensed independent professional (physical therapist, nursing assistant, counselor, social worker, etc.), it will open up many doors to paid positions in the VA that you and a mentor can creatively shape to fit what you want to accomplish. Becoming licensed in another complementary approach to health care is very beneficial. However, if you are not licensed in any such fields but you can show that you can function like a licensed professional, running movement and insight groups (not emotional and mental processing groups), then they can pay you to manage yoga and meditation groups. Staff may want time to get comfortable with you and how you are with the patients (probably by observing you for some time). VA staff members know what a nurse or social worker is trained in and have confidence in that. Without recognized licensing standards, it is hard for those hiring to know what extent of training and experience a yoga teacher has and what they are hiring yoga teachers to do.

Find a way to help staff at the VA to understand that well-trained yoga teachers provide much more than a stretch class. Yoga teachers can provide opportunities for veterans to learn to accept what is, including self-acceptance, and also to be open to making other choices; to learn a variety of breathing methods that may help with anxiety, pain, low energy, and so on; and to develop a broader perspective within which to understand their challenges. Without overstating the case, you can explain that yoga can help veterans to transform their lives, not just their medical problems. I believe, as well, that those hiring want to see these qualities in you, not just to hear about them. They want to be confident in you before they take a

risk and bring in an unlicensed professional.

With the current push in the VA to manage pain with fewer pharmaceuticals, there might be an urgency to get a program established, which may provide an opportunity for you. My initial compensation, as a contractor, was under an existing grant for holistic therapy that was changed to accommodate me. There was a need that I happened to be there to fill. After two years of volunteering, a psychologist hired me as an employee in the primary care department to teach pain management. It is key to remember that things happen in their own time and that you are not in charge of outcomes, only of performing your *dharma* (work). Since the primary care department where I work has had success with the yoga classes, it is bringing in tai chi and healing touch. CAM is unfolding, slowly, at its appropriate pace.

Teaching Yoga

In my experience, most veterans come to class because either (a) their doctor recommended it to them for stress reduction or for chronic pain or (b) they self-refer because they are at a point where they will try anything that might help them. Most come in skeptical about whether yoga can help them.

I teach several different kinds of classes, and in all of them, students are repeatedly encouraged to practice *ahimsa* (non-harming) toward themselves by not pushing past pain. Veterans have been trained, more so than the general public, to “suck it up” and approach life from a “no pain, no gain” perspective. It sometimes takes a lot of reminding and encouraging for veterans to stay on the safe side of a pain threshold. They learn to slowly approach the threshold of discomfort and pain and to observe it with curiosity, without crossing that threshold. I teach most classes in a PRYT-inspired way, meaning that they begin with a centering practice to create self-awareness, they are thematic, throughout class students are asked rhetorical questions to invite self-inquiry, and students are encouraged to explore how the postures affect them rather than trying to fit themselves into an “ideal” shape. In most classes there is a focus on calming the stress response (bringing veterans’ awareness to their present safety; slow, deep, focused breathing; and restorative poses) and on opening the heart (chest-opening pos-

es, breathing through the heart, mantras, and remembering times of expansiveness).

All classes are trauma sensitive, meaning, broadly, that students are repeatedly reminded that they have choices and that they are in charge of what they do in the class. I rarely and only upon invitation give physical assists or touch the veterans. Poses are chosen partially based on how vulnerable the pose might feel (especially sexually) to the student. Students are given the opportunity to explore the room before class begins and are informed that the door is locked (if that is possible and appropriate) and that I am looking out for them. I make it easy for the veterans to know where I am in the room at all times, in an effort to create a safe place for them to practice letting down their guard and fully relaxing.

In the iRest classes, I review a component of the 10-step protocol and ask the participants what they are grappling with or enjoying that week (examples may include guilt, feeling undeserving, frustrated, grateful, or wanting to simply relax), and then I weave it into the practice. Sometimes I invite them to explore on their own what is coming up internally in the moment. Depending on who is in the class, I will be careful not to refer to material that might trigger sexual or war-scenario trauma.

In the primary care department, I teach a six-week class series on yoga for pain management based on Kelly McGonigal’s book *Yoga for Pain Relief* (2009). This class includes a centering practice to increase self-awareness. I teach a breath practice and ask the students to notice how they feel before and after the practice, then I lead them through slow, repetitive movements or ask them to hold postures with a curious eye. Lower back and abdominal strength and flexibility are often a focus. I offer insight practices to encourage students to inquire into their relationship with their body, into pain as a teacher or as a friend, what secondary gain they receive from their pain, how could they show their body more compassion, and so on. I ask students to repeat whatever has worked best for them and suggest restorative poses they can practice outside of class—for example, during a pain flair-up. My students have said that they most appreciate the breath work. Many patients take the six-week series multiple times and then move to the more ad-

vanced class. I also teach yoga as part of a 12-week holistic MST program for women. The yoga class themes align with the theme of the program for that week, and I emphasize skills that relate to the issues taught in the program (anger management, relationships, sleep hygiene, etc.).

