



## Mindfulness and Yoga: Contemporary Behavior Therapy

### Farkındalık ve Yoga: Çağdaş Davranış Terapisi

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#### Abstract

More recently, counselors have been interested in mindfulness meditation and yoga practices. Although these practices may seem unconventional or alternative in some cultures, they actually fall under the umbrella of behavior therapy. Given the emphasis on skill building in behavior therapy, mindfulness and yoga fit the the goal of reducingin distressing symptoms. To better understand these practices within the behavior therapy lens, this article reviews research concerning these interventions. Before synthesizing current trends in mindfulness meditation and yoga practices across contexts, we summarize the foundations and history of behavior therapy. Yoga, or physical activity, seems to be a great complement to Mindfulness Based Stress Reduction (MBSR) therapy, as well as Mindfulness-Based Cognitive Therapy (MBCT). Mindfulness-based approaches are effective in reducing depressive symptoms, anxiety, dysphoria, burnout, and rumination. Furthermore, these interventions support the social and emotional skills associated with self-regulation. Of course, the therapy chosen depends on the client's goals and the therapist's training experience. If the client wants these outcomes and is open to mediation and yoga, a counselor trained in these modalities should not hesitate to implement this facet of behavior therapy. Implications for helping clients increase wellbeing through skill building are offered.

**Keywords:** Behavior Therapy, Mindfulness, Meditation, Yoga, Counseling

#### Öz

Son yıllarda farkındalık meditasyonu ve yoga uygulamaları psikolojik danışmanların ilgisini çeken bir konu olmaya başlamıştır. Bu uygulamalar, bazı kültürlerde alternatif yada alışılmışın dışında gibi görünse de aslında davranış terapisinin şemsiyesi altına girmektedir. Davranış terapisinde beceri geliştirmeye verilen önem göz önüne alındığında, farkındalık ve yoga, rahatsız edici semptomları azaltma hedefine uymaktadır. Makale kapsamında, davranış terapisinde bu uygulamaları daha iyi anlamak amacıyla söz konusu müdahalelerle ilgili araştırmalar incelenmektedir. Makalede, farkındalık meditasyonu ve yoga uygulamalarına yönelik günümüzdeki eğilimler sentezlenmeden önce, davranış terapisinin temelleri ve tarihi bir özet şeklinde ele alınmaktadır. Bunun yanı sıra, bunların etkililiğine ilişkin çalışmalar tartışılmaktadır. Yoga veya fiziksel aktivite, Farkındalık Temelli Stres Azaltma (MBSR) terapisinin yanı sıra Farkındalık Temelli Bilişsel Terapinin (MBCT) de mükemmel bir tamamlayıcısı konumundadır. Farkındalık temelli yaklaşımlar depresif belirtileri, kaygıyı, huzursuzluğu (disfori), tükenmişliği ve ruminasyonları azaltmada etkilidir. Ayrıca, bu müdahaleler öz düzenlemeyle ilişkili sosyal ve duygusal becerileri desteklemektedir. Bununla birlikte, seçilen terapi danışanın hedeflerine ve terapistin eğitim deneyimine bağlıdır. Eğer danışan ifade edilen sonuçları talep ediyorsa ve farkındalık ve yoga uygulamalarına açıksa, bu yöntemler konusunda eğitim almış bir danışman davranış terapisinin bu yönünü uygulamaktan çekinmemelidir. Makalede, danışanların beceri geliştirme yoluyla iyi oluşlarını artırmalarına yardımcı olacak öneriler sunulmaktadır.

