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Incorporating the ancient wisdom of Bhrigu yoga into occupational therapy education: the global-holistic occupational therapy course

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BOSTON UNIVERSITY
SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

Doctoral Project

**INCORPORATING THE ANCIENT WISDOM OF BHRIGU YOGA
INTO OCCUPATIONAL THERAPY EDUCATION:
THE GLOBAL-HOLISTIC OCCUPATIONAL THERAPY COURSE**

by

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DEDICATION

I would like to dedicate this work with great love and appreciation to my late grandfather who taught me about yoga and who left us a year ago with a legacy in sports and art

ACKNOWLEDGMENTS

I would like to thank my beloved father and mother, my husband, and my family and friends in Israel, the U.S.A., and India. Sincere thanks to Dr. Jacobs, Dr. Niemeyer and Dr. Bhadury, who were and still are with and for me along this special path. To my colleagues, teachers and friends at the ISOT, Ono Academic college, Tel Aviv University and the Bhriyu Yoga BCP Trust, thank you.

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ABSTRACT

A central concern being addressed in this project is the acknowledged gap between reductionist Western and holistic Eastern approaches to healthcare and the growing global movement aimed at narrowing this gap. In contrast to biomedicine, where the body is understood in terms of the operation of its constituent parts, Eastern medicine is based on recognition of the interconnection of bodily systems and the environment. The Global Holistic Occupational Therapy (GH-OT) course is an intensive program designed for occupational therapy practitioners in India that are interested in expanding their current biomedical based clinical methods by incorporating Eastern medical philosophies and practices. It is comprised of three instructional modules delivered over six days. The teachings of yoga and Ayurveda brought forth by the Bhrigu Yoga BCP Trust, which offers a non-religious method for enhancing human potential, provide the basis for instruction designed to prepare participants to make appropriate use of the ancient wisdom and to integrate an expanded Eastern holistic and inner vision perspective with the customary logical and analytical mindset of clinical reasoning in a way that upholds the theoretical foundations of OT practice. The educational activities include

experiential practice of yoga exercises, examination of the current healthcare system and exploration of emerging world trends for promoting health and wellness. The GH-OT course is the beginning of an effort to achieve a transformation in OT education that will be applicable in the future to other regions such as Israel and the United States.

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LIST OF ABBREVIATIONS

AHS	Analysis – Holism Scale
AIOTA	All India Occupational Therapy Association
AOTA	American Occupational Therapy Association
AYUSH.....	Ayurveda, Yoga, Unani, Sidha & Homeopathy (
BAMS	Bachelor Ayurvedic Medicine and Surgery
BCP	Brahama Chinta Pranali
BOT	Bachelor of Occupational Therapy
BYHQ.....	Bhriyu Yoga Healthcare Questionnaire
CAM	Complementary and Alternative Medicine
FB	Facebook
GH-OT	Global Holistic Occupational Therapy
ICF	International Classification of Functioning, Disability and Health
ISF	Israeli Science Foundation
ISOT	Israeli Society of Occupational Therapy
NCCIH.....	National Center for Complementary and Integrative Health
NIH	National Institutes of Health
OT.....	Occupational Therapy
OTR	Occupational Therapy Registered
QOL.....	Quality Of Life
T&CM.....	Traditional & Complementary Medicine
TAU	Tel Aviv University

VE..... Vital Energy
WFOT World Federation of Occupational Therapists
WHO..... World Health Organization

CHAPTER ONE: INTRODUCTION AND CONTEXT

The outcome the author pursued in her doctoral project was the development of a 6-day intensive course consisting of three instructional modules for practicing occupational therapists (OTs) in India that are interested in incorporating the Eastern medical philosophies and practices of Ayurveda and yoga into their professional lives. This course, entitled Global Holistic OT (GH-OT), was designed to expand the prevalent biomedical based approach to practice in this region. In India, OT instruction is based on Western medicine, but culturally OTs are rooted in Eastern medical traditions. Many would like to merge East and West in their practice but lack philosophical and conceptual tools. The aim of this doctoral project is to prepare current and future Indian occupational therapy practitioners to make appropriate use of the ancient wisdom in general, and of Bhrigu Yoga specifically, to integrate an expanded Eastern holistic and inner vision perspective with the customary logical and analytical mindset of clinical reasoning in a way that upholds the holistic and theoretical foundation of OT practice.

The GH-OT course is the beginning of an effort to achieve a transformation in OT education that will be applicable in the future to other regions such as Israel and the United States. The author's long-term interest is to collaborate with Indian OTs and yoga educators, as well as national and international organizations, to further develop the proposed program and become part of a global effort to take occupational therapy to its next step by aligning with the current paradigm shift in medicine and the changing global view of the human-environment interaction.

After participating in this educational program, GH-OT participants will have

gained the added value of being able to employ a broader understanding of the reality of what constitutes the whole person in their professional as well as personal lives. The course is designed to provide a solid foundation that will enable clinicians and researchers in a variety of environments and cultures to achieve enhanced awareness of the human being “as a unified whole, including many contexts and systems within which a person exists and interacts” (Cole, 2014, p. 169). This awareness is essential as we enter an era of increased participation of occupational therapy in the global community and seek to “positively influence health, welfare, education and vocation at an international level” (World Federation of Occupational Therapists, 2016, Para. 3).

The problem addressed by this project is inherent in the gap between analytical reductionist healthcare philosophies as contrasted with holistic healthcare philosophies. The former have been considered characteristic of Western medicine and the latter of Eastern medicine. Western medicine is in many ways an outgrowth of Cartesian dualism and positivism that originated in France in the sixteenth to nineteenth centuries (Mehta, 2011). According to René Descartes’ philosophy of dualism, mind and body are disparate substances, as the mind is thinking but non-physical while the body is material but non-thinking. Descartes additionally envisioned the human body as a kind of machine. Dualism became the basis of the biomedical model, wherein biological organisms are understood by “examining their constituent parts (reductionism) using the principles of anatomy, physiology, biochemistry and physics” (Mehta, 2011, p. 2). Dualism also laid the groundwork for positivism, which holds that scientific knowledge is derived from objective empirical observation and measurement that is interpreted by

means of reason, logic and mathematical analysis (Mehta, 2011). Auguste Comte, the key proponent of positivism, advanced scientific thought in the nineteenth century. Over time the basic positivist tenets evolved into the scientific method and ultimately evidence based practice in the social and health sciences (Thyer, 2008).

Eastern holistic philosophies differ strikingly in their recognition of a complex body-wide continuum that might be called the “living matrix” (Mayor & Micozzi, 2011, p. xiii). They have given rise to approaches to healthcare that have been classified as traditional medicine because they are based on the ancient knowledge, skills and practices indigenous to many cultures (World Health Organization, 2000; Bodeker & Kronenberg, 2002). Central to traditional medicine are modalities and personal disciplines that accomplish healing and maintain health by optimizing the flow of vital energy, bioenergy, or *qi*; these include acupuncture, shiatsu, qigong, reiki, Therapeutic Touch, tai chi and yoga (World Health Organization, 2000; Mayor & Micozzi, 2011; National Center for Complementary and Integrative Health, 2016a).

The limitations of positivistic models of evidence based practice have become a source of concern (Goldenberg, 2006; Kovarsky, 2008; Musalek, 2016). Healthcare providers have been moving toward more integrated and holistic models based on the paradigm that biomedically-oriented interventions lack many of the tools to effectively treat individuals with chronic mental or physical impairments (Wade & Halligan, 2004; Brown, 2006; Wade, 2006; Nuño, Coleman, Bengoa & Sauto, 2012). According to Dr. Margaret Chan, former Director-General of the World Health Organization (WHO) who was first appointed by the World Health Assembly in 2006, desired outcomes cannot be

achieved when these individuals are regarded as an assembly line of body parts and physiological systems to be managed (Chan, 2008).


Remarkably, there has been a global response aimed at narrowing the acknowledged East-West philosophical and practical gap in medicine. The World Health Organization, having recognized that healthcare is often fragmented and mismatched to the real needs of persons with disabilities, created the innovative ICF model that reflects the inherent connection between body functions and structure, activity, participation and context (World Health Organization, 2002). Moreover, both the WHO and the National Center for Complementary and Integrative Health (NCCIH) affirm that healing practices based on the ancient medical systems, which are characteristically directed at the application of spiritual principles and perceive the person holistically, offer promise as part of integrated models of care (World Health Organization, 2013; National Center for Complementary and Integrative Health, 2016a). The NCCIH is a governmental agency under the National Institutes of Health (NIH) since 1998.

As depicted in Figure 1-1, integrated and holistic healthcare has emerged as complementary and alternative medicine (CAM) in the west, and as traditional and complementary medicine (T&CM) in the east. In both systems, strategic plans for building a body of scientific evidence that supports incorporation of traditional, complementary and alternative medicine in research and clinical practice have been developed by the WHO globally, the NCCIH in the U.S., and the Ministry of AYUSH in India (Cooper, 2004; World Health Organization, 2013; National Center for Complementary and Integrative Health, 2016b; Ministry of AYUSH, 2017). AYUSH

stands for Ayurveda, Yoga, Unani, Sidha and Homeopathy. Note in Figure 1.1 that investigation addressing the value of the principles of yoga, Tai Chi, and vital energy is common to both.

Figure 1.1. Growing global interest in integrated and holistic healthcare practices.

Traditional and Complementary Medicine (T&CM)	Complementary and Alternative Medicine (CAM)
Eastern term for integrated medicine	Western term for integrated medicine
Recognizes ancient culturally-based healthcare traditions	Medicine as science is central
World Health Organization (WHO); Indian Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)	National Center for Complementary and Integrative Health (NCCIH)



Yoga Tai Chi Vital Energy

Occupational therapy is uniquely poised to join in the blending of east and west. There is much to be gained in considering Eastern knowledge of the components that make up a person, which until very recently was available only to those who studied ancient traditional medicine. Iwama (2003) reminds us of the value of incorporating the Eastern world view into occupational therapy practice. It is taken for granted that the profession is grounded in holism, a well-acknowledged core principle that “underscores all conceptual and practice models” (Kramer, Hinojosa & Royeen, 2003, p. 40). Though occupational therapists define themselves, and are defined by others, as a holistic profession (American Occupational Therapy Association, 2016), the reality is that most

who practice in an inpatient or outpatient setting encounter a system that is primarily biomedical and that emphasizes a reductionist and analytical scientific viewpoint. Herein is the dilemma.

Though the pilot phase will be initiated in India, the writer has outlined an educational program that can be adapted to prepare occupational therapy practitioners to take a leading role in effectively combining selected components of indigenous or traditional medical systems with the biomedical and technological framework of the healthcare industry in their respective global regions. Content can be adjusted according to participants' cultural and occupational therapy backgrounds, theoretical and practical understanding, and needs.

The distinct value of this program is the incorporation of aspects of Eastern philosophy as well as integration of ancient health, medicinal and psychological knowledge and understanding of the body-mind-environment connection. Participants are led from an examination of their current healthcare systems to an exploration of emerging world trends and new directions for promoting health and wellness. Gaps in healthcare provision are identified and possible approaches to filling unmet needs are discussed, including the potential role of ancient knowledge. An understanding of the close correspondence between ancient medical systems and the "principles and components of contemporary occupational therapy and occupational science" (Kramer, Hinojosa & Royeen, 2003, p. 40) is built from both modern and ancient viewpoints, including the key role of holism and of doing, being and becoming (Wilcock, 2006). The interweaving of Eastern and Western knowledge enables participants to learn different perspectives and

encourages them to compare and contrast.

As an ongoing thread in the curriculum, participants are led step by step into a deeper understanding of the philosophy and practice of Bhṛigu Yoga (Bhṛigu Yoga Brahma Chinta Pranali Trust, 2012b). This venerable Eastern tradition has been passed down from generation to generation, partly by means of oral instruction and partly via written texts. The concept of yoga lineage going back to the ancient teachings is well-documented in the autobiography written by Paramahansa Yogananda (1946), a Yogi recognized for bringing Eastern yoga concepts and practice to the United States in the 1920s. Dr. Jayant Kumar Bhadury, a current teacher of this ancient knowledge, shares what is probably the most famous yoga lineage, as both of Yogananda's parents and Dr. Bhadury's grandfather were disciples of the same great master, Lahiri Mahasaya or Lahiri Ji Mahashay, who lived from 1828 to 1895. Dr. Bhadury resides in India, is a scholar of yoga, Ayurveda and tantra, holds a Bachelor of Ayurvedic Medicine and Surgery (BAMS), a degree reflecting studies that integrate modern medicine and traditional Ayurveda, and is a Doctor of Ayurveda.

Considered to be the world's oldest healthcare system, Ayurveda is described as the person-centered "science or knowledge of life" where the "primary focus is on the quality and span of life" (Morandi & Narayanan Nambi, 2013, p. 59). It is a system of health management wherein health is described as an "outcome of an evolutionary and adaptive process of interaction between the individual and the environment" (p. 61). Ayurveda was recorded in Sanskrit more than 5,000 years ago, as four sacred texts called the Vedas (Center for Health and Healing, 2000). It should be noted that yoga and

Ayurveda are interrelated in that they originated from the greater system of Vedic knowledge as complementary practices. In this context, tantra is an ancient Indian tradition of practice whose aim is to channel the divine energy of the universe into the human microcosm in ways that are creative and liberating (White, 2000).

Dr. Bhadury's work is integral to the author's doctoral project. Dr. Bhadury has been a mentor of the author for many years and during development of this project. He and the author worked together on adapting the technical aspects of yoga and Ayurveda in the course content. He will also serve during the course as a consultant. He has many yoga disciples worldwide, is current vice president of the Yoga Federation of India, and is the author of *Sermon About Yoga* (2001), an important translation and commentary based on the *Gherend Samgita*, which is one of three classic texts on Hatha Yoga written in Sanskrit. In addition, Dr. Bhadury is the vice chairman of the Bhrigu Yoga Brahma Chinta Pranali Trust (2012a). The aim of the Trust is to "facilitate, develop and broadcast the Bhrigu Yoga knowledge" (Para 2), as well as disseminate the ancient knowledge and wisdom in a way that it can be implemented by modern-day individuals in their daily lives as well as by conventional educational and health promotion settings worldwide.

Chapter 2 will explore the evidence, terminology and concepts integral to the doctoral project.

CHAPTER TWO. THEORETICAL AND EVIDENCE BASE TO SUPPORT THE PROPOSED PROJECT

Section 1. Overview of the Problem

Occupational therapy practitioners must be prepared to become a part of emerging medical systems that seek to combine both Eastern and Western evaluation and treatment approaches. The ancient healing methods of the East are, for the most part, based on holistic systems of knowledge that are not recognized in biomedical Western medicine. However, healthcare providers in certain regions have begun to develop systems that incorporate both ancient and modern practices to treat certain chronic conditions. These approaches have been termed Traditional and Complementary Medicine (T&CM) (World Health Organization, 2013), and Complementary and Alternative Medicine (CAM) (National Center for Complementary and Integrative Health, 2016a). Other terms for complementary medicine are integrative medicine and blended medicine (AOTA, 2005). It should be noted that some sources equate the term traditional medicine with Western medicine. In this discussion, traditional medicine refers to the ancient medical systems.

There are a number of indicators of the growing interest in CAM and T&CM. The World Health Organization affirmed that the current global epidemic of chronic conditions requires a more holistic point of view and improved integration of care for both assessment and treatment (Nuño, Coleman, Bengoa & Sauto, 2012). Limitations of the biopsychosocial model of medical care, which was proposed by George Engel in the 1970s as a more integrative alternative to the dualistic and reductionist biomedical model, have been recognized (Borrell-Carrió, Suchman & Epstein, 2004). The authors criticized

this perspective as being insufficient for a true understanding of the complexity of factors that contribute to health and healing. There is growing evidence that, when recipients of care based on Western medicine feel that something is missing in their treatment, they are turning to T&CM or CAM in an attempt to fill the gap, for example “to relieve symptoms associated with chronic, even terminal, illnesses or the side effects of conventional treatments” (Barnes, Bloom & Nahin, 2008, p. 1). The authors cited the National Health Statistic Reports for 2007, which showed that 4 out of 10 adults had used some form of CAM therapy in the previous 12 months in the United States. Selecting appropriate complementary medicine modalities and achieving effective regulation and integration are ongoing issues for both clients and healthcare providers, however (Cooper, 2004).

In fact, some occupational therapy practitioners have incorporated CAM-based interventions (Knupp, Esmail & Warren, 2009; Stoller, Greuel, Cimini, Fowler & Koomar, 2012; Vadnais, 2016). Of 1123 practicing Canadian occupational therapists that responded to a survey, 31.2% used at least one form of CAM and 5.5% used more than one form (Knupp, Esmail & Warren, 2009). According to Weinblatt (2007), Tel Aviv University offers a *Complementary Medicine & OT* course. E. Chao has stated that the Beijing University curriculum for a Bachelor degree in OT also includes a traditional Chinese medicine course with clinical experience (personal communication, April, 2015).