Regarding the individual yoga therapy sessions, it is important that the staff members have personally experienced, either themselves or observed with a patient, what the sessions are like to remove the mystique and fear and to better understand how yoga services can help. The sessions might involve iRest, PRYT, traditional yoga postures, breath work, and/or guided imagery. Communicating frequently with the MHP between sessions helps ensure the best outcome for the individual.

Additional Suggestions

Take Care of Yourself

Working in a VA environment can be overwhelming when you are witness to the challenges faced by veterans in their daily lives. It is essential to maintain a steady personal yoga practice to avoid taking on the suffering of others and to allow you to serve sustainably. Keep in mind that you are not there to fix anyone; you are there to teach yoga. It is helpful to have support from your community, friends, family, or counselor so that you do not become isolated. In addition, maintain appropriate boundaries between you and your students. Avoid becoming involved in their private lives or giving advice. This is both an ethical imperative as well as a way to prevent burnout.


Alternative Venues to Serve Veterans

As of January 2014, under the Affordable Care Act, veterans will be able to opt out of the VA for their care and utilize commercial medical insurance programs (Kaiser, Blue Shield, etc.). I anticipate that there will be jobs in local medical centers to create veteran programs. Of course, veterans can be served in many other venues such as yoga centers and community classes. Many are served in city, county, and state programs, in shelters, and in prisons.

Give It a Try

There is a saying about VA healthcare systems: "If you know one VA, you know one VA." Each VA is run independently, and what works at one may not be im-

mediately acceptable at another. This country's veterans showed courage during their service. I like to think that I am courageous and tenacious on their behalf.

I started out very scattered, wanting to help but not knowing how. I investigated a variety of options, frequently became discouraged, remembered my motivation, and tried again. My confidence as a person, a teacher, and a yogi has grown through the process. I find it extremely rewarding to serve the veterans, and I am honored that I am on their journey with them. 

References

- Baldwin, C. M., Long, K., Kroesen, K., Brooks, A. J., & Bell, I. R. (2002). A profile of military veterans in the southwestern United States who use complementary and alternative medicine: Implications for integrated care. *JAMA Internal Medicine*, 162(15), 1697–1704.
- Blumenthal, L. (2008, May 18). VA struggles to gear up to care for female veterans. *McClatchy Newspapers*. Retrieved from <http://www.mcclatchydc.com/2008/05/18/37409/va-struggles-to-gear-up-to-care.html>
- Clay, R. A. (2010). Serving the underserved: More psychologists are needed to help address the growing problems of veterans, their families, and the unemployed Americans. *American Psychological Association*, 41(11), 70. Retrieved from <http://www.apa.org/monitor/2010/12/underserved.aspx>
- Dao, J. (2009, July 12). Veterans Affairs faces surge of disability claims. *New York Times*. Retrieved from http://www.nytimes.com/2009/07/13/us/13backlog.html?ref=post-traumaticstressdisorder&_r=0
- Denneson, L. M., Corson, K., & Dobscha, S. K. (2011). Complementary and alternative medicine use among veterans with chronic non-cancer pain. *Journal of Rehabilitation Research & Development*, 48(9), 1119–1128.
- Emerson, D., & Hopper, E. (2011). *Overcoming trauma through yoga: Reclaiming your body*. Berkeley, CA: North Atlantic Books.
- Gaudet, T. (2013, September). *Integrative medicine and CAM and integrative health in the VA*. PowerPoint slides presented during the Integrative Medicine Community of Practice conference call.
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13–22. doi: 10.1056/NEJMoa040603
- Hsiao, A., Ryan, G. W., Hays, R. D., Coulter, I. D., Andersen, R. M., & Wenger, N. S. (2006). Variations in provider conceptions of integrative medicine. *Social Science Medicine*, 62, 2973–2987. doi: 10.1016/j.socscimed.2005.11.056