**Anahtar Kelimeler:** Davranış Terapisi, Farkındalık, Meditasyon, Yoga, Danışmanlık



## Introduction

Within the theoretical orientation to counseling of behavior therapy, this article focuses on mindfulness meditation and yoga practices. This article reviews research concerning these interventions to understand better practices within the behavior therapy lens. Not only have these interventions become more popular, but they have been found to be efficacious in reducing depression and anxiety symptoms across subpopulations. Moreover, mindfulness and yoga elements are being implemented in schools and other contexts as preventative interventions to foster resiliency, as well as postventions bolster post-trauma growth (Taylor et al., 2020). Before synthesizing current trends in mindfulness meditation and yoga practices across contexts, we summarize the foundations and history of behavior therapy.

## Overview

What distinguishes behaviorism from other theories of counseling is the focus on operational, measurable change, usually in the form of behavioral change (Corey, 2023). Assessment is used to determine the needs of the client to target specific outcomes with individualized treatment, as well as any antecedents of undesirable behavior. Functional assessment determines what changes in the environment can produce change in the client who is an active participant (Lennox & Miltenberger, 1989). The focus is on the present environment and actions, not the client's past. The client learns and practices new skills during therapy and subsequent homework (Corey, 2023).

In behavior therapy, evaluation and self-monitoring of change is used to determine the effectiveness of the treatment. Using the scientific method, this data-driven approach has successfully treated many psychological disorders, behavioral issues, and conditions across diverse contexts (Antony, 2019). The goal of behavior therapy is increased freedom. The therapist helps the client to gain more control over their life by supplying them with skills to respond to stressful situations and overcome incapacitating behaviors (Corey, 2023).

## Historical Background

Over the years, the theoretical underpinnings of behaviorism have evolved from classical conditioning to operant conditioning, to social cognitive theory, to cognitive behavioral therapy, and to the more contemporary mindfulness-based approaches (Spiegler, 2019). In contrast to the psychoanalytic approaches of Freud, strict behaviorists considered the human mind to be a black box. Because behaviorists like Skinner could not truly know what was happening in the human mind, they disregarded cognitions and focused on behaviors, that could be directly observed (Skinner, 1988). Since then, the definition of behavior has expanded to include cognitions and covert behavior that we cannot observe directly, but can still operationally define, resulting in a large body of empirical support (Anthony, 2019). Counselors continue to utilize a variety of traditional and contemporary behavioral concepts and techniques spawned from this behavioral evolution. In this section, we provide some historical background on how theoretical orientations have evolved over time to before focusing on contemporary behavioral therapy in the form of mindfulness and yoga.

## Classical Conditioning

The Skinnerian approach of operant conditioning is an extension of classical conditioning. Classical conditioning, also known as respondent conditioning, is the idea that a naturally occurring response to a stimulus can be paired or associated with a neutral stimulus through repetition. This was the case with Pavlov's dog, who naturally salivated when presented with food. While studying the digestion of dogs, the physiologist, Pavlov, rang a bell each time he presented food to the dog. After so many repetitions, the neutral stimuli of the bell became a trigger for the conditioned response of salivation. This process still

accounts for how people come to have negative associations and irrational fears. Likewise, progressive muscle relaxation clients imagine stress-inducing situations while engaging in anxiety-producing behaviors in systematic desensitization. This process is repeated to create an association between the imagined stress and no negative outcome (Corey, 2023).

## **Operant Conditioning**

Operant conditioning, which is still used in applied behavioral analysis (ABA), is a process of associating a target behavior with a particular consequence through reinforcement and punishment (Skinner, 1988). To reduce the frequency of undesirable behavior, positive or negative (removal) punishment is appropriate. By presenting the client with a negative consequence in the form of presenting unpleasant circumstances or removal of favorable circumstances, the therapist is conditioning the client to stop the behavior. Conversely, reinforcement increases the likelihood that a desirable behavior will reoccur. In this case, the therapist can use positive or negative reinforcement to encourage the client to continue the behavior. Positive reinforcement involves presenting favorable circumstances, and negative reinforcement involves removing unfavorable circumstances. Suddenly stopping reinforcement of an undesirable behavior is called extinction. Although the therapist can model these processes, in many cases, the client is responsible for continuing the process, as is the case in self-management programs (Corey, 2023).