Healing practices based on the ancient Eastern medical systems form the basis of traditional, complementary and alternative approaches to medicine. They are characteristically directed at the application of spiritual principles, acknowledge the body-mind connection, perceive the person as an integrated whole, and recognize the

importance of context, including family and culture (Ni, 1995; Weinblatt, 2004; Gyatso and Hakim, 2009; Yogananda, 2011; Biblical Archeological Society, 2014). This is not unlike the occupational therapy philosophy and practice framework. It thus behooves occupational therapy practitioners and educators to become part of this Eastern-Western synthesis. Awareness of trends can form the basis to prepare for a contributing role in service provision based on a more inclusive and holistic CAM or T&CM model. If knowledge and engagement in this area of knowledge are not increased, occupational therapists are at risk for having a limited role in integrative healthcare (Bradshaw, 2016). The long-term aim of the author's doctoral project is to prepare current and future occupational therapy practitioners to make appropriate use of the ancient wisdom of Bhriyu Yoga as an aspect of CAM or T&CM that upholds the holistic and theoretical foundation of occupational therapy practice.

Section 2. Scientific Evidence Supporting the Project

Figure 2-1 demonstrates that there is emerging scientific evidence supporting the integration of Eastern and Western medicine. All studies are randomized controlled trials where yoga was integrated into medical management. Arrows identify the presence and direction of significant change in the findings. Note the number of different physical and mental health concerns where yoga has been successful and also the variety of regions. The bottom line is that yoga is being used in medical management of chronic conditions all over the world.

Figure 2-1. Research evidence on the efficacy of yoga in medical management for a variety of chronic conditions.

1st Author - Year	Condition	Region	Findings
Lundgren (2008)	Epilepsy	India	↓ seizures ↑ QOL
Michalsen (2012)	Neck Pain	Germany	↓ pain ↑ function
Smith (2007)	Stress	Australia	↓ stress, anxiety ↑ QOL
Carei (2010)	Eating Dis.	USA	↓ adolescent food preoccupation
Rao (2009)	Br. Cancer	India	↓ anxiety, chemo symptoms
Tekur (2012)	LBP	India	↓ pain, anxiety ↑ spinal mobility
Van der Kolk (2014)	PTSD	USA	↓ PTSD symptoms
Yurtkuran (2007)	Dialysis	Turkey	↓ pain, fatigue ↑ sleep

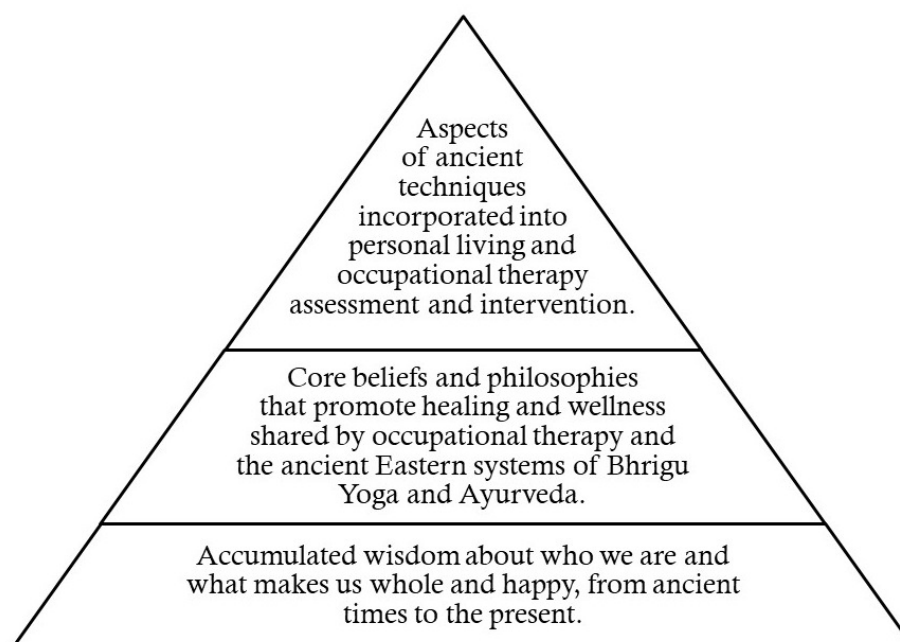
The principles of adult learning theory or andragogy, first developed by Knowles (1980), form the basis for teaching in the GH-OT course. Knowles oriented his theory to accommodate the unique learning needs of adults participating in educational or training programs. According to this theory, adults require a level of active engagement in the learning process and look for explanations of how concepts can be practically applied. They respond best to learning that is structured around their level of prior experience and task orientation. Moreover, teaching that allows for a self-directed approach that provides opportunity for discovery is most effective. Since the establishment of adult learning theory, there has been remarkable development both in application and evidence (Merriam, 2001).

Section 3. Conceptual and Theoretical Frameworks

Venthan J. Mailoo (2005) wrote an intriguing opinion piece in which he pointed out the commonalities between yoga and occupational therapy. Mailoo posited that yoga might be considered an ancient form of occupational therapy as both “address

occupational risk factors while relating occupation directly to health and wellbeing” (p. 574). In this section that addresses four theoretical and conceptual bases of the doctoral project consistent with Eastern philosophies, the author will be taking a unique approach by demonstrating that many of the core beliefs of occupational therapy have their counterparts in the recorded wisdom of the ancient Eastern traditions, including Bhrigu Yoga and Ayurveda. Figure 2-2 illustrates that yoga, Ayurveda, and occupational therapy concepts and theories arise from similar foundations.

Figure 2-2. The shared foundation of occupational therapy core beliefs and the ancient Eastern wisdom of Bhrigu Yoga and Ayurveda



Holism. The close correspondence between the holistic foundations of yoga and OT is one of the core principles taught in the GH-OT course. The term holism, derived from the Greek word holos, meaning whole, is a way of distinguishing philosophies that consider integrated systems as contrasted with those that are reductionist. Early in occupational therapy history, the concept came into use in the moral treatment era.

“[T]herapists valued holism, recognizing the connection between mind and body and seeing the person as connected to the environment through participation in occupations” (Kielhofner, 2006, p. 27). Occupational therapy concepts and theories aligned with the holistic viewpoint are the dynamic systems orientation (Cole & Tufano, 2008), client-centered focus (Cole, 2014), Doing, Being, Becoming and Belonging (Wilcock, 2007) and addressing spirituality (Humbert, 2016). Occupational therapy practitioners have been employing a client-centered paradigm since the 1980’s (Sumsion, 1999; Sumsion & Law, 2006). According to Wilcock, the concepts of being and belonging are linked with spirituality, which has gained increased attention over the past 20 years.

Despite its wide acceptance in principle, however, there has been controversy regarding the meaning, implications and feasibility of holism in occupational therapy practice (Finlay, 2001). As we enter an era of increased participation of occupational therapy in the global community, it is imperative that we revisit holism. Humbert (2016) states, “Unlike biomedical frameworks that view people as the sum of their parts, holistic thinking seeks to appreciate that people are embedded within and cannot be separated from...multiple interconnected contexts...As members of a profession based on this belief in holism... practitioners must adopt the difficult practice of conceptualizing people as not only imbedded within a certain context but actually inextricably linked to this context” (p. 176).

This community-based and ecological approach to healthcare management can also be seen in the ancient system of Ayurveda, which is the basis of Indian traditional medicine. Morandi and Narayanan Nambi (2013) describe good health, according to the

Ayurvedic philosophies and principles, as being free of incapacity, having sufficient vitality for successful action, and experiencing a sense of well-being. Moreover, achieving good health requires “forming the right relationships and networks between the individual and the world at large in a dynamic manner” (p. 60). Ayurveda emphasizes a person-centered approach, as each individual is unique in terms of mind, body, social relationships, and spiritual outlook. These holistic Ayurvedic concepts are consistent with the philosophies and principles of occupational therapy.

Ancient scholars of Ayurveda sought understanding of the full play of cause and effect for both wellness and illness. They employed direct perception, generation of inferences, and testing of the effectiveness of practical applications. Their aim in bringing their integrated approach to health through the centuries was to teach individuals to attain and maintain optimal adaptation and a dynamic balance “at the biological and psychological level, as well as at the level of their interaction with environmental demands” (Morandi & Narayanan Nambi, 2013, p. v). As a result, the needs and constitution of the individual and the requirements of the environment are harmonized, which supports health and well-being.

Vital energy. One direct outcome the author seeks in the doctoral project is increased knowledge and awareness of a central principle called *vital energy* (VE) and its conscious use in practice among occupational therapy participants. In the Hindu tradition, the name for vital energy is *prana*. It is known as life force or *chi* or *qi* in the Chinese culture; a Hebrew term that can be used is *ruach*. If one looks at the health care systems of ancient times, one will see that people of diverse nationalities and cultures have

recognized the value of cultivating and directing vital energy as an essential component of their healing practices. Historically, VE based approaches arose from these ancient medical systems, such as those developed in China, India, and Tibet (Mayor & Micozzi, 2011).

Terms for vital energy in Western culture include “vigor, life, spirit, passion, power, and electromagnetism” (Hall, 2006, p. 168). VE can be described as the fundamental, primal energy that sustains life and health. Optimizing VE has long been associated with enhanced health and well-being (Mayor & Micozzi, 2011). A primary aim of the author’s program is to build mastery of techniques for building VE that will reflect positively on quality of life, personal vitality, ability to manage stress, emotional balance and capacity to serve clients.

In the yogic tradition, there is a deep connection between vital energy or prana and speech, which is known as *vachan* or *vak*. One might describe speech as manifested prana, which is the quality of speech regardless of whether it is expressed externally via movement of the breath or as an internal voice during thinking and meditation. (Bhrigu Yoga Brahma Chinta Pranali Trust, 2016; Bhadury & Bhadury, 2017). “Prana is spirit, which is formless, while speech is the basis of form and matter...Name and form arise from speech, while being and consciousness are sustained by prana...They always move together” (Frawley 2010, p. 48). Because speech is an expression of vital energy, it is a creative force; therefore purity of speech and truth in expression are imperative. A primary objective of the GH-OT course is to build mastery of techniques for enhancing vital energy that will reflect positively on quality of life, personal vitality, ability to

manage stress, emotional balance and capacity to serve clients.

Analytic versus holistic thinking. In GH-OT participants will learn the distinction between analytic and holistic thinking and how to utilize both in clinical reasoning. Health providers are trained to use analytic thinking in their clinical decision-making. This cognitive style is consistent with the world views of Cartesian dualism, positivism, and the biomedical model, which are concepts discussed in Chapter 1. Basically, analytic thinkers in healthcare systems employ a methodical step-by-step approach when presented with a client's complex problems by identifying and studying the components that contribute to the observed and measured deficits in the person. Logical reasoning is used to identify patterns, develop a causal model, plan an appropriate intervention, and evaluate the outcome. In occupational therapy practice, biomedical information alone is considered to be insufficient. Therefore, an analytic structured problem-solving process that also incorporates theoretical models, available evidence, and the client's narrative is central to clinical reasoning (Robertson, 2012).

Holistic thinking, which is closely linked to intuition, is a contrasting type of intelligence employed by clinicians. When presented with a client's complex problems, holistic thinkers recognize the interconnectedness of contributing personal, situational and contextual factors and seek to understand the big picture. In occupational therapy practice, this humanistic, holistic, and client-centered ability might be termed *judgement artistry*. "Judgment artistry operates beyond the constraints of the purely logical mind and the usual adult capacity to reason. It extends seamlessly between thought and action, knowing and doing, and being and becoming...It includes difficult moral and ethical

issues; questions of value, belief and assumptions; and the intricacies of health issues as they impact on people's lives" (Robertson, 2012, p. 95). The pressures faced by many occupational therapy practitioners to rely on knowledge arising from the biomedical sciences, not to mention time and financial constraints, can pose barriers to holistic thinking (Finlay, 2001; Robertson, 2012).

The distinction between analytic and holistic thinking reflects the gap between reductionist and intuitive healthcare philosophies. Nisbett and colleagues (Nisbett, Peng, Choi & Norenzayan, 2001) proposed an historical connection between culture and cognitive style. The authors compared social organization and practices and their influence on beliefs about the nature of the world, causality, and knowledge in two disparate ancient civilizations that were the least likely to influence one another over hundreds of years. They selected the Greek and Chinese societies, which over time evolved into what we consider to be representative of Western and Eastern systems of thinking. The Greek culture emphasized the power of the individual and the categories and rules that made it possible to develop models of physical causation, while the Chinese culture imbued a sense of the individual as part of "a closely knit connectivity" (p. 292) where achieving in-group harmony was paramount. The authors found that the Chinese valued relationships and similarities, as contrasted with categories and rules, and stated, "The Chinese did not make formal models of the natural world but rather proceeded by intuition and empiricism" (p. 293). They named the cognitive differences they identified as holistic versus analytic thought. Choi, Koo and Choi (2007) developed the Analysis-Holism Scale (AHS) based on this prior work; the scale was administered as

part of the doctoral project to evaluate the author's proposed change in cognitive thinking style from analytic to holistic as the result of completing the course. The AHS will be described in detail in a later section.

Ayurvedic science. Ayurveda, which is recognized in the West as a holistic system of medicine indigenous to India, can also be seen as a blend of religion, philosophy and science. The term religion is used to represent a set of beliefs and disciplines aimed at expanding perception and embracing the sacredness of life's journey. Ayurvedic philosophy explores the origin of life and emphasizes the connectedness of mind, body and spirit that extends from the individual to all aspects of the universe, both living and nonliving. Now in the twenty-first century, the linkages between the core concepts of Ayurveda and contemporary science are being decoded. For example, triguna has been considered as a basis for personality theory (Ilavarasu, Mohan & Hankey, 2013). Also, the 2017 Nobel prize for physiology in medicine was awarded to three researchers that explored the mechanisms behind circadian rhythms. The findings give researchers of Ayurveda concrete modern frameworks to communicate their knowledge on global platforms (Rastogi, 2010; Rastogi & Kewalramani, 2010; Shilpa & Venkatesha Murthy, 2011a; Shilpa & Venkatesha Murthy, 2011b; Morandi & Narayanan Nambi, 2013).

The great seers of ancient India observed and meditated on the fundamentals of life and organized an elaborate Ayurvedic theory that stemmed from a deep understanding of creation. First and foremost, they recognized the interconnectedness of all that is and devised a set of fundamental truths that form the basis of Ayurvedic

philosophy for healing and psychology, namely:

- *purusha* and *prakriti*: primordial creative principles.
- *tridosha*: the physical constitution or functional balance of the body.
- *triguna*: the mental constitution or basic tendencies of the mind.

Figure 2-3 depicts these core concepts in some detail in flow chart format. Indian OTs will recognize the teaching of Ayurvedic bases of knowledge in the GH-OT course. This content will support merging of Eastern and Western healing science.

As shown in Figure 2-3, two primordial components, the *purusha* and *prakriti*, are primary aspects of the differentiated unmanifested universe or *avyakta* (Center for Health and Healing, 2000; University of Minnesota, 2016). *Purusha*, the universal male principle, is formless pure consciousness, a potential energy that takes no active part in creation. A person's real self is *purusha*, the unchangeable inner witness. The active female principle in creation is *prakriti*, which is associated with form, color, differentiation, desire and choice. In the person, *prakriti* is his or her unique physical and psychological characteristics that are established at conception. The contributions of *prakriti* and *purusha* give rise to all manifestation.

