



***Benefits and Challenges of Integrating Yoga in
Substance Addiction Treatment Programs in
India: Results from a Mixed-Methods Study with
Exploratory Sequential Design***

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Substance Use Disorders: Impact

(Blanco, et al., 2015; Orford, et al., 2013; Perumbilly et al., 2018; Rowe, 2012)

Substance use disorders (SUDs):

- ***Debilitate*** individual's personal wellbeing (PW);
- ***Devastate*** marital/couple relationships and families;
- ***Increase*** family distress;
- ***Create*** economic burden for family system; and,
- ***Undermine*** the relational fabric within communities and society.

Integrating Yoga in Treating SUDs: Benefits

(Fishbein, et al., 2015; Gangadhar & Porandla, 2015; Jahanpour, Jahanpour & Azodi, 2015; Kuppili, et al., 2018; Lutz, Gipson & Robinson, 2019).

Research studies report *consistent integration of yoga practice in substance addiction treatment programs improves treatment outcome:*

- *Reduces patients' anxiety, depression, stress, and impulsivity;*
- *Improves patients' cognitive functioning, sleep, and stress management;*
- *Strengthens patients' motivation to participate in treatment;*
- *Incorporates the whole person (body, mind and spirit) in treatment.*

Research Problem

- No existing studies report *when, how frequently, and what type of yoga* must be integrated to improve treatment outcomes.
- Also, most of the published research *does not list the challenges stemming from the integration of yoga* in SUD treatment.
- Other research problems reported in the literature are:
 - Small *sample size*;
 - Problems with the *research designs*; and,
 - *Inadequate information on the training and experience of yoga teachers.*

Research Design: Mixed Methods With Exploratory Sequential Structure (ESS)

What is MMR with ESS? (TWO Phases of Study)

- Phase ONE: A *qualitative exploratory phase* with *interviews* (n=27) focusing on clinicians
- Phase TWO: *MMR based survey instrument from themes* (n=131 completed surveys)

Why MMR with ESS?

- Combines QUAN and QUAL methods; offsets limitations of QUAN and QUAL; provides stronger inferences.

Research Participants?

- Clinicians working in India's government-approved and funded SUD treatment programs;
- At least five (5) years of experience treating SUDs in multidisciplinary treatment teams.

Benefits of Integrating Yoga in Treatment: Results

When patients practiced yoga for 45 to 50 minutes (daily, during residential programs):

1. Increased *concentration, and attentiveness*;
2. Improved *emotional regulation and patience*;
3. Enhanced *relief from distress*;
4. Enhanced *tranquility of mind (less agitation)*;
5. Improved *capacity for interior reflection and mindful living*;
6. Improved *motivation to complete the treatment*;
7. Improved *interpersonal relationships within treatment community*;
8. Significant relief from *the symptoms of depression*;
9. Improved *sleep patterns (i.e, more hours of sleep)*;
10. Improved *body posture-correction* resulting in *easier breathing* and *more energy*.

Overall improvement in patients' personal wellbeing (PW).

Challenges of Integrating Yoga in Treatment: Results

- Yoga's *rootedness in Hinduism created some discomfort* for some patients from other religious faith traditions;
- *Difficulty with some body postures* was found to be challenging.

Future Directions & Conclusion

Future studies may focus on:

- *Including inputs from patients' experiences with yoga while in treatment;*
- Impact of *specific yoga used* and the *consistency of yoga practice* on *treatment outcomes;*
- *Longitudinal studies;* and,
- *Larger sample size.*

Conclusion

- Findings confirm results from existing research;
- Integrating yoga in SUD treatment *improves the quality of patient participation and treatment outcomes.*