- Integrative Restoration Institute (2013, November 24). Military (active duty and veterans). Retrieved from <http://www.irest.us/projects/veterans>
- Joehl, R. J. (2013). The VA: A precious resource. *Journal of the American College of Surgeons*, 217(1), 1–6.
- Kligler, B., Maizes, V., Schachter, S., Park, C., Gaudet, T., Benn, R., . . . Remen, R. N. (2004). Core competencies in integrative medicine for medical school curricula: A proposal. *Journal of the Association of American Medical Colleges*, 79(6), 521–531.
- Libby, D. J., Pilver, C. E., & Desai, R. A. (2012). Complementary and alternative medicine in VA specialized PTSD treatment programs. *Psychiatric Services*, 63(11), 1134–1136.
- Libby, D. J., Reddy, F., Pilver, C. E., & Desai, R. A. (2012). The use of yoga in specialized VA PTSD treatment programs. *International Journal of Yoga Therapy*, 22, 79–88.
- McEachrane-Gross, F. P., Liebschutz, J. M., & Berlowitz, D. (2006). Use of selected complementary and alternative medicine (CAM) treatments in veterans with cancer or chronic pain: A cross-sectional survey. *BMC Complementary & Alternative Medicine*, 6(34) doi:10.1186/1472-6882-6-34
- McGonigal, K. (2009). *Yoga for pain relief: Simple practices to calm your mind and heal your chronic pain*. Oakland, CA: New Harbinger Publications.
- Miller, R. (2005). *Yoga nidra: The meditative heart of yoga*. Boulder, CO: Sounds True.
- Morasco, B. J., Lovejoy, T. I., Lu, M., Turk, D. C., Lewis, L., & Dobscha, S. K. (2013). The relationship between PTSD and chronic pain: Mediating role of coping strategies and depression. *Pain*, 154(4), 609–616. <http://dx.doi.org/10.1016/j.pain.2013.01.001>
- National Coalition for Homeless Veterans (2013, October 25). Background and statistics. Retrieved from http://nchv.org/index.php/news/media/background_and_statistics
- Phoenix Rising Yoga Therapy (2013, November 24). Programs. Retrieved from <http://pryt.com/programs/>
- Smith, C., Hancock, H., Blake-Mortimer, J., & Eckert, K. (2007). A randomised comparative trial of yoga and relaxation to reduce stress and anxiety. *Complementary therapies in medicine*, 15(2), 77–83.
- Tekur, P., Singphow, C., Nagendra, H. R., & Raghuram, N. (2008). Effect of short-term intensive yoga program on pain, functional disability and spinal flexibility in chronic low back pain: A randomized control study. *The Journal of Alternative and Complementary Medicine*, 14(6), 637–644.
- U.S. Dept. of Commerce, United States Census Bureau (2012). Veterans Day, 2012: Nov. 11. Retrieved from http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff21.html
- U.S. Dept. of Housing and Urban Development, Office of Community Planning and Development. (2012). 2012 annual homeless assessment report. Retrieved from https://onecpd.info/resources/documents/2012AHAR_PITestimates.pdf
- U.S. Dept. of Veterans Affairs (2011a, May/June). Complementary and alternative medicine in VA. *VA Research Currents*. Retrieved from <http://www.research.va.gov/currents/may-june11>
- U.S. Dept. of Veterans Affairs (2011b, May/June). Meeting seeks to expand VA's study of complementary, alternative therapies for PTSD. *VA Research Currents*. Retrieved from <http://www.research.va.gov/currents/may-june11/may-june11-01.cfm>
- U.S. Dept. of Veterans Affairs (2013, November 23). *Providing health care for veterans*. Retrieved from <http://www.va.gov/health/>
- U.S. Dept. of Veterans Affairs, National Center for PTSD (2013, November 24). *What is PTSD?* Retrieved from <http://www.ptsd.va.gov/professional/ptsd101/course-modules/what-is-ptsd.asp>
- U.S. Dept. of Veterans Affairs, Office of the Actuary, National Center for Veterans Analysis and Statistics (2011). *Veteran population projections: FY2010 to FY2040*. Retrieved from http://www.va.gov/vetdata/docs/QuickFacts/Population_quickfacts.pdf
- U.S. Dept. of Veterans Affairs, Office of Inspector General (2012). *Homeless incidence and risk factors for becoming homeless in veterans*. Retrieved from <http://www.va.gov/oig/pubs/VAOIG-11-03428-173.pdf>
- U.S. Dept. of Veterans Affairs, Veterans Health Administration (2009). *VHA directive 2009-059: Chiropractic care*. Retrieved from http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2117
- U.S. Dept. of Veterans Affairs, Women Veterans Health Care (2013). *Changing face of women veterans*. Retrieved from <http://www.womenshealth.va.gov/WOMEN-SHEALTH/facts.asp>
- Warriors at Ease (2013, November 24). Teaching yoga and meditation in military communities. Retrieved from <http://warriorsatease.com/teacher-training/>

Appendix

Class Evaluation Questions

1. What did you like best about the class? Please give some examples about how it impacted your life.
2. Was the class worth the time and effort you put into it?
3. What do you think would be helpful to emphasize?
4. What do you think we should de-emphasize or remove?
5. What was the most frustrating part of the class?
6. What was the most difficult part of the class?
7. How are you more able to cope with stress and pain?
8. What are the three most important things you learned from the class?
9. How often do you practice between classes?
10. How do you use the handouts?
11. What would make the handouts more helpful?
12. Please rate (using the noted scale) how the following areas of your life were impacted by this treatment:
Not at all, a little, quite a bit, a lot.
 - Quality of sleep:
 - Quantity of sleep:
 - Pain level:
 - Pain frequency:
 - Reduction of tension:
 - Ease of breathing:
 - Sense of well-being:
 - Ability to relax:
 - Ability to feel a sense of joy:
 - Ability to manage the stresses of life:
 - Ability to be calmer while experiencing intrusive thoughts, emotions, memories:
 - Ability to live an intentional life:
 - Ability to recognize or reinforce your purpose in life and/or heartfelt desire:
 - Ability to make changes in your life based on your awareness:
13. If you gained a lot out of this program, what is it about you or your circumstances that you believe helped you to benefit from this program?
14. If you didn't gain much from the program, what do you think prevented you from receiving more value?
15. How do you plan to continue doing iRest or yoga after the class is over?
16. Do you have any other feedback?