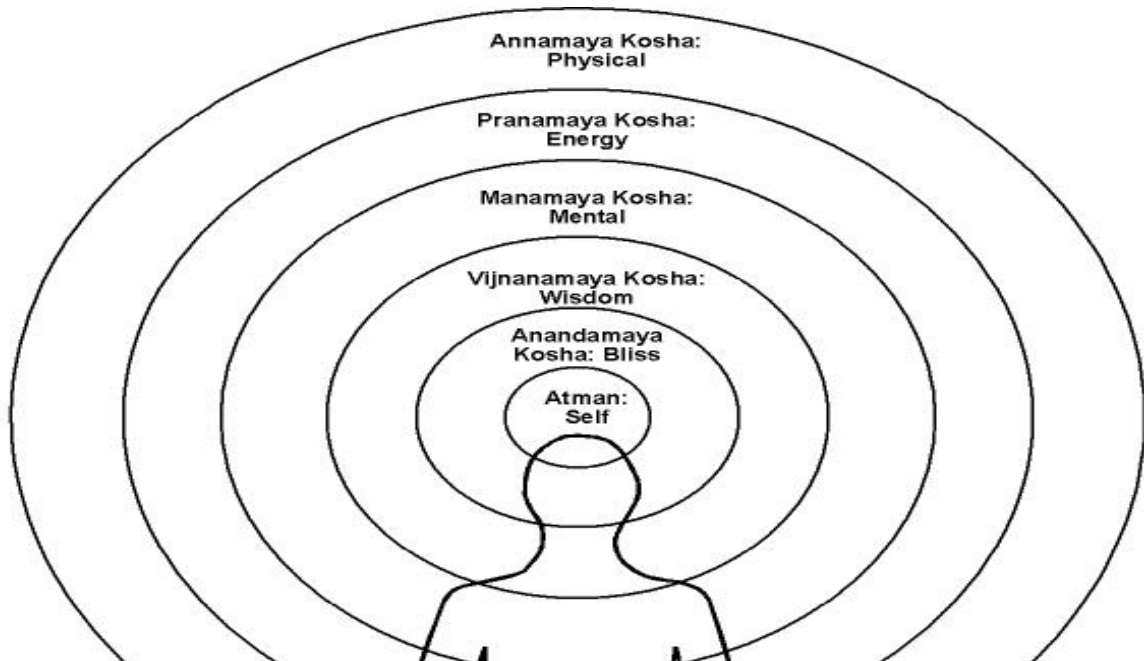
Five elements that characterize the properties of creation are denoted as space or ether, air, fire, water and earth. These elements combine in pairs as the three basic bio-energies or types of life force called the three *doshas* or *tridoshas* (Morandi & Narayanan Nambi, 2013; Ayurvedic Health, 2017). Their designations are *vata*, *pitta* and *kapha*, and their specific properties are described in Figure 2. Also described in Figure 2 are the three *gunas* or *trigunas*, designated as *sattva*, *raja* and *tama*. While the *tridoshas* determine physiological make-up and the functional balance of the body, the *trigunas* are

brief description of each layer is as follows:

- *annamaya kosha*: the physical body.
- *pranamaya kosha*: vital energy and energy channels.
- *manomaya kosha*: the conscious, subconscious and unconscious mind.
- *vijnanamaya kosha*: wisdom, awareness, discernment and inner perception.
- *anandamaya kosha*: bliss.

The teaching of the five *koshas* is an aspect of Ayurveda that is intrinsic to the practice of yoga and is based on the premise that body, mind and spirit are interconnected, interrelated and mutually inter-penetrating. Therefore, a person can actually experience these real parts of his or her being. The path of self-realization via yoga is a process of progressively moving inward toward the pure and eternal center of consciousness.

Figure 2-4. A diagrammatic representation of the five *Koshas*.



Section 4. Other Similar Programs

During her Bachelor of Occupational Therapy studies at ONO Academic College, the author was inspired by the work of Nurit Weinblatt, Ed.D., OTR, who was Chair of the Department of Occupational Therapy, Stanley Steyer School of Health Professions, Tel Aviv University (TAU), Israel (Weinblatt & Avrech-Bar, 2001; Weinblatt & Avrech-Bar, 2003; Weinblatt, 2007). Weinblatt was interested in increasing occupational therapy practitioners' awareness of a paradigm shift taking place in healthcare and wanted to introduce Israeli occupational therapists to contrasting aspects of the two worlds of Eastern and Western therapies. In 2005 and 2006, she designed and taught a course entitled *Complementary Medicine and Occupational Therapy* for students in the occupational therapy master's degree program at TAU. The occupational therapy school collaborated with the Broshim campus, a private school affiliated with the University, and it became an elective course administered by both Broshim and the TAU Occupational Therapy Department. The Broshim campus instructional team provided theoretical and practical teachings to the students that enabled them to experience Chinese medicine methods (personal communication with Mrs. Noga Ziv, March 8, 2016).

After Dr. Weinblatt's passing, the author worked with Noga Ziv, Msc OT, faculty at the Department of Occupational Therapy, TAU, and colleagues affiliated with the Israeli Society of Occupational Therapy (ISOT), to produce a symposium entitled *Consciousness and the Human Spirit in the Healthcare System*, in honor of her memory. It took place in Tel Aviv in March of 2016. Dr. Bhadury was invited to be the keynote

speaker, and the author provided a 25-minute talk built upon Dr. Weinblatt's and Dr. Bhadury's ideas entitled *Conscious Medicine – Introduction for Occupational Therapists*. The symposium was well-received by the more than 100 occupational therapists that were in attendance, according to surveys that were administered. The speakers called upon practitioners to explore beyond the accepted biomedical paradigm and to acknowledge the value that can be gained by the merging of the well-established Eastern and Western healthcare philosophies and practices.

A course in Chinese medicine has been part of the Beijing University curriculum for the Bachelor degree in occupational therapy. E. Chao, MSc OT, explained that the curriculum for a degree in occupational therapy should ideally include a traditional Chinese medicine course with clinical experience (personal communication, April 10, 2015). This is not surprising, as Chinese medicine and OT emphasize identical principles in their practice frameworks, for example a holistic perception of the client, acknowledgement of the body-mind connection, a client centered approach, and accounting for the client's culture and demographic details as well as life circles, such as family and work (Weinblatt, 2007). E. Chao, at this writing, is studying for her Ph.D. at Polytechnic University in Hong Kong and is working at the China Research Rehabilitation Center in Beijing.

The desire of occupational therapists to learn how they might apply Eastern alternative care philosophies and practices was apparent at the *Bhrigu Yoga Healthcare Training Level 1 Workshop*, which took place February 14-20, 2017, in Varanasi, India (Bhadury & Bhadury, 2017; Bhrigu Yoga Healthcare, 2017). The author served as a

teaching assistant at this event. Her role included producing, marketing, Hebrew translation, serving as a human relations resource, and working with Dr. Bhadury to write the syllabus. One attendee started applying the teachings almost immediately with her students at Ono College. A second was a TAU professor that began teaching a post BOT course that included aspects of yoga. Third, a professor from Haifa University, who is head of a master's degree program in OT, explained her plan to develop a course on yoga and OT.

CHAPTER THREE. DESCRIPTION OF THE PROPOSED PROGRAM

This chapter describes the proposed pilot launch by the author of the stand-alone continuing educational course entitled Global Holistic OT (GH-OT). The author plans a 6-day intensive course where participants will reside at the course site. It will be organized into three modules, developed for practicing occupational therapists in India that are interested in incorporating the Eastern medical philosophies of yoga into their professional lives. These three modules are:

- The paradigm shift in healthcare systems. Integrating past, present and future.
- Deepening the historical roots of holism and spirituality in occupational therapists' professional consciousness. Ways of incorporating these conceptual systems.
- Ancient approaches to medicine and healthcare in philosophy and practice.

Training in the concepts, philosophy and practices of Bhriugu Yoga and application of this yoga discipline in occupational therapy and personal living will be incorporated into each day of the course.

Figure 3.1 depicts the logic model for the GH-OT course and the flow of program elements. It will be implemented at a school in Varanasi, India, that is operated by the Bhriugu Yoga Brahma Chinta Pranali (BCP) Trust. One of the objectives of the Trust is to sponsor Bhriugu Yoga training events such as the evidence-based yoga course entitled *Bhriugu Yoga Healthcare Training Level 1 Workshop* (Bhadury & Bhadury, 2017; Bhriugu Yoga Healthcare, 2017). Program clients will immerse themselves in application of program concepts through a variety of course activities. Expected short term outcomes

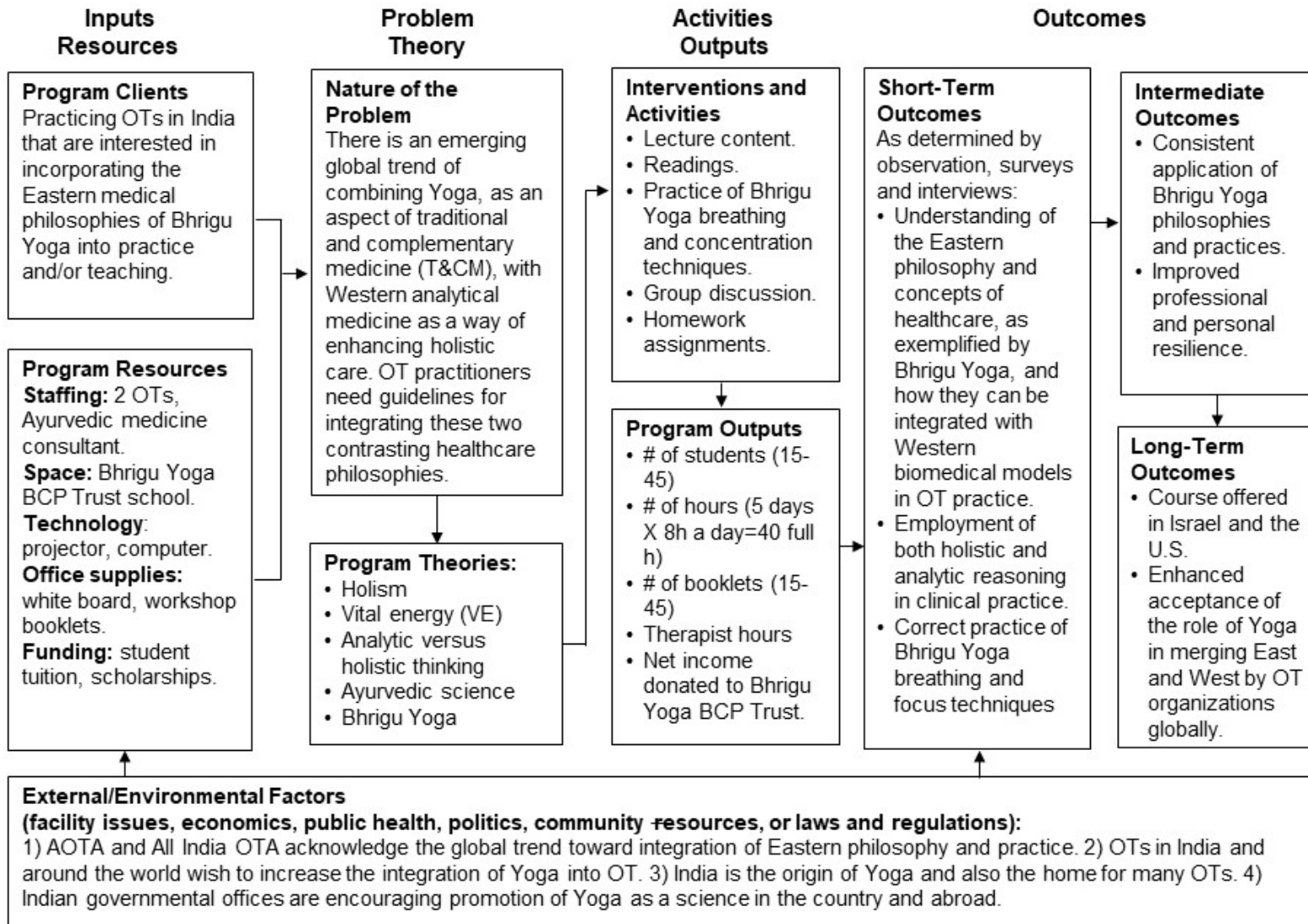
will be evaluated via observation, surveys and interviews.

Participants

The author plans to recruit occupational therapists practicing in India by marketing the proposed program through organizations that might be interested in collaborating, including:

- the All India Occupational Therapists' Association (AIOTA), which functions similarly to the American Occupational Therapy Association (AIOTA, 2016).
- the Government of India Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH). The Ministry of AYUSH was launched in 2014 to upgrade and establish standards for education and research regarding current systems of traditional and complementary medicine (Ministry of AYUSH, 2017).
- higher education institutions in India that offer Bachelor's or Master's level degrees in occupational therapy (Occupational Therapist's Kerala Association, n.d.), for example the All India Institute of Physical Medicine and Rehabilitation (AIIPM&R) in Mumbai, Maharashtra, SRM College of Occupational Therapy at SRM University in Tamil Nadu, and Jaipur Occupational Therapy College & Hospital at Rajasthan University in Jaipur.

Figure 3.1 Logic model for the Global-Holistic Occupational Therapy (GH-OT) program.



- hospital unit and departmental managers of facilities offering occupational therapy programs, including Kirubai Physio & Rehabilitation Center Villivakkam in Chennai, Tamil Nadu (IndiaMART, 2017), the university hospital affiliated with the Institute of Science at Banares Hindu University in Varanasi (Banares Hindu University, 2015), and Teach Me The Way I Learn in Gurgaon, Haryana (IndiaMART (2017)).

The planned number of participants will be between 15 and 45. If more than 30 individuals sign up for the course, an additional assistant will be hired to maintain a ratio of 10 participants per staff member. Applicants will be screened to determine readiness for the course by means of an online questionnaire followed by a telephone interview. During the interview, the screener will look for expressed confidence in the applicant's area of practice as well as eagerness to bring something new to their clinic or working environment. Applicants should indicate their commitment to stay in Varanasi for the duration of the course and to immerse themselves in the learning process, including completion of homework, daily yoga practice, offering relevant examples from practice, and thoughtfully debating and discussing case studies. Applicants should have at least two years of occupational therapy practice experience and an interest in yoga and its application to treatment and research. Participants that fit the screening criteria are anticipated to have the clinical experience and personal goals that will deepen their engagement in learning the material and applying it to their clients.

Staffing

The primary instructor will be the author, who is a registered occupational therapist and a certified yoga teacher in several methods. The author's curriculum vitae is provided in the Appendix section. A qualified occupational therapist currently practicing in India will be hired to assist with screening of applicants as well as marketing, preparation of materials, monitoring of each participant's yoga technique, and teaching. This individual must have clinical and teaching experience and an understanding of and openness to alternative occupational therapy perspectives. As students in the Indian culture may avoid expressing concerns or criticisms out of respect to a primary instructor, the assistant will gather student feedback during and after the course in a manner that is non-threatening and that elicits confidence. He or she will also conduct optional small group yoga practice sessions with participants as needed. An Ayurvedic expert will serve as collaborator in the course and will provide personal consultation services to the educational staff as well as student participants. Student consultations with the Ayurvedic expert will typically be scheduled during lunch breaks.

Setting

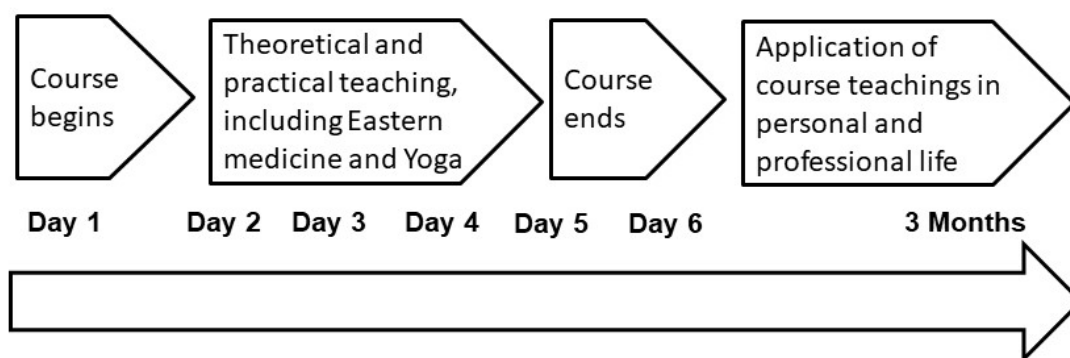
The classroom setting will be a 15-meter by 10-meter (50-feet by 33-feet) space with a wooden floor. It will include cushions for the participants' use, a white board for instructors, computer, projector for PowerPoint presentations, and a projection screen. A tea corner will be placed at the entrance for participants to serve themselves refreshments and as a place for participants to store their shoes. Shoes are not to be worn while in the classroom. Preparation for program activities will include assembling and printing

handouts, preparing for slide presentation, and placing pads and cushions for yoga positioning. The atmosphere will be set up to be both congenial and professional.

Activities

The flow of the course is illustrated in Figure 3-1. Formal education will take place over five and a half days, with a “playful” field trip on the remaining half day. Tuition will cover 6 lunches and refreshments that will demonstrate a proper regular diet according to Ayurvedic teachings. The three modules will be studied in parallel. In other words, for the most part, Modules 1 and 2 will be taught during the mornings each day and Module 3 in the evenings. Teaching techniques will include live lectures, discussions, and readings.

Figure 3-2. GH-OT program flow.



Bhriyu Yoga will be taught progressively each day. For example, starting with day one, students will practice a basic version of the two traditional Indian yoga exercises of *Surya Namaskar*, or sun salutation, and *Anulom Vilom*, or alternate breathing. *Surya Namaskar* consists of a set of twelve yoga postures that involve alternate backward-bending and forward-bending postures synchronized with the breathing process. Some

metabolic and cardiovascular benefits of this exercise have been demonstrated (Sinha, Ray & Sinha, 2011). Anulom Vilom, or alternate nostril breathing, “is one of the main practices of *Pranayama* and an effective method for purifying the mind and body” (Bhadury & Bhadury, 2015, Para. 5). To perform this exercise, the student alternately blocks the right and left nostrils with the thumb or fingers while inhaling, holding the breath, and exhaling, each for a specified number of seconds. Handouts will be distributed to the participants and daily homework will be comprised of yoga exercises and personal reflections on course materials. A sample homework assignment is presented in Table 3.1.

Table 3.1. Homework example.
<ul style="list-style-type: none"> • <i>Surya Namaskar</i> (Sun salutation) – Practice 3 times daily. • <i>Anulom Vilom</i> (alternate breathing) – Perform 5 cycles in the morning. • Contemplate and write about 1 client you worked with recently who might benefit from what you have learned about yoga philosophy and practice. How would you use your yoga knowledge in his case?

Instructional Content.

As the uniting theme, the author will address the emerging global trend of combining yoga, as an aspect of traditional and complementary medicine (T&CM), with Western analytical medicine as a way of enhancing holistic care. As noted in Chapter 2, occupational therapy practitioners need guidelines for integrating these two contrasting healthcare philosophies. Participants will be introduced to new perspectives on holism

and less familiar concepts such as vital energy (VE), analytic versus holistic thinking, Ayurvedic science and the Bhrigu Yoga discipline. A general overview of module instructional content is provided below. Please refer to the Appendix section for the complete GH-OT course syllabus.

The first module, which focuses on the paradigm shift in healthcare systems, will provide the opportunity for participants to gain knowledge about developments in the present-day healthcare system, cultural influences and world trends. During discussion, they will compare world healthcare directions relative to the region in which they practice and will also identify gaps in their current system. The second module, as it addresses the historical roots of holism and spirituality in occupational therapy, will enable participants to engage in valuable learning about the importance of philosophy as the basis of belief systems about health and wellbeing and how the operating philosophy affects the clinical reasoning of occupational therapy practitioners and other healthcare workers. Module three topics on ancient approaches to medicine and healthcare in philosophy and practice will build participants' understanding of the close correspondence between these systems, which date back thousands of years, and occupational therapy theory and practice. Discussion will highlight how the fundamental components of ancient medical systems carry value for clinical reasoning, multidisciplinary communication, and optimally meeting the needs of clients.

Daily Schedule.

The daily schedule is shown in Table 3.2. There are seven instructional contact hours each day. In the morning, participants engage in their Bhrigu Yoga practice and

meditation on their own and record their activity and progress in a diary. Presentation of Module content, class discussion and a question and answer session will take place for three hours morning and evening. Light morning nourishment and lunch are provided. During a 2.5-hour break after lunch, participants can rest or study. Personal consultations with the Ayurveda expert can be scheduled as well as time with the teaching assistant to help with yoga practice. Following an evening group Bhriyu Yoga and meditation session, participants have free time to dine out if they choose.

Table 3.2. Daily schedule.

- 07:30 to 08:30 (7:30 am to 8:30 am) – Self-practice of Bhriyu Yoga and meditation recorded in a diary.
- 08:30 to 09:15 (8:30 am to 9:15) – Break: light nourishment offered in the tea corner.
- 9:15 to 12:15 (9:15 am to 12:15 pm) – Morning session. Module 1 and 2 content, discussion and questions.
- 12:30 – 13:30 (12:30 pm to 1:30 pm) – Lunch (provided).
- 13:30 to 16:00 (1:30 pm to 4:00 pm) – Break.
- 16:00 to 19:00 (4:00 pm to 7:00 pm) – Evening session. Module 3 content, discussion and questions.
- 19:00 to 20:00 (7:00 pm to 8:00 pm) – Group Bhriyu Yoga and meditation practice.
- 20:00 (8:00 pm) – Dinner (on own) and free time.

Teaching Style

As noted in Chapter 2, the teaching style for the GH-OT course will utilize the principles of adult learning theory or andragogy developed by Knowles (1980). Below are listed main characteristics of this approach followed by descriptions of how each will be applied in this course.

- **Self-direction and autonomy.** Students have time in the mornings to self-practice what they have learned in the Bhriugu Yoga and meditation teaching sessions. They may also request an individualized session with the Ayurveda expert.
- **Utilization of knowledge and life experiences.** Students will be asked to contribute their professional and personal life experiences during discussion, for example regarding healthcare in their region and gaps in their current system using case examples from their experience.
- **Goal-orientation.** Students will be guided in setting goals on how they might implement the knowledge they acquire into their clinical settings and personal lives.
- **Relevancy orientation.** Case examples shared by students during discussions, as well as those provided by instructors from her own clinical experiences, will exemplify and demonstrate the use of yoga in relevant areas of occupational therapy practice.
- **Highlighting of practicality.** Students will be asked to keep a daily diary of their yoga practice and their thoughts about how they might apply their new knowledge

in their professional endeavors. Relevant diary content will be brought forward during discussions. This exercise is designed to deepen confidence in the experienced benefits gained via mastery of Yogic practices and to elevate the ability to utilize knowledge and skills gained in practical clinical settings.

- **Encouragement of collaboration.** During discussions, students will actively suggest ideas to each other regarding their case studies. This will allow them to proactively take part in the learning process.

Chapter 4 will describe the plan for program evaluation research. The author will gather data prior to and following completion of the GH-OT educational program. The information that is collected will be used to evaluate the program's design and presentation, as well as outcomes, so that any needed adjustments can be made before it is offered the next time.

CHAPTER FOUR. PROGRAM EVALUATION

Program Title

Global Holistic Occupational Therapy (GH-OT).

Practice Scenario

Vimala is an occupational therapist practicing in India and a yoga instructor. She would like to incorporate yoga into her work with adults who are dealing with neurological dysfunction. Because she works in an outpatient program at a teaching hospital that is mainly based on a Western biomedical model of treatment, Vimala is looking for a way to apply the Eastern principles or techniques of traditional and complementary medicine to her occupational therapy practice. A friend gave her a flyer for the GH-OT course and Vimala became intrigued by the tools she could gain for working with her clients and the facility's multidisciplinary team, and she is drawn towards enrolling in the course. Because she has a practice in India, this course could be vital in expanding and applying her knowledge in yoga science in her practice. Moreover, Vimala can incorporate this knowledge into her own teaching and research.

Vimala knows that she needs to have a wider understanding of the Eastern medicine conceptualization of a client's functional components, particularly according to the sciences of Ayurveda and yoga. She would like to understand where and how these Eastern concepts align with the clinical reasoning that she has been utilizing so far. In fact, she strives to understand the benefits of being an OT with knowledge in yoga and how to practically integrate these two clinical approaches. Specifically, Vimala wants to be equipped with more information on the various neurological disorders, particularly

stroke, multiple sclerosis, fibromyalgia, and peripheral nervous system disease, from the point of view of Bhriyu Yoga, which she knows will be also taught in the course.

Overall Vision

It is the author's vision to undertake a course that fulfils the need in occupational therapists such as Vimala to learn effective powerful tools that they can implement in their daily personal lives and professional practice, as well as research and teaching endeavors. The author has chosen to undertake the launch of this course in a region of India because of her awareness that the healthcare and political climate in India encourage implementation and research in traditional and complementary medicine, including yoga (Ministry of AYUSH, 2017).

Bhriyu Yoga was selected for this course because of its value in addressing the whole human-environmental system and its alignment with Ayurvedic medicine. This is in keeping with the author's vision to provide the OT practitioner with a fuller and more comprehensive understanding of the human-environment connection than can be provided by biomedicine alone. The author's primary aim is to teach occupational therapists to expand their clinical perspective beyond the customary logical and analytical mindset of OT clinical reasoning. The course will be designed to fulfill the need for practical holistic and Eastern traditional tools that can be integrated with a biomedical practice setting.

Evaluability Assessment

Before implementing the program evaluation, the author would like to establish readiness of the course to be evaluated in a reliable and credible fashion. To accomplish

this objective, the author will hold a meeting with the parties that collaborated to launch of the GH-OT program. The aim is to maintain transparency and achieve a unified effort. Attendees as this formal meeting will be the Bhriyu Yoga BCP Trust president and board members, teaching assistant, and other stakeholders, for example collaborating OT institutes and organizations.

In this meeting the author will first lead a review of the course. The agenda will include, 1) examination of the logic model, 2) presentation of supporting literature, 3) discussion regarding any practical considerations at the venue, and 4) overview of the course structure and content. Next, the author will present the logistics of the program evaluation research. She will explain when and how quantitative and qualitative data will be collected via surveys, review of yoga practice diaries, and interviews. Copies of the surveys will be distributed to meeting participants so that they can inspect the Likert style rating questions, short answer questions, the Analysis-Holism Scale (AHS), and the Bhriyu Yoga Healthcare Questionnaire (BYHQ). The author will explain how the data will be stored and analyzed. Feedback and suggestions will be welcomed. Each attendee will be encouraged to provide input until all have reached agreement that the program evaluation objectives are adequately defined and that the results of this research will be verifiable.

Core Purpose

The long term aims of the program evaluation are to monitor and report program performance in a way that will attract interested participants and potential collaborators and that will ensure ongoing improvement of the program so that it meets changing

professional needs. The short-term aims are to gather qualitative formative data and preliminary quantitative outcome data in order to establish the degree to which the program was carried out as intended and to learn what could be improved. To accomplish this, the core purposes of the program evaluation research will be primarily descriptive, with a secondary core purpose to establish a preliminary causative link between program completion and desired changes in knowledge and understanding.

Scope of the Evaluation

The GH-OT course and program evaluation will take place at the Bhriyu Yoga Brahma Chinta Pranali (BCP) Trust school in Varanasi, India. Research participants will be 15 to 45 practicing occupational therapists in India with at least two years of experience. The study will take place over the 6-day GH-OT course and then continue through the follow-up period of 12 weeks. Participants will be excluded from the study if they do not complete the course.

Evaluation Questions

- **Participants.**
 - Will I receive value from the course? Will it meet my expectations?
 - Will the setting, schedule, activities and pace of teaching meet my needs?
 - Will the course add value to my work as an occupational therapist?
 - Will I be able to apply what I learn to my daily personal life and professional practice?

- **Funding providers**
 - Will the program be an efficient means to achieve desired results?

- Will program budget be sufficient?
- Will the program be sustainable?
- **Program sponsors and teachers**
 - Will the breadth, depth, and specificity of program content be sufficient to ensure program success?
 - Will the practical program logistics, such as schedule, meeting nutritional needs, lighting and temperature, be adequate?
 - Will the participants be satisfied?
 - How can the program be further developed to maximize short term outcomes?
- **Department heads and administrators in facilities that provide rehabilitation**
 - How will incorporating yoga into occupational therapy intervention affect the overall care at the rehabilitation facility?
 - Will incorporating yoga into occupational therapy intervention meet existing standards of care?
- **Heads of educational institutions that offer a bachelor or master's degree in OT**
 - Will integration of an alternative paradigm be consistent with, or conflict with, occupational therapy practice as it is conventionally taught?
 - Will participants be prepared to use the knowledge they gained in the course in their respective clinical settings?

- Will participants be prepared to use the knowledge they gained in the course to conduct research?

Type of Research Design

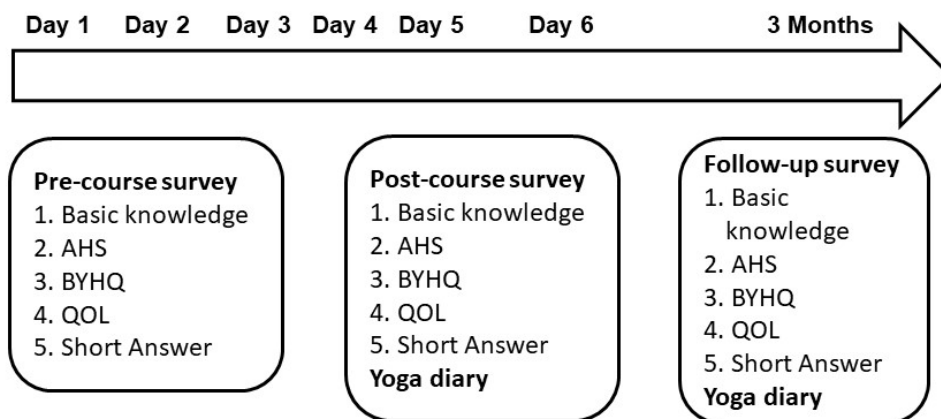
The author plans to gather both quantitative and qualitative data concurrently within a basic pre-post research design in a *mixed methods* study. Mixed methods research was defined by Johnson, Onwuegbuzie and Turner (2007) and Creswell and Plano Clark (2011) as a paradigm that combines elements of qualitative and quantitative methodology. One important benefit of this type of research design is that it promotes better understanding of complex research problems than either approach alone. Corroboration is thus enhanced. Moreover, as occupational therapists focus on everyday life activities, it is only natural to employ this kind of research method because of its intuitive connection to practice. An *embedded design* (Creswell & Plano Clark, 2011) is the best match to the planned program evaluation, as the author's primary aim is to gather qualitative data for a formative program evaluation while embedding a small quantitative study to provide preliminary measurement of outcomes.

Planned Approach to Data Gathering

Short answer questions in a survey will be the means to obtain pre-course, post-course and follow-up qualitative information. Quantitative data will be gathered by including Likert style rating questions in the survey and by administering the *Analysis-Holism Scale* (AHS) (Choi, Koo & Choi, 2007), the *Bhrigu Yoga Health Questionnaire* (BYHQ) (Bhrigu Yoga Healthcare, 2017), and a single-item rating of quality of life (McDowell, 2006). The embedded design will help the author to understand factors that

contributed or did not contribute to the quantitative results. The timeline for data gathering is shown in Figure 4.1 and the surveys are provided in the Appendix.

Figure 4-1. Overview of the combined formative and summative program evaluation design.



The author would like to demonstrate change in the perceptions or thinking patterns of participants that complete the GH-OT program; this will be evident in their recording of daily habit patterns regarding nutrition and yoga practice, ability to use both the analytic and holistic cognitive style in clinical decision making, and perceived quality of life. These changes will facilitate the process of bridging the gap between Western analytic versus Eastern holistic perspectives in their own practice.

Planned Approach to Data Analysis and Reporting

After participants complete the pre-course, post-course and follow-up surveys and have submitted their yoga practice diaries, data analysis will be performed by an independent person who didn't take part in data collection. Qualitative data will be analyzed by first coding the raw information provided by participants and then categorizing the codes into themes. The frequency of occurrence of each theme will be

determined. This information will highlight participant successes and areas of satisfaction as well as points for improvement, as the author seeks to further develop the program. Quantitative data from the surveys and yoga practice diaries will be entered into a Microsoft Excel file. Qlikview, a software for data visualization and guided analytics, will be used to show central tendency, variance, and change from pre-course to post-course to follow-up. This will be carried out with the aim of promoting understanding of the effectiveness of key elements of the program and informing stakeholders regarding participant gains made from the GH-OT educational program.

The educational team will meet twice to review the findings. The first meeting will take place three days after the course ends, where the team will discuss the pre-post surveys and initial feedback. Three days after the follow up survey, the team will meet again to talk about program development. Following the second meeting, a report will be published and distributed to stakeholders; it will include the conclusions and future steps in course development. This will include each persons' area of responsibility, timelines, and initial plan / draft for next course. Future directions for data analysis include logistic regression using the SPSS program. In this process the author will select one dichotomous outcome, such as application of teachings to personal and professional life, and will look for predictors of interest from survey responses and participant characteristics.

Data Management Plan

In order to sufficiently manage the data obtained from this program evaluation, the information will be stored in the Bhriugu Yoga BCP Trust database both in hard copy

and in secure cloud based-storage. Two team members will enter the data, with cross checking of each other's data entry for greater accuracy. A high level of confidentiality will be maintained during the data management process. Surveys will not carry participant's names, but will be identified via a code number. A file that matches participant name to code number will be kept in a separate secured area in digital as well as hard copy formats. A Qlikview database password will be established for protection and user access. This will ensure that the data are only accessible to authorized persons.

CHAPTER FIVE. FUNDING PLAN

The funding plan for the stand-alone intensive GH-OT course is comprised of expenses, resources that might be offered free of charge, and funding sources. The author will first outline available resources that are likely to align with the vision of GH-OT and its execution. Next, the budget will be presented, including the main costs associated with program implementation and dissemination. Finally, potential funding sources will be outlined.

Available Resources

The author has recognized that her existing connections to the local OT community in Israel, as well as to OTs in international and national healthcare communities, can provide a foundation for networking and collaboration. As a member of the Israeli Society of Occupational Therapy (ISOT) from 2015 to the present and a former active committee affiliate, the author can benefit from a number of resources for dissemination and marketing related to the GH-OT program. The author's project is consistent with the vision of the ISOT because of similar objectives for enhancing OT education in the modern healthcare arena.

The All India Occupational Therapy Association (AIOTA) has earned credibility among OTs in India and globally, as it is the largest official OT association in India. The AIOTA has invited Dr. Bhadury to share his teachings at the annual OT conference, which is evidence of the interest of this organization in his expertise. It would likely be possible to disseminate information via their newsletter and social media outlets. In addition, as an Ono Academic College alumnus in Israel, the author has access to faculty

members familiar with her vision and the ideas she is advancing. It would be possible to initiate collaboration for dissemination of program evaluation results through various social media tools.

In India, the Bhrigu Yoga Brahma Chinta Pranali (Bhrigu Yoga BCP) Trust is well-rooted in the Indian community with connections that have been established for many years to governmental officials, schools, and institutes. Bhrigu Yoga students reside in India and around the globe. The Bhrigu Yoga BCP Trust has already invested in previous activities related to the author's doctoral project that are described in Chapter 2, including the 2016 symposium sponsored by Tel Aviv University and the ISOT, a workshop at Reuth Medical and Rehabilitation Center in Israel, and an international course in India. Moreover, Dr. Bhadury has offered his ongoing mentorship to the author. Resources of the Trust could be employed to assist in disseminating program evaluation results in a variety of ways by means of their newsletter as well as connections to local communities and decision-makers in India.

Additional examples of available local resources include:

- **Colleagues.** The author has met or spoken with occupational therapy professionals that share interest in the vision of GH-OT; many were attendees at symposiums and workshops in Israel, India and the U.S aimed at merging the healing philosophies of East and West. A Facebook page for OTs interested in incorporating T&CM into clinical practice has 139 OT subscribers as of this writing. The author has studied and worked with some of these subscribers in Israel, China, Germany, Russia and India. Those in the author's circle of

colleagues that see the value of bridging Eastern and Western approaches in healthcare may be willing to offer partnership as volunteers.

- **Friends and family.** One OT friend of the author is a social media expert, another is a healthcare practitioner who can assist with web design, and a third can edit or refine English and write short statements for Facebook posts. A family member is a marketing expert. These relationships provide partnering opportunities for mutual benefit.
- **Local experts.** Decision makers at the Bhriyu Yoga BCP Trust, the vice president of the Yoga Federation of India, advocates for quality healthcare in India, and a professor at Tel Aviv University who provided input relevant to the doctoral project are available to provide assistance or advice when needed.
- **Local businesses.** Merchants in India may be willing to provide educational supplies at a reduced cost.

Budget

The expenses associated with delivering the six-day GH-OT pilot course are estimated at \$6,920 U.S. dollars; they are itemized in Table 5-1 and include fees for a local co-instructor as well as possible local yoga and Ayurveda consultation services. The cost of marketing and dissemination, which is estimated as \$2,100 U.S. dollars, will be discussed in more detail in Chapter 6.

Table 5-1. Costs for the Global Holistic Occupational Therapy course.		
Cost Center	Funding Needed	Comments
Yoga and Ayurveda local consultant	\$1,220	Remuneration for teaching and consultation, plus accommodations and travel expenses.
Local OT co-instructor	\$950	Remuneration for teaching, plus accommodations and travel expenses.
Teaching and program development	\$2,350	Compensation of the author for time and travel expenses.
Marketing and dissemination	\$2,100	Publication, electronic media, face-to-face presentations.
Media, technical support, and data analysis	\$300	Assistance before, during and after the course in areas of producing teaching materials, data management, and technical support.
Grand Total	\$6,920	

Expenses associated the venue where the pilot launch of GH-OT will take place have not been itemized. The Bhriyu Yoga BCP Trust, as a collaborating agency, has offered use of its school in Varanasi, India, for a donation of 10% of net profits. This is quite reasonable, as the venue will provide a classroom, dining hall, restrooms, notebooks, chairs, yoga and meditation mats, printing equipment, and a computer. The author will also be able to make use of the facility office, which provides administrative support and marketing infrastructure for all courses taught at the school.

Funding Sources

During the pilot phase of GH-OT in India, course expenses can be met by income from tuition paid directly by the students or funded by OT schools and clinics in India as continuing education. If the minimum of 15 students registered for the course and paid \$475 U.S. dollars each, which is equivalent to about ₹30,000 Indian rupees, this would bring in a total of \$7,125 in U.S. dollars. Given the typical fees for workshops of this kind in India, this tuition rate is reasonable. The net income for the scenario described above would be \$205 U.S. dollars, with \$20.50 being donated to the Trust.

Following dissemination of program evaluation findings that demonstrate favorable outcomes, grants become possible funding sources. These might include grants offered by OT organizations such as those listed under available resources. Local community grants and governmental grants from the Ministry of AYUSH are also possibilities. One of the most promising granting sources is the Israeli Science Foundation (ISF), which supports excellence in basic research across diverse fields of knowledge. The ISF promotes research collaboration among Israeli and Indian scientists and is funded by the governments of Israel and India. Each government is responsible for funding the principal researcher of their respective country. Funding can be as high as NIS ₪370,000 in Israeli currency, or \$101,500 in U.S. dollars, per year for three years on the Israeli side and up to ₹18,000,000 rupees, or \$275,450 in U.S. dollars, for three years on the Indian side. These funds can also be used by faculty members to develop and implement similar programs to GH-OT with access to consultation services from the author.

CHAPTER SIX. DISSEMINATION PLAN

Description of the Proposed Program

The doctoral project offers an intensive educational program, entitled Global Holistic Occupational Therapy (GH-OT), that is designed to prepare occupational therapy practitioners in India to take a leading role in effectively combining selected components of indigenous or traditional medical systems with the biomedical and technological framework of their local healthcare system. Future directions for the course are expansion to other global regions, for example Israel and the United States. Though the pilot version is intended to be a six-day course, where participants remain on the site, it could be delivered incrementally as part of a curriculum or as a continuing education series. Educational content, which is presented in three modules, could be taught at beginning, intermediate and advanced levels and adjusted according to participants' cultural and occupational therapy backgrounds, as well as their theoretical and practical understanding and needs. This chapter will elaborate on the educational program in terms of dissemination activities for the six-day course.

Dissemination Goals

The aims of the dissemination process are two-fold. First, the author would like to acquaint occupational therapy practitioners, educators, and yoga and healthcare organizations in India with the course content, delivery and availability. The second objective is to expand awareness in the target audience that tapping into the well-established roots of holism in Indian culture can advance Indian occupational therapy, healthcare, and health related research. The premise is that increased awareness of the

benefits of the GH-OT program will lead to interest in participation, either at the organizational or personal level.

Target Audience

The primary audience consists of practicing occupational therapists and occupational therapy educators in India that are interested in incorporating the Eastern medical philosophies of yoga into professional practice. Organizations that might be interested in collaborating with the project comprise the secondary audience. These include representatives of the World Federation of Occupational Therapy (WFOT), All India Occupational Therapists' Association (AIOTA), Ministry of Health in India, Ministry of AYUSH in India, higher education institutions in India that offer Bachelor's or Master's level degrees in occupational therapy, yoga related institutes in India who are interested in promoting quality knowledge of yoga to OT practitioners, local benefactors, and local hospital unit and departmental managers of facilities offering occupational therapy programs.

Key Messages

The author plans to initially use dissemination of information about the proposed course to recruit program participants from occupational therapists practicing in India. The most effective means will be through professional communication networks as well as organizations that have expressed the desire to collaborate. It is anticipated that the well-established roots of holism in local Indian culture will provide fertile ground for interest in the GH-OT program. Table 6-1 organizes the dissemination message by target audience group.

Table 6-1. Key messages by target audience.	
Target Audience	Core Message(s)
Occupational therapists practicing in India	<ul style="list-style-type: none"> • Expanding your understanding of holism in occupational therapy practice will bring you into alignment with the current paradigm shift affecting medicine and the changing global view of the key role of human-environment interaction. • Your OT practice will benefit from including a diversified basis of knowledge that incorporates the philosophies and practices of Eastern traditional medicine, particularly yoga. • When your OT practice model is responsive to the beliefs and cultural orientations of the clients that you serve, which might include their use of traditional medicine, this supports client-centered practice. • The biomedical model alone as the basis of healthcare creates gaps in service provision, particularly for clients with chronic health conditions. This is a well-accepted fact in scientific circles. Learning about other health models and paradigms will provide you with tools to help close these gaps.
OT educators	<ul style="list-style-type: none"> • Expanding the concept of holism in the role of occupational therapy in the healthcare system will enhance OT students' alignment with the current paradigm shift affecting medicine and the changing global view of the key role of human-environment interaction. • OT students will benefit from a diversified basis of knowledge that incorporates the philosophies and practices of Eastern traditional medicine, including yoga. They will discover the close correspondence of the ancient wisdom to theories of occupational therapy. • When OT students use a practice model that reflects the beliefs and cultural orientations of the clients that are served, which might include their use of traditional medicine, this supports client-centered practice. • The biomedical model alone as the basis of healthcare creates gaps in service provision, particularly for clients with chronic health conditions. This is a well-accepted fact in scientific circles. Learning about other health models and paradigms will provide OT students with tools to help close these gaps.
Ministry of AYUSH, India	<ul style="list-style-type: none"> • Occupational therapists can be considered as agents of change and as allies in the process of aligning the current healthcare system with the growing paradigm shift affecting medicine and the

	<p>changing global view of the key role of human-environment interaction.</p> <ul style="list-style-type: none"> • There is a close correspondence between the ancient wisdom and occupational therapy theory. It is understood that a diversified basis of knowledge that incorporates the philosophies and practices of Eastern traditional medicine, including yoga, is beneficial to this profession.
OT organizations, India	<ul style="list-style-type: none"> • Expanding the understanding of the role of holism in occupational therapy practice will bring this profession into alignment with the current paradigm shift affecting medicine and the changing global view of the key role of human-environment interaction. • OT practice will benefit from including a diversified basis of knowledge that incorporates the philosophies and practices of Eastern traditional medicine, particularly yoga. • When the OT practice model is responsive to the beliefs and cultural orientations of the clients that are served, which might include their use of traditional medicine, this supports client-centered practice. • The biomedical model alone as the basis of healthcare creates gaps in service provision, particularly for clients with chronic health conditions. This is a well-accepted fact in scientific circles. Incorporating other health models and paradigms will provide tools to help close these gaps.
Ministry of Health representatives, India	<ul style="list-style-type: none"> • The biomedical model alone as the basis of healthcare creates gaps in service provision, particularly for clients with chronic health conditions. This is a well-accepted fact in scientific circles. Incorporating other health models and paradigms will provide tools to help close these gaps and will enhance multidisciplinary collaboration.

Once formative and outcomes program evaluation data are collected and analyzed, dissemination of research findings demonstrating the value of GH-OT is the next step. There are a number of avenues for dissemination. Occupational therapy educators acknowledge the WFOT as a credible source for educational standards. In addition, local OT organizations in India, Israel, and the U.S., namely the IAOTA, ISOT and AOTA, are well-respected and have credibility among OT practitioners and other

relevant entities. They focus on developing OT nationally and internationally. These organizations would be ideal messengers for dissemination of the research findings of the author's program to occupational therapy educators, together with the ministry of AYUSH in India. Also, occupational therapy practitioners look to the WFOT and local OT associations in India, Israel, the U.S. and other regions for credible information regarding best practices. Other organizations and governmental offices that are well acknowledged would be reliable sources and messengers accepted by the healthcare community. These include the international OT community, Bhriyu Yoga BCP Trust, representatives of Ministry of AYUSH in India, and the Indian embassy to Israel. Information could be disseminated through the websites of these organizations, social media outreach, conferences, and other online resources.

Dissemination Activities and Budget

Occupational Therapy clinicians and educators, as well as non-governmental and governmental organizations, will become acquainted to the GH-OT course and its features through activities such as those described in Table 6.2. Talks given at conferences, workshops and staff continuing education sessions will be designed to elicit support and promote marketing of the program.

Table 6.2. Dissemination activities and expenses for the first year.			
Activities	OTs and Educators	Service Managers	Expenses
Publication	Newsletters Fact sheet Journal article Brochure, design and print	Newsletters Fact sheet Journal article Brochure, design and print	\$30
Electronic media	Website Podcast Facebook page	Website Podcast YouTube Personal video	\$10
Person-to-person contact	<p>Formal presentations given at professional conferences, such as IAOT in India and ISOT in Israel.</p> <p>Meetings with local Indian decision makers including OTs and yoga and Ayurveda educators who might be interested in supporting the program.</p> <p>Presentations to educators at higher education institutions who might be interested in collaborating.</p> <p>Online attendance of remote meetings and briefings, for example in the U.S.</p> <p>Attendance and possible presentation at the OTICON annual conference, including traveling costs to India.</p>	Talks given at local staff continuing education sessions and other meetings.	\$2060
Total			\$2,100

Dissemination activities are designed so that at the beginning they will mostly consume the authors' time, but not require a monetary investment. Distribution of written information will begin with self-published newsletters via social media groups of OTs in India as well as via email directed to OT educational institutes and clinics. Articles will be written both in English and Hindi and will be translated to Hebrew as well; they will be submitted to the newsletters, practice magazines, and journals of the local OT organizations of India, Israel, and the U.S. Financial resources will be invested in brochures and fact sheets to distribute in India. Electronic media will be utilized by writing in a Facebook page created by the author. Later, the author will invest additional time and effort in a podcast. A website will be launched within the first year. Person to person contact will include meeting OT clinical and educational staff in India. Some meetings will require expenditures for flight tickets, accommodations, food, and additional unexpected costs.

Evaluation

Written information. Dissemination of information by writing a journal article will be successful if it is accepted and published by the India Journal of Occupational Therapy and or the Israeli Journal of Occupational Therapy in the first year. The newsletter will be emailed at first to the 100 participants who attended the 2016 symposium on *Consciousness and Human Spirit in the Medical System* given by the ISOT in Tel Aviv. If half open the newsletter, this will be considered to be a success. Even if recipients don't actively react to the content, they are still exposed to it. If they do not delete it right away, but instead show some interest in opening the newsletter, it

would mean that the newsletter is interesting and written in an attractive way. Readers' comments on Facebook will be considered.

Electronic media. The number of users that enter the website will be analyzed for the time duration they spend on the website. It is expected that in the first week more than 50 entrances will be registered, as the website will be promoted on Facebook and the Newsletter, and more than 45% will spend more than three minutes on the website. We expect 360 participants on the Facebook group "OT, Yoga, and Human Spirit" in the first two weeks, and 25 podcast and video views.

Person-to-person contact. A success will be registered if the author is able to conduct a pilot GH-OT course and focus group by June 2018, arrange a meeting with educators to present the educational program by October 2018, and present at one or more occupational therapy or related conferences by June 2019.

CHAPTER SEVEN. CONCLUSION

This project is an expression of the authors' ongoing vision for global occupational therapy. The gap between Eastern and Western approaches to healing and healthcare was recognized by the author and led to a deep and extensive search for theoretical, conceptual, and practical context, as well as scientific research, that could shed light on the problem and its solution. The result was creation of a comprehensive course that ideally would provide OT participants with tools they could use to bridge the gap, not only in professional practice but in their personal lives as well. Moreover, the course addresses the relevant need for growing globalization of the field of OT.

The six-day Global Holistic Occupational Therapy (GH-OT) course that will be offered at the Bhrigu Yoga BCP Trust school in Varanasi, India, is an important first step in the author's effort to achieve a transformation in OT education that will be embraced in the future in other regions, perhaps beginning with Israel and the United States. Following pilot implementation and program evaluation, analysis of quantitative and qualitative data will provide the means to demonstrate the effectiveness of this educational approach on several levels. If preliminary findings are promising, the author's primary aim will be to collaborate with Indian OTs and yoga educators, as well as national and international organizations, to further develop the proposed program. The movement toward globalization and the evolving understanding of the human-environment interaction call OT clinicians and researchers to continue exploration of ways to integrate Eastern medicine into existing healthcare systems in a way that will enhance outcomes and client satisfaction.

APPENDIX A. MODULE 1 SYLLABUS

Course: Global Holistic Occupational Therapy (GH-OT).

Module 1: The paradigm shift in healthcare systems: Integrating past, present and future.

Module Description.

This first module provides the opportunity for participants to gain knowledge about developments in the present-day healthcare system in their region of India, cultural influences, and world trends. Participants are led from an examination of their regional healthcare systems, as the context for OT practice, to an exploration of emerging world trends and new directions for promoting health and wellness. As the uniting theme, the instructor addresses the value of integrating the philosophy and practice of yoga, as an aspect of traditional and complementary medicine (T&CM), with Western analytical medicine as a way of enhancing holistic care in occupational therapy intervention. Participants learn about basic Bhṛigu Yoga breathing and concentration techniques and theory and begin practice.

During discussions, participants compare world healthcare directions relative to the region in which they practice and identify gaps in their current system. Possible approaches to filling unmet needs are discussed, including the potential role of ancient knowledge. They are empowered to consider alternative approaches to promoting health and wellness and to incorporate this new knowledge into an action plan in their practice settings.

Learning Objectives

At the completion of this module the participant will be able to:

1. Discuss the present-day healthcare system in their respective Indian region, including the influence of cultural and philosophical roots.
2. Describe current world trends in the provision of healthcare and explain how they are similar to, or different from, their region.
4. Identify gaps and unfilled needs in their region.
5. Describe basic Bhrigu Yoga practice techniques and concepts.

Expected Performance Outcomes

By successfully completing this module the participant will be able to:

1. Name three ways that the wisdom of ancient medicine might help fill the gaps in healthcare provision in his or her identified region.
2. Apply ancient medicinal principles to identified gaps and unfilled needs in occupational therapy service provision.
3. Suggest alternate approaches for promoting health and wellness and incorporating this new knowledge into his or her practice setting.
4. Perform basic Bhrigu Yoga breathing and concentration techniques on a daily basis.

Module Content

1. Overview of the present healthcare system in India.

- a. **History of the health system in India** – History, starting from ancient medicinal practices some thousands of years back, through implementation of Western medicine and its influence on OT in India, and efforts to strengthen local

practices.

- b. **Social Policy** – Current reforms made by the Prime Minister (PM) of India, including implementation of International Yoga Day and the Ministry of Ayurved, Yoga, Unani, Siddha & Homeopathy (AYUSH). Overview of the history and current activities of the Ministry of AYUSH. Comparison of the underlying philosophies of OT and AYUSH.
 - c. **Models of medical practice** – Models and philosophies that underlie medical practice in India, beginning with the biomedical approach utilized throughout the world. The definition of health according to the World Health Organization and its relationship to the operational model used by hospitals in India. Comparison with the holistic and social approaches described in Eastern models that form the basis of AYUSH and T&CM.
 - d. **Terminology** – The terminology of Ayurveda and yoga as well as biomedical and T&CM systems of assessment and intervention.
2. **Cultural influences**
- a. **Regional cultures** – The effect of local philosophies of health, illness and healing on ways of thinking and lifestyles.
 - b. **Use of traditional medicine** – Prevalence of the use T&CM assessment and intervention services by local clients. Traditional therapies used by clients that are being governmentally approved and/or funded. Potential for client confusion regarding choice of therapist and course of treatment and the problem of adoption of traditional and other treatment practices that lack evidence.

3. Directions and emerging trends in world healthcare

- a. **Management of persons with chronic conditions** – Statistical data on the incidence of chronic illness and its impact on societal function in the world and India, both economically and socially. Scientifically documented shortcomings of using biomedicine alone with this population. Adoption of the biopsychosocial model in medical management of persons with chronic illnesses in some biomedically oriented healthcare settings in India.
- b. **The value of traditional and complementary medicine** – The WHO nine-year plan on integrating T&CM into healthcare systems around the world, as well as the vision, mission, and activities of AYUSH in India and the National Center for Complementary and Integrative Health (NCCIH) in the US. Occupational therapy collaboration opportunities with WHO in the effort to integrate T&CM into healthcare systems. Research findings supporting the clinical application of traditional medicine, particularly yoga, in the healthcare system. Forms of traditional medicines being used in countries such as China, Israel, US, Ethiopia, and Sweden.
- c. **Use of social media** – How Facebook (FB) and forum groups assist people to make medical decisions and enable participation in global social support systems that reach beyond customary circles of family, friends, and therapists.
- d. **Information available on the Internet** – The inexhaustible flow information on medical conditions, assessment and treatment that is available internationally. How this can be confusing for both therapists and clients and why OTs can play

an important role in guiding clients to better judge the material they come across on the Internet. Basic rules for establishing credibility of information in web-based articles, including appraisal of writers, supporting organizations, location and date of publication, and funding.

- e. **New technologies** – Cutting edge science being applied worldwide that confirms the connection between body, mind, and consciousness, including the nature of life and consciousness according to quantum physics, Random Event Generator (REG) technology, new developments in the psychophysiology of stress, emotions, and the heart-brain connection, and Bhriyu Yoga techniques.
4. **Factors interfering with alignment of Indian biomedicine with emerging world trends.**
- a. **Market influences** – Recognition by the Ministry of AYUSH that the influence of pharmaceutical companies supports the biomedical model and the need to demonstrate that biopsychosocial approaches, including T&CM, can be economically beneficial.
 - b. **Relatively new implementation of Preventive and Social Medicine (PSM)** – National acts pertaining to preventive medicine, grants being given, involvement of governmental offices. Activities of grassroots and other organizations to promote healthy lifestyle.
 - c. **Fighting loopholes in institutes practicing traditional medicine** – Efforts of the Ministry of AYUSH to establish standardization and operation according to existing laws.

- d. **OTs trained in holism practicing within biomedical reductionist settings –**
The health system of India is mainly based on imported western models and not in the culture and tradition of the people. Service is mostly provided in urban hospitals.
5. **Developments supporting more holistic occupational therapy practice in India.**
- a. Focused attention of the Ministry of AYUSH on development of education and research.
 - b. OTs have a 100 years old tradition as a holistic profession. This tradition is supported by the activities of occupation therapy organizations worldwide, including the WFOT, ISOT, AOTA, and AIOTA.
 - c. The World Health Organization supports traditional and complementary medicine (T&CM).
 - d. Collaboration with organizations that support the expansion of holistic client-centered practice can pave the way to recognition of the distinct value of OT for integrating aspects of traditional medicine in a way that improves outcomes and client satisfaction.
 - e. The growing body of research supporting the efficacy and effectiveness of traditional and complementary medicine, particularly yoga, with patients dealing with chronic conditions provides an evidence base that can be used by occupational therapy practitioners to educate therapy staff and medical and rehabilitation center administrators regarding the value of expanding beyond biomedicine.

Discussion Topics

- How might alignment with the Ministry of AYUSH be favorable to support more holistic and client-centered practice of OT?
- In what ways are the biomedical, World Health Organization ICF model, and T&CM models of health promotion consistent with, or not consistent with, occupational therapy practice models in your practice setting?
- Choose a local culturally-based philosophy or belief system regarding health and reflect on how it affects the practice of medicine and healthcare in your practice setting. How does culture influence acceptance of holistic versus biomedical approaches to medical management?
- Evaluate an occupational therapy practice setting with which you are familiar. Is OT practice client-centered? Does it consider the whole person? If not, what are the barriers or internal conflicts in the organization or facility?
- How might you educate other healthcare professionals and supervisory staff in your setting about the value of incorporating the holistic approach to practice into biomedicine? How would you use the literature to support yoga in evidence based practice?
- How might you collaborate with the WFOT, AYUSH, IAOTA or other health promotion organizations to promote a shared vision of holistic healthcare?

Activities

Participants begin by learning the basics of the Bhrigu Yoga philosophy as well as breathing and concentration techniques. They discuss their plan for daily practice and the

value of sharing experiences from their daily practice as well as ideas for application of yoga in their daily lives. Instruction is provided on keeping the daily yoga diary.

Readings

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APPENDIX B. MODULE 2 SYLLABUS

Course: Global Holistic Occupational Therapy (GH-OT).

Module 2: Deepening the historical roots of holism and spirituality in occupational therapists' professional consciousness. Ways of incorporating these conceptual systems.

Module Description

This second module addresses holism and spirituality as conceptual systems in occupational therapy from the historical roots to current applications in clinical practice. Module content and discussions enable participants to engage in valuable learning about the importance of philosophy as the basis of belief systems about health and wellbeing and how the operating philosophy guides the clinical reasoning of occupational therapy practitioners and other healthcare workers. Participants are led through exploration of the close correspondence between the fundamental truths and building blocks of ancient medical systems and contemporary occupational therapy. The interweaving of Eastern and Western knowledge enables participants to learn different perspectives and encourages them to compare and contrast. OT foundations in holism and spirituality are viewed in the context of the current "zeitgeist" in local and global healthcare. The yoga concepts of Mind, Body or action, and Speech or vital energy (VE) are introduced.

Learning Objectives

At the completion of this course, participants will be able to:

1. Describe the connection between the dual aspects of occupational therapy clinical reasoning and Western versus Eastern philosophies of medicine.
2. Define the meaning of holism and spirituality in occupational therapy.

3. Name at least one occupational therapy model or theory that is consistent with holism.
4. Explain at least one way that occupational therapy theory and practice might benefit from the conceptual systems that form the basis of ancient medicine.

Expected Performance Outcomes

By successfully completing this course participants will be able to:

1. Describe their operating philosophy for occupational therapy practice and how they might integrate conceptual systems that form the basis of ancient medicine.
2. Create a practice scenario that demonstrates how holism as an integral component of occupational therapy practice can improve outcomes.
3. Create a practice scenario that demonstrates how spirituality as an integral component of occupational therapy practice can improve outcomes.
4. Perform at least 5 Bhriyu Yoga techniques on a daily basis.

Module Content

1. The key role of operating philosophy in clinical reasoning

- a. The dual nature of clinical reasoning** – Clinical reasoning in OT as more than provision of the scientific basis for a clinical decision or straightforward application of theory to practice. The alternative view of clinical reasoning in OT as tacit, or implied without being stated, intuitive and phenomenological, directed to the client's world of motives, values, beliefs and meaning (Mattingly, 1991). How the latter is most appropriate for working with clients dealing with chronic conditions.

- b. The relationship between clinical reasoning and the philosophy of medicine –**
How scientific clinical reasoning is consistent with the philosophy of Western biomedicine, while phenomenological clinical reasoning is consistent with Eastern medical philosophy, which is the basis of yoga, Ayurveda and Tibetan medicine.
 - c. Correspondence between the ancient philosophies and occupational therapy theory and practice –** How client centered and holistic occupational therapy theory and practice, including performance analysis, daily lifestyle redesign, and prevention, are consistent with Eastern medical philosophies as well as traditional and complementary medicine such as yoga.
2. **Holistic roots of occupational therapy**
- a. History of concepts –** Bases of holism in occupational therapy theory and practice beginning with the moral treatment era and developments moving forward in history.
 - b. Aviva Fried –** The humanistic approach described by Fried (2010) that explains the holistic and humanistic approach to practice with examples from different fields of OT.
 - c. Holistic language in global healthcare –** The World Health Organization ICF model that supports holism and wellness in occupational therapy practice.
Consistency of the ICF model with the holistic approach of ancient systems of medicine and the view of the person as one humanistic entity that is part of the larger whole, including society and nature.

3. **Spirituality and occupational therapy**

- a. **Definitions of spirituality in occupational therapy literature** – AOTA, IAOTA, and ISOT practice frameworks. Spirituality as more fundamental than religion, encompassing foundational beliefs and perspectives about meaning, purpose, and connectiveness as well as the sacred or transcendent.
- b. **Current work around the globe relevant to spirituality in occupational therapy practice** – Flow Theory of psychologist Mihaly Csikszentmihalyi, the Japanese Kawa Model of Culturally Relevant Occupational Therapy originated by Michael Iwama, spirituality in the Australian Occupational Performance Model, yoga as ancient occupational therapy, and spiritual aspects of T&CM.

4. **Other models incorporating holism and/or spirituality that are consistent with occupational therapy theory and practice.**

- a. **Biopsychosocial Model** – History and description, applications for medical management and rehabilitation, similarity to other client-centered and holistic approaches, prevalence in Indian healthcare.
- b. **Mind, Body or action, and Speech or vital energy as the thee aspects of human identity** – Introduction to these core teachings of Bhriugu Yoga and application to occupational therapy practice.
- c. **Ayurvedic Science** – Introduction to history and philosophy. Recognition as a holistic system of medicine indigenous to India that represents a set of beliefs and disciplines aimed at expanding perception and embracing the sacredness of life's

journey. Ayurvedic philosophy on the connectedness of mind, body and spirit that extends from the individual to all aspects of the universe. Twenty-first century linkages between the core concepts of Ayurveda and contemporary science.

- d. **Cosmology and the human-environment connection** – Cosmology as a perspective of interconnectedness between people, nature and a greater reality. Humanitarian efforts, social action, meaningful interaction, kindness, and work around the globe to address the needs of the underserved as an outgrowth of cosmology. The meaning and significance of occupational justice. Cosmology according to Bhrigu Yoga.

Discussion Topics

- Describe your personal operating philosophy about health and well-being. How does it support your approach to clinical reasoning? Is it consistent with Western and/or Eastern philosophies of medicine presented in this module? Is your personal operating philosophy consistent with the operating philosophy of medicine where you work?
- In what ways do you see the fundamental truths and building blocks of ancient medical systems as consistent with contemporary occupational therapy?
- Choose a model that incorporates holism and/or spirituality presented in this module that you like the best. How does it correspond with occupational therapy practice in your setting?

- How do you understand Mind, Body or action, and Speech or vital energy, or the cosmology of the human-environment connection, as related to your practice in occupational therapy? How does occupation fit in?
- Explain vital energy in a way that your clients would understand.

Activities

Participants engage in daily practice of Bhriyu Yoga techniques. During group discussion they are guided to share experiences from their daily practice as well as ideas for application of the material that was taught. Knowledge and practice of Bhriyu Yoga is polished, particularly *Surya Namaskar* and *Anulom Vilom*. Progress on keeping the yoga practice diary is shared.

Readings

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. doi:10.5014/ajot.2014.682006
- Chan, M. (2008) *Address at the WHO Congress on Traditional Medicine*. Retrieved from <http://www.who.int/dg/speeches/2008/20081107/en/>
- Fried, A. (2010) *Occupational Therapy: The humanistic treatment*. Ministry of Defense, Israel
- Humbert, T. K. (2016) *Spirituality in occupational therapy*. Bethesda MD:AOTA press
- Iwama, M. (2003) Toward culturally relevant epistemologies in occupational therapy. *American Journal of Occupational Therapy*, 57 (5), 582-588.

Mattingly, C. (1991) What is clinical reasoning? *American Journal of Occupational Therapy*, 45 (11), 979-986.

Morandi, A. & Narayanan Nambi, A. N. (2013). *An integrated view of health and well-being. Bridging Indian and Western knowledge*. New York: Springer.

APPENDIX C. MODULE 3 SYLLABUS

Course: Global Holistic Occupational Therapy (GH-OT).

Module: Ancient approaches to medicine and healthcare in philosophy and practice.

Module Description

Module three provides an in-depth look at two ancient approaches to medicine and healthcare, namely Bhrigu Yoga and Ayurveda, that emerged from the greater system of Vedic knowledge in India as complementary practices. Content builds participants' understanding of this ancient knowledge, which dates back thousands of years, as well as appreciation of the shared foundation with occupational therapy core beliefs. Discussion highlights how the fundamental components of Bhrigu Yoga and Ayurveda carry value for clinical reasoning, multidisciplinary communication, and optimally meeting the needs of clients. Use of language relevant to both Eastern and Western medical philosophy and practice and suitable for multidisciplinary collaboration is demonstrated.

The philosophy and practice of Bhrigu Yoga is taught at a level sufficient for participants to start implementing this practice in their daily lives and work settings. Ayurveda, an ancient system of health management wherein health is conceptualized in terms of evolutionary and adaptive processes and the interaction between the person and the environment, is explained in a manner that is understandable as consistent with occupational therapy theory. Participants gain a deepened practical understanding of their internal technology, including Mind, Body or action, and Speech or vital energy (VE), as well as the human–environment interaction. They receive practical tools for self-development that can be applied to enhance to both their personal and professional lives.

Learning Objectives

At the completion of this course, participants will be able to:

1. Describe vital energy and its role in supporting health.
2. Define Mind, Body and Speech as a teaching of Bhrigu Yoga and provide one example of its application in occupational therapy practice.
3. Describe one dietary recommendation of Bhrigu Yoga.
4. Define one of the following, 3 *doshas*, 3 *gunas* or 5 *koshas*.
5. Name one core belief in the shared foundation of both occupational therapy and the two ancient approaches to medicine and healthcare presented in this module.

Expected Performance Outcomes

By successfully completing this course participants will be able to:

1. Engage in daily practice of Bhrigu Yoga asanas, pranayama, and concentration.
2. Perform 1 increasing and 1 balancing Bhrigu Yoga technique for vital energy on a daily basis.
3. Create a practice scenario that demonstrates how Speech could be incorporated into the therapist-client relationship as a positive influence.
4. Create a practice scenario that demonstrates how a yoga breathing technique could be incorporated as a beneficial therapeutic activity in occupational therapy intervention.

Module Content

- 1. Vital energy (VE), life force, or vitality, as the fundamental component in many ancient medicines.**

- a. VE in different ancient medicinal systems, *Qi* in China, *Prana* in India, and *Lung* in Tibet, as an essential inner energy that flows throughout the body. How balance within and between mental, spiritual, emotional, and physical attributes maintains VE fluidity and supports health.
- b. Applying the understanding of VE to OT assessment and clinical reasoning.

2. Bhrigu Yoga origins

- a. Definition of yoga
- b. Bhrigu Yoga history and lineage, and the role and qualifications of Dr. Jayant Bhaduri.
- c. Activities of the Bhrigu Yoga Brahma Chinta Pranali Trust organization.

3. Bhrigu Yoga concepts and methods across the life span that are applicable to various settings and medical conditions.

- a. **Body, Mind or action, and Speech or vital energy, as the three aspects of a person** – Definitions, interactions and functions. Application to negotiation, collaboration, and relating to a client.
- b. **Role of concentration in theory and practice** – Concentration as an aspect of learning, healing, and rehabilitation.
- c. **Exploration of the nature of truth** –Ultimate unchanging truth versus Maya or illusive, changing truth.
- d. **Beliefs and values** – The impact of belief systems and values on personal and professional life and clinical reasoning.
- e. **Dietary recommendations** – Healthy dietary habits.

- f. **Yoga breathing** – *Pranayama* exercises to enhance vital energy, cleanse the body, reduce stress, quiet the mind, and increase internal power and concentration.
- g. **Yoga postures** – *Asanas* or poses that enhance bodily functions, improve strength, endurance, circulation, and energy flow, and promote health and well-being.
- h. **Applications for clinical practice** – Matching yoga techniques to client needs and capabilities.

4. Ayurveda

- a. **Vedic theories and their role in health and healing** – the 3 *gunas*, 5 elements, and 3 *doshas*.
- b. **The structure of a person according to Vedic knowledge** – the 5 *koshas* and energetic channels.
- c. **Understanding human-environment interaction** – How the human cycle is connected to the earth.
- d. **Ayurveda and treatment of medical conditions** – Ayurvedic medical care and the role of the conscious and subconscious mind. Disease/health and the degree of interconnectedness between the self, personality, and everything that occurs in the mental, emotional, and spiritual aspects of being. Eastern medicine applied to high blood pressure, CVA, cancer, diabetes, mental disorders, phantom and chronic pain, and so forth.

5. Guidelines for application of Ayurvedic principles during therapist-client interactions.

- a. Utilizing awareness of the interconnectedness of mind, body and spirit that extends from the individual to all aspects of the universe.
- b. The nature of healing, The key role of harmony between thoughts, feelings and physical action in meaningful occupations.
- c. Self-protection during therapy sessions.
- d. The importance of Speech in the therapist-patient relationship.

Discussion Topics

- How does knowledge of the fundamental components of Bhrigu Yoga and Ayurveda carry value for your clinical reasoning regarding ways to optimally meet the needs of your clients?
- How would you adjust the language of Eastern medical philosophy and practice to make it suitable for multidisciplinary collaboration in a biomedical practice setting?
- Which of the concepts or techniques taught in this module do you think would be most helpful for your occupational therapy practice?
- Which of the concepts or techniques taught in this module do you think would be most helpful for your personal life?

Activities

Participants engage in daily practice of Bhrigu Yoga breathing and concentration techniques. New learning is incorporated into practice. Based on feedback, performance is perfected. During group discussion participants continue to share experiences from

their daily practice as well as ideas for application of the material that was taught.

Progress on keeping the yoga practice diary is shared.

Readings

Bhadury, J.K (2001) *Sermon about yoga*. Ramapura, Varanasi, India: Bhrigu Publications.

Bhrigu Yoga Brahma Chinta Pranali Trust (2012). *What is Bhrigu Yoga – Brahma Chinta Pranali*. Retrieved from <http://www.bhrigu.yoga/bhrigu-yoga>

Bhrigu Yoga Brahma Chinta Pranali Trust (2016) *Newsletter #8*. Retrieved from <https://us11.campaign-archive.com/?u=4e06781c70cd52d865d7e0a99&id=26e98d8261>

Bhrigu Yoga Brahma Chinta Pranali Trust (2017) *Bhrigu Yoga Healthcare Workshop. Syllabus*. Retrieved from <http://byogahealth.weebly.com/syllabus.html>.

Chan, M. (2008) *Address at the WHO Congress on Traditional Medicine*. Retrieved from <http://www.who.int/dg/speeches/2008/20081107/en/>

Morandi, A. & Narayanan Nambi, A. N. (2013). *An integrated view of health and well-being. Bridging Indian and Western knowledge*. New York:Springer.

Nisbett, R. E., Peng, K., Choi, I. & Norenzayan, A. (2001). Culture and systems of thought: Holistic versus analytic cognition. *Psychological Review*, 10 (2), 291-310.

APPENDIX D. PRE-COURSE SURVEY

Global-Holistic Occupational Therapy (GH-OT) Pre-Course Survey

Purpose: The purpose of this survey is to find out what you gained from participation in GH-OT, what you thought about the course in general, and any constructive suggestions you would like to share. Responses to the survey will remain confidential and will only be used by the GH-OT developers to improve the course.

Please rate, on a 1 to 7 scale, the level to which you understand the areas listed below. Place an X in the box that indicates your selected rating.

	Not at all \longrightarrow Completely						
	1	2	3	4	5	6	7
The healthcare system in your region, including the influence of culture and the philosophy of care							
Current world trends in the provision of healthcare							
Gaps in the healthcare provided in your region							
The value of Yoga practice techniques and concepts as they relate to health							
Traditional and complementary medicine (T &CM) as practiced in your region							

Comments:

Please rate, on a 1 to 7 scale, your level of specific knowledge in the areas listed below. Place an X in the box that indicates your selected rating

	Very low \longrightarrow Excellent						
	1	2	3	4	5	6	7
Ancient systems of medicine such as Ayurveda							
The correspondence between ancient medical systems and holistic occupational therapy theory and practice							
Gaps in the healthcare provided in your region							
Yoga practices such as pranayama							
Fundamental Eastern concepts such as Vital Energy, Qi or Chi and Prana							

Comments:

Please rate, on a 1 to 7 scale, the degree with which you are currently able to incorporate the following in your OT practice? Place an X in the box that indicates your selected rating.

	Not at all				Fully		
	1	2	3	4	5	6	7
A holistic approach.							
Health promotion and wellness.							
Yoga							

Comments:

Place an X in the box that indicates what you feel is your current quality of life. Quality of life is defined as your overall experience of physical, mental, emotional and spiritual wellbeing.

	Very poor				Excellent		
	1	2	3	4	5	6	7
Right now, I would say that my quality of life is...							

For each of the 6 questions below, please provide your comments.

1. What motivated you to register for GH-OT? _____

2. What are your expectations of the course? _____

3. What do you wish to personally achieve from this educational program? _____

4. What is your vision for applying what you've learned? _____

5. Have you determined that something is missing in your clinical practice or professional life? (Yes / No). If you answered yes, please explain _____

6. Please share some information about your personal interest in Yoga _____

Analysis-Holism Scale (AHS)

The Analysis-Holism Scale (AHS) (Choi, Koo, & Choi, 2007) is a measure of individual differences in thinking tendencies. Please rate, on a 1 to 7 scale, your level of agreement or disagreement with each statement in the four sections below. Place an X in the box that indicates your selected rating. There are no wrong answers.

Choi, I., Koo, M. & Choi, J. A. (2007) Individual differences in analytic versus holistic thinking. *Personality and Social Psychology Bulletin*, 33 (5), 691-705.

Causality	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Everything in the universe is somehow related to each other							
Nothing is unrelated							
Everything in the world is intertwined in a causal relationship							
Even a small change in any element of the universe can lead to significant alterations in other elements							
Any phenomenon has numerous number of causes, although some of the causes are not known.							
Any phenomenon entails a numerous number of consequences, although some of them may not be known.							

Locus of Attention	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
The whole, rather, than its parts, should be considered in order to understand a phenomenon							
It is more important to pay attention to the whole rather than its parts							
The whole is greater than the sum of its parts							
It is more important to pay attention to the whole context rather than the details							
It is not possible to understand the parts without considering the whole picture.							
We should consider the situation a person is faced with, as well as his/her personality, in order to understand one's behavior.							

Attitude Towards Contradiction

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
It is more desirable to take the middle ground than go to extremes.							
When disagreement exists among people, they should search for ways to compromise and embrace everyone's opinions.							
It is more important to find a point of compromise than to debate who is right/wrong, when one's opinion conflict with other's opinions.							
It is more desirable to be in harmony, rather than in discord, with others of different opinions than one's own.							
Choosing a middle ground in an argument should be avoided.							
We should avoid going to extremes.							

Perception of Change

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Every phenomenon in the world moves in predictable directions							
A person who is currently living a successful life will continue to stay successful							
An individual who is currently honest will stay honest in the future							
If an event is moving toward a certain direction, it will continue to Move toward that direction							
Current situations can change at any time.							
Future events are predictable based on present situations							

The Bhriyu Yoga Healthcare (BYH) Questionnaire

The Bhriyu Yoga Healthcare (BYH) Questionnaire was written by the BYH educational team to measure degree of learning of Bhriyu Yoga philosophy and techniques. The questions address knowledge about yoga, food habits and feelings regarding the effect that Yoga practice has on the body.

Please rate, on a 1 to 7 scale, your level of agreement or disagreement with each statement in the four sections below. Place an X in the box that indicates your selected rating. There are no wrong answers.

A. Knowledge about Yoga	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Yoga may assist with increasing and maintaining Health							
Yoga may assist in reducing mental stress							
Yoga helps with spiritual upliftment							
Yoga may help patients to recover from disease							
Yoga may assist one in having and maintaining social relationships							
Yoga may assist to one know one's own culture							
Yoga may increase concentration abilities							
Yoga may assist one to control intellect							
Yoga may assist one to control his or her mental thoughts							
Yoga may assist one to control his or her senses							
God exists							
No God, but there is kind of force or energy which is active							
No God, No Energy, Only I exist							

B. Food Habits

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Breakfast is important to me							
The gap between my breakfast and lunch is at least 4 hours							
I eat healthy and easily digestible food daily							
I drink more than 6 glasses of water a day							
For dinner I eat a small quantity (light dinner)							
The gap between dinner and going to bed is at least 2.5 hours							
I go to bed before 23:00							

C. In my daily routine (physical or mental work)**I might feel my body releases acid (negativity)**

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
My Aura decreases							
My digestive power decreases							
My body systems are affected (in what way)							
My heart beat increases							
My blood pressure increases							
Unwanted hormones are released							

APPENDIX E. POST-COURSE SURVEY

Global-Holistic Occupational Therapy (GH-OT) Post-Course Survey

Purpose: The purpose of this survey is to find out what you gained from participation in GH-OT, what you thought about the course in general, and any constructive suggestions you would like to share. Responses to the survey will remain confidential and will only be used by the GH-OT developers to improve the course.

Please rate, on a 1 to 7 scale, the level to which you understand the areas listed below. Place an X in the box that indicates your selected rating.

	Not at all \longrightarrow Completely						
	1	2	3	4	5	6	7
The healthcare system in your region, including the influence of culture and the philosophy of care							
Current world trends in the provision of healthcare							
Gaps in the healthcare provided in your region							
The value of Yoga practice techniques and concepts as they relate to health							
Traditional and complementary medicine (T &CM) as practiced in your region							

Comments:

Please rate, on a 1 to 7 scale, your level of specific knowledge in the areas listed below. Place an X in the box that indicates your selected rating

	Very low \longrightarrow Excellent						
	1	2	3	4	5	6	7
Ancient systems of medicine such as Ayurveda							
The correspondence between ancient medical systems and holistic occupational therapy theory and practice							
Gaps in the healthcare provided in your region							
Yoga practices such as pranayama							
Fundamental Eastern concepts such as Vital Energy, Qi or Chi and Prana							

Comments:

Please rate, on a 1 to 7 scale, the degree with which you are currently able to incorporate the following in your OT practice? Place an X in the box that indicates your selected rating.

	Not at all \longrightarrow Fully						
	1	2	3	4	5	6	7
A holistic approach.							
Health promotion and wellness.							
Yoga							

Comments:

Place an X in the box that indicates what you feel is your current quality of life. Quality of life is defined as your overall experience of physical, mental, emotional and spiritual wellbeing.

	Very poor \longrightarrow Excellent						
	1	2	3	4	5	6	7
Right now, I would say that my quality of life is...							

For each of the 6 questions below, please provide your comments.

1. Did you receive what you expected from the course? (Yes / No) Please explain_____

2. Were you happy with the quality of the logistics of the course, for example the setting, schedule, nutrition, breaks, temperature, lighting, pace of teaching, accessibility, and so forth? (Yes /No) Please elaborate to help us grow_____

3. Would you recommend this course to a colleague? (Yes / No) Why or why not? _____

4. What did you like best about the course? _____

-
-
5. What did you like least? _____
-
-
-
6. What would you change? _____
-
-
-

Analysis-Holism Scale (AHS)

The Analysis-Holism Scale (AHS) (Choi, Koo, & Choi, 2007) is a measure of individual differences in thinking tendencies. Please rate, on a 1 to 7 scale, your level of agreement or disagreement with each statement in the four sections below. Place an X in the box that indicates your selected rating. There are no wrong answers.

Choi, I., Koo, M. & Choi, J. A. (2007) Individual differences in analytic versus holistic thinking. *Personality and Social Psychology Bulletin*, 33 (5), 691-705.

Causality	strongly disagree \longrightarrow strongly agree						
	1	2	3	4	5	6	7
Everything in the universe is somehow related to each other							
Nothing is unrelated							
Everything in the world is intertwined in a causal relationship							
Even a small change in any element of the universe can lead to significant alterations in other elements							
Any phenomenon has numerous number of causes, although some of the causes are not known.							
Any phenomenon entails a numerous number of consequences, although some of them may not be known.							

Locus of Attention

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
The whole, rather, than its parts, should be considered in order to understand a phenomenon							
It is more important to pay attention to the whole rather than its parts							
The whole is greater than the sum of its parts							
It is more important to pay attention to the whole context rather than the details							
It is not possible to understand the parts without considering the whole picture.							
We should consider the situation a person is faced with, as well as his/her personality, in order to understand one's behavior.							

Attitude Towards Contradiction

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
It is more desirable to take the middle ground than go to extremes.							
When disagreement exists among people, they should search for ways to compromise and embrace everyone's opinions.							
It is more important to find a point of compromise than to debate who is right/wrong, when one's opinion conflict with other's opinions.							
It is more desirable to be in harmony, rather than in discord, with others of different opinions than one's own.							
Choosing a middle ground in an argument should be avoided.							
We should avoid going to extremes.							

Perception of Change

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Every phenomenon in the world moves in predictable directions							

A person who is currently living a successful life will continue to stay successful							
An individual who is currently honest will stay honest in the future							
If an event is moving toward a certain direction, it will continue to Move toward that direction							
Current situations can change at any time.							
Future events are predictable based on present situations							

The Bhriyu Yoga Healthcare (BYH) Questionnaire

The Bhriyu Yoga Healthcare (BYH) Questionnaire was written by the BYH educational team to measure degree of learning of Bhriyu Yoga philosophy and techniques. The questions address knowledge about yoga, food habits and feelings regarding the effect that Yoga practice has on the body.

Please rate, on a 1 to 7 scale, your level of agreement or disagreement with each statement in the four sections below. Place an X in the box that indicates your selected rating. There are no wrong answers.

A. Knowledge about Yoga

	strongly disagree \longrightarrow strongly agree						
	1	2	3	4	5	6	7
Yoga may assist with increasing and maintaining Health							
Yoga may assist in reducing mental stress							
Yoga helps with spiritual upliftment							
Yoga may help patients to recover from disease							
Yoga may assist one in having and maintaining social relationships							
Yoga may assist to one know one's own culture							
Yoga may increase concentration abilities							
Yoga may assist one to control intellect							
Yoga may assist one to control his or her mental thoughts							
Yoga may assist one to control his or her senses							
God exists							
No God, but there is kind of force or energy which is active							
No God, No Energy, Only I exist							

B. Food Habits	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Breakfast is important to me							
The gap between my breakfast and lunch is at least 4 hours							
I eat healthy and easily digestible food daily							
I drink more than 6 glasses of water a day							
For dinner I eat a small quantity (light dinner)							
The gap between dinner and going to bed is at least 2.5 hours							
I go to bed before 23:00							

C. In my daily routine (physical or mental work) I might feel my body releases acid (negativity)	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
My Aura decreases							
My digestive power decreases							
My body systems are affected (in what way)							
My heart beat increases							
My blood pressure increases							
Unwanted hormones are released							

APPENDIX F. FOLLOW-UP SURVEY

Global-Holistic Occupational Therapy (GH-OT) Follow-Up Survey

Purpose: The purpose of this survey is to find out what you gained from participation in GH-OT, what you thought about the course in general, and any constructive suggestions you would like to share. Responses to the survey will remain confidential and will only be used by the GH-OT developers to improve the course.

Please rate, on a 1 to 7 scale, the level to which you understand the areas listed below. Place an X in the box that indicates your selected rating.

	Not at all \longrightarrow Completely						
	1	2	3	4	5	6	7
The healthcare system in your region, including the influence of culture and the philosophy of care							
Current world trends in the provision of healthcare							
Gaps in the healthcare provided in your region							
The value of Yoga practice techniques and concepts as they relate to health							
Traditional and complementary medicine (T &CM) as practiced in your region							

Comments:

Please rate, on a 1 to 7 scale, your level of specific knowledge in the areas listed below. Place an X in the box that indicates your selected rating

	Very low \longrightarrow Excellent						
	1	2	3	4	5	6	7
Ancient systems of medicine such as Ayurveda							
The correspondence between ancient medical systems and holistic occupational therapy theory and practice							
Gaps in the healthcare provided in your region							
Yoga practices such as pranayama							
Fundamental Eastern concepts such as Vital Energy, Qi or Chi and Prana							

Comments:

Please rate, on a 1 to 7 scale, the degree with which you are currently able to incorporate the following in your OT practice? Place an X in the box that indicates your selected rating.

	Not at all \longrightarrow Fully						
	1	2	3	4	5	6	7
A holistic approach.							
Health promotion and wellness.							
Yoga							

Comments:

Place an X in the box that indicates what you feel is your current quality of life. Quality of life is defined as your overall experience of physical, mental, emotional and spiritual wellbeing.

	Very poor \longrightarrow Excellent						
	1	2	3	4	5	6	7
Right now, I would say that my quality of life is...							

For each of the 6 questions below, please provide your comments.

1. Did the course add value to your work as an occupational therapist? (Yes / No)

Please elaborate _____

2. Did you talk with your colleagues about your experiences in the course? (Yes / No)

Please explain _____

3. Are you applying some of what you learned in your personal life, for example, theoretical or practical knowledge, Yoga techniques, and so forth? / (Yes / No)

Please explain _____

4. Are you applying some of the exercises you learned in your professional life, for example, theoretical or practical knowledge, Yoga techniques, and so forth? (Yes / No) Please explain _____

5. Do you wish to continue to a higher level of learning? (Yes / No) Please explain

6. Are you interested in participating in, or in conducting, a research study of the value of the Yoga practices that you've learned in OT practice? (Yes / No) Please explain

Analysis-Holism Scale (AHS)

The Analysis-Holism Scale (AHS) (Choi, Koo, & Choi, 2007) is a measure of individual differences in thinking tendencies. Please rate, on a 1 to 7 scale, your level of agreement or disagreement with each statement in the four sections below. Place an X in the box that indicates your selected rating. There are no wrong answers.

Choi, I., Koo, M. & Choi, J. A. (2007) Individual differences in analytic versus holistic thinking. *Personality and Social Psychology Bulletin*, 33 (5), 691-705.

Causality

	strongly disagree \longrightarrow strongly agree						
	1	2	3	4	5	6	7
Everything in the universe is somehow related to each other							
Nothing is unrelated							
Everything in the world is intertwined in a causal relationship							
Even a small change in any element of the universe can lead to significant alterations in other elements							
Any phenomenon has numerous number of causes, although some of the causes are not known.							
Any phenomenon entails a numerous number of consequences, although some of them may not be known.							

Locus of Attention

	strongly disagree \longrightarrow strongly agree						
	1	2	3	4	5	6	7
The whole, rather, than its parts, should be considered in order to understand a phenomenon							
It is more important to pay attention to the whole rather than its parts							
The whole is greater than the sum of its parts							
It is more important to pay attention to the whole context rather than the details							
It is not possible to understand the parts without considering the whole picture.							
We should consider the situation a person is faced with, as well as his/her personality, in order to understand one's behavior.							

Attitude Towards Contradiction

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
It is more desirable to take the middle ground than go to extremes.							
When disagreement exists among people, they should search for ways to compromise and embrace everyone's opinions.							
It is more important to find a point of compromise than to debate who is right/wrong, when one's opinion conflict with other's opinions.							
It is more desirable to be in harmony, rather than in discord, with others of different opinions than one's own.							
Choosing a middle ground in an argument should be avoided.							
We should avoid going to extremes.							

Perception of Change

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Every phenomenon in the world moves in predictable directions							
A person who is currently living a successful life will continue to stay successful							
An individual who is currently honest will stay honest in the future							
If an event is moving toward a certain direction, it will continue to Move toward that direction							
Current situations can change at any time.							
Future events are predictable based on present situations							

The Bhrihu Yoga Healthcare (BYH) Questionnaire

The Bhrihu Yoga Healthcare (BYH) Questionnaire was written by the BYH educational team to measure degree of learning of Bhrihu Yoga philosophy and techniques. The questions address knowledge about yoga, food habits and feelings regarding the effect that Yoga practice has on the body.

Please rate, on a 1 to 7 scale, your level of agreement or disagreement with each statement in the four sections below. Place an X in the box that indicates your selected rating. There are no wrong answers.

A. Knowledge about Yoga

	strongly disagree \longrightarrow strongly agree						
	1	2	3	4	5	6	7
Yoga may assist with increasing and maintaining Health							
Yoga may assist in reducing mental stress							
Yoga helps with spiritual upliftment							
Yoga may help patients to recover from disease							
Yoga may assist one in having and maintaining social relationships							
Yoga may assist to one know one's own culture							
Yoga may increase concentration abilities							
Yoga may assist one to control intellect							
Yoga may assist one to control his or her mental thoughts							
Yoga may assist one to control his or her senses							
God exists							
No God, but there is kind of force or energy which is active							
No God, No Energy, Only I exist							

B. Food Habits

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
Breakfast is important to me							
The gap between my breakfast and lunch is at least 4 hours							
I eat healthy and easily digestible food daily							
I drink more than 6 glasses of water a day							
For dinner I eat a small quantity (light dinner)							
The gap between dinner and going to bed is at least 2.5 hours							
I go to bed before 23:00							

C. In my daily routine (physical or mental work)**I might feel my body releases acid (negativity)**

	strongly disagree → strongly agree						
	1	2	3	4	5	6	7
My Aura decreases							
My digestive power decreases							
My body systems are affected (in what way)							
My heart beat increases							
My blood pressure increases							
Unwanted hormones are released							

APPENDIX G. FACT SHEET



Incorporating the Ancient Wisdom of Bhrigu Yoga into Occupational Therapy Education **The Global-Holistic Occupational Therapy (GH-OT) Course**

Michal Orpaz Tsipris, OTR/L, OTD

About the Program

Global Holistic GH-OT is a 6-day intensive course consisting of three instructional modules developed for practicing occupational therapists (OTs) in India that are interested in incorporating the Eastern medical applications of Ayurveda and yoga into their professional lives. It is designed to expand the prevalent biomedical based approach to OT practice in this region.

The GH-OT program is based on the teachings of yoga and Ayurveda brought forth by the Bhrigu yoga Brahma Chinta Pranali Trust, which offers a non-religious method for enhancing human potential. The curriculum combines an experiential aspect where participants engage in practice of yoga techniques with examination of their current healthcare system and exploration of emerging world trends for promoting health and wellness.

Yoga is being used in medical management all over the world.

There is emerging scientific evidence supporting the value of yoga across a variety of regions and health conditions. As an ancient holistic system of medicine indigenous to India, Ayurveda recognizes the interconnectedness of mind, body and spirit that extends from the individual to all aspects of the universe. Now in the twenty-first century, the linkage between the core concepts of Ayurveda and contemporary science are being recognized. In keeping with these traditions, GH-OT incorporates an integrated global view and promotes deeper understanding of the body-mind-environment connection and interaction. Moreover, OTs will be trained to merge this expanded holistic and inner vision perspective with the customary logical and analytical approach in their clinical reasoning.



OTs that complete the course will be prepared to effectively combine selected components of traditional medical systems with their local healthcare industry framework.

The Problem

The acknowledged gap between reductionist Western and holistic Eastern approaches to health and healing is at the core of the problem being addressed in the GH-OT course. Western biomedicine originated in France in the 16th to 19th centuries, while the holistic philosophies of Eastern medicine were founded more than 3,000 years ago in India and Asia. In biomedicine the body is understood by reducing it to its constituent parts and scientific knowledge is derived from objective empirical observation, while Eastern medicine is based on recognition of the interconnection of bodily systems and the environment.

Biomedicine has its recognized shortcomings (Mehta, 2011; Wade & Halligan, 2004). Healthcare providers globally are promoting more integrated and holistic models based on the paradigm that biomedically-oriented interventions lack many of the tools to effectively treat individuals with chronic mental or physical impairments (Nuño, Coleman, Bengoa & Sauto, 2012). There has been a global response aimed at narrowing the East-West philosophical and practical gap in health care. The World Health Organization (WHO), having recognized that healthcare is often fragmented and mismatched to the real needs of persons with disabilities, created the innovative ICF model that reflects the inherent connection between body functions and structure, activity, participation and context. Dr. Margaret Chan, former chair of the WHO, wrote that: “Desired outcomes cannot be achieved when individuals are regarded as an assembly line of body parts and physiological systems to be managed” (2008, Para. 6).

The Solution

Effectively combining selected components of traditional medical systems with the biomedical and technological framework of the healthcare industry offers a means to align OTs with the growing global response aimed at narrowing the East-West philosophical and practical gap in health care. The World Health Organization, the Ministry of AYUSH in India, and the National Center for Complementary and Integrative Health (NCCIH) in the U.S. affirm that healing practices based on the ancient medical systems, which are characteristically directed at the application of spiritual principles and perceive the person holistically, offer promise as part of integrated systems of care. Models for complementary and alternative medicine (CAM) and Traditional and Complementary Medicine (T&CM), along with strategic plans for building a body of scientific evidence, have been developed by these agencies.

The Innovation

The content and delivery of the GH-OT course effectively interweaves Eastern and Western knowledge and its application to occupational therapy, enabling participants to learn and integrate different perspectives. It also encourages them to compare, contrast and expand their point of view about their clients within disparate cultural and social contexts.

The course is designed to provide a solid foundation that will enable clinicians and researchers in a variety of environments and cultures to integrate analytic and holistic clinical reasoning (Choi, Koo & Choi, 2007), as well as to achieve enhanced awareness of the human being “as a unified whole, including many contexts and systems within which a person exists and interacts” (Cole, 2014, p. 169). This awareness will not only assist them to apply treatment techniques derived from the indigenous medical system but is also essential as we enter an era of increased participation of occupational therapy in the global community and seek to “positively influence health, welfare, education and vocation at an international level” (World Federation of Occupational Therapists, 2016, Para. 3).

Potential Influence on Occupational Therapy Practice

The GH-OT course is the beginning of an effort to achieve a transformation in OT education that will be applicable in the future to other regions such as Israel and the United States. The author’s goal is to collaborate with Indian OTs and yoga educators, as well as national and international organizations, to further develop the proposed program and become part of a global effort to take occupational therapy to its next step by aligning with the current paradigm shift in medicine and the changing global view of the human-environment interaction.

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APPENDIX H. EXECUTIVE SUMMARY

The Global Holistic Occupational Therapy (GH-OT) Course - India

Executive Summary

The purpose of the GH-OT project is to provide occupational therapy practitioners in India with viable philosophical and conceptual tools for merging holistic Eastern with reductionist Western approaches to healthcare in their work with clients. In India, OT instruction is primarily based on Western biomedicine and therapists are typically employed in facilities that are biomedically based. Culturally, Indian OTs are rooted in Eastern traditional medicine, particularly yoga and Ayurveda. Many would like to merge East and West in their practice but face organizational barriers in their employment settings.

The Limitations of Western Biomedicine

Analytical reductionist healthcare philosophies, where the body is understood in terms of the operation of its constituent parts, have been considered characteristic of Western biomedicine. The limitations of this healthcare model have become a source of concern based on the growing body of evidence that biomedically-oriented interventions lack many of the tools to effectively treat individuals with chronic mental or physical impairments. Healthcare providers in many regions of the globe have come to the realization that desired outcomes cannot be achieved when recipients of care with chronic conditions are regarded as an assembly line of body parts and physiological systems to be managed.

The Promise of Eastern Traditional Medicine

In India, healing practices based on the ancient Eastern medical systems are characteristically directed at the application of spiritual principles, acknowledgement of the body-mind-environment interconnection, perception of the person as an integrated whole, and recognition of the importance of context, including family and culture. There is an emerging body of scientific evidence worldwide supporting the effectiveness of integrating Eastern and Western medicine for optimal management of chronic conditions. Aspects of traditional medicine that are uniquely suited for integrated approaches are yoga and Ayurveda.

World Trends

There has been a global response aimed at narrowing the acknowledged East-West philosophical and practical gap in medicine by developing integrated models of care. These are termed complementary and alternative medicine (CAM) in the west and traditional and complementary medicine (T&CM) in the east. In both systems, strategic plans for building a body of scientific evidence that supports incorporation of traditional, complementary and alternative medicine in research and clinical practice have been developed. Participating agencies include the World Health Organization (WHO) globally, the National Center for Complementary and Integrative Health (NCCIH) in the U.S., and the Ministry of Ayurveda, Yoga, Unani, Sidha and Homeopathy (AYUSH) in India.

The Distinct Value of Occupational Therapy

There is a close correspondence between the holistic theoretical foundations of Eastern medicine and occupational therapy. Holism is a philosophy that distinguishes integrated systems of care from those that are reductionist. Historically, holism has been a valued tenet of occupational therapy since its origins in the nineteenth century. The person is seen as possessing a linked set of inner characteristics that are maintained and changed via connections to the environment and participation in occupations.

Occupational therapy concepts and theories aligned with the holistic viewpoint include the dynamic systems orientation, client-centered focus, Doing, Being, Becoming and Belonging (Wilcock, 2007) and addressing spirituality. Thus, occupational therapy practitioners are uniquely positioned to become part of the developing Eastern-Western synthesis in healthcare. Awareness of global trends can form the basis to prepare for a contributing role in the evolution of health service provision both locally and on a broader scale.

The Global Holistic Occupational Therapy (GH-OT) Course

The author has created a 6-day intensive course where participants reside at the course site, which is the Bhrigu Yoga Brahma Chinta Pranali Trust school in Varanasi, India. This venue will accommodate 15 to 45 students and includes a classroom, dining hall, restrooms and yoga and meditation mats. A tea corner at the classroom entrance allows participants to serve themselves refreshments. There are seven instructional contact hours each day. The planned tuition is \$475 U.S. dollars, which is equivalent to about ₹30,000 Indian rupees. Tuition covers 6 lunches and refreshments.

GH-OT is organized into three modules and has been developed for practicing occupational therapists in India that are interested in incorporating the Eastern medical philosophies of yoga into their professional lives. As an ongoing thread in the curriculum, participants are led step by step into a deeper comprehension of the principles and practices of Bhrigu Yoga. Alignment with work of the Bhrigu Yoga Brahma Chinta Pranali Trust (2017), whose mission is to adapt the ancient wisdom of yoga and Ayurveda to the needs of modern healthcare practitioners, provides a firm basis for instruction.

Module 1. The paradigm shift in healthcare systems. Integrating past, present and future. Participants are led from an examination of their regional healthcare systems, as the context for OT practice, to an exploration of emerging world trends and new directions for promoting health and wellness. As the uniting theme, the instructor addresses the value of integrating the philosophy and practice of yoga, as an aspect of traditional and complementary medicine (T&CM), with Western analytical medicine as a way of enhancing holistic care in occupational therapy intervention. During discussions, participants compare world healthcare directions relative to the region in which they practice and identify gaps in their current system. Possible approaches to filling unmet needs are discussed, including the potential role of ancient knowledge. They are empowered to consider alternative approaches to promoting health and wellness and to incorporate this new knowledge into an action plan in their practice settings.

Module 2. Deepening the historical roots of holism and spirituality in occupational therapists' professional consciousness. Ways of incorporating these

conceptual systems. Holism and spirituality are addressed as conceptual systems in occupational therapy from the historical roots to current applications in clinical practice. Module content and discussions enable participants to engage in valuable learning about the importance of philosophy as the basis of belief systems about health and wellbeing and how the operating philosophy guides the clinical reasoning of occupational therapy practitioners and other healthcare workers. Participants are led through exploration of the close correspondence between the fundamental truths and building blocks of ancient medical systems and contemporary occupational therapy. The interweaving of Eastern and Western knowledge enables participants to learn different perspectives and encourages them to compare and contrast.

Module 3. Ancient approaches to medicine and healthcare in philosophy and practice. Participants are provided with an in-depth look at two ancient approaches to medicine and healthcare, namely Bhrigu Yoga and Ayurveda, that emerged from the greater system of Vedic knowledge in India as complementary practices. Content builds participants' understanding of this ancient knowledge, which dates back thousands of years, as well as appreciation of the shared foundation with occupational therapy core beliefs. Discussion highlights how the fundamental components of Bhrigu Yoga and Ayurveda carry value for clinical reasoning, multidisciplinary communication, and optimally meeting the needs of clients. Use of language relevant to both Eastern and Western medical philosophy and practice and suitable for multidisciplinary collaboration is demonstrated.

Future Directions

The GH-OT course is the beginning of an effort to achieve a transformation in OT education that will be applicable in the future to other regions such as Israel and the United States. Ongoing program evaluation research is in process to gather qualitative and quantitative data in order to establish the degree to which the program is being carried out as intended and to learn what could be improved. The long-term aim is to monitor and report program performance in a way that will attract interested participants and potential collaborators and that will ensure ongoing improvement of the program so that it meets changing professional needs.

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