## **Social Cognitive Theory**

Whereas operant conditioning focuses on how the environment affects the person through consequences, Bandura (1973) noted how people could learn from merely observing the reinforcement and punishment of others' behavior. His social learning theory, with contributions from Walters, evolved further into social cognitive theory, which acknowledges the contributions of cognitions in the interaction between the environment and the behavior (Bandura & Walters, 1977). The interaction of the self, task, and environment is called reciprocal determinism. According to Bandura (1989, 1991), the most crucial self-belief is self-efficacy, which is the belief that one can successfully complete a task. Self-efficacy in turn affects so many other factors, including effort, motivation, outcome expectancies, and the behavior itself. This self-belief is shaped through learning experiences and feedback. Such feedback is an integral part of social skills and anger management training, as well as multimodal therapy, and all forms of contemporary behavior therapy (Corey, 2023).

## **Cognitive Behavioral Therapy**

Simultaneously, the development of Beck's cognitive therapy (1976) also influenced the behavioral approach with his emphasis on the client's faulty beliefs, or cognitive distortions ("stinkin' thinkin'"). Cognitions, and later emotions, were given more weight in the therapeutic process, but behavioral therapy continued to involve empirical use of data to drive intervention, meaning that therapists use assessments to determine if the treatment is effective before altering the treatment. By the 2000s, behavioral therapy was incorporating many practices beyond CBT, including "dialectical behavior therapy (DBT), mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and acceptance and commitment therapy (ACT)" (Corey, 2023, p. 234). These are considered the third wave of behavior therapy, some of which we will focus on for the last portion of this article.

## **Contemporary Behavior Therapy**

To expand on contemporary behavior therapy as it pertains to mindfulness and yoga, we will consider how this perspective addresses several aspects of therapy. For example, the third wave of behavior therapy is unique in its view of the roles of affect, cognition, and behavior. Because of its roots detailed above behavior also seems to be the driving mechanism in this type of therapy and shapes the assumptions underlying the

therapy, including what drives or motivates human existence. Lastly, contemporary behavior therapy also assumes a unique stance on personality and development.

### **Role of Affect, Cognition and Behavior**

Contemporary behavior therapy includes more than just traditional learning theory and recognizes the importance of affect, cognition, and behavior (Antony, 2019). For example, exposure therapies target emotions by using *in vivo* exposures and flooding to reduce the emotion of anxiety over time (Hazlett-Stevens & Craske, 2008). Similarly, Eye Movement Desensitization and Reprocessing (EMDR) uses rapid eye movement to help process memories associated with trauma (Shapiro & Solomon, 2015). Lastly, contemporary behavior therapies also integrate mindfulness and acceptance of one's emotions (Herbert & Foreman, 2011). Mindfulness is the process of paying attention on purpose and without judgment. Through mindfulness exercises, clients are directed to pay attention to their feelings, emotions, and thoughts without judgement (Kabat-Zinn, 2003). Acceptance of these experiences is an alternative way of responding – just noticing our internal experiences – as opposed to expressing a preference or judging (Germer, 2013).

Mindfulness and acceptance techniques are used in both the treatment and prevention of a variety of affective and behavioral problems, including those common to the problems of daily living and problems characteristic of more severe pathology. For example, as part of mindfulness-based stress reduction (MBSR), mindfulness techniques may be used to better cope with the stressors of life to promote general wellbeing and physical and psychological health (Lehrhaupt & Meibert, 2017). Similarly, mindfulness-based cognitive therapy (MBCT) integrates MBSR to treat those experiencing more severe problems associated with depression (Segal et al., 2013). In MBCT, clients identify automatic negative thoughts through mindfulness and accept them for being just thoughts. Clients are taught to treat themselves with self-compassion and kindness and develop a plan to prevent relapse. Such an action plan is made more formal in acceptance and commitment therapy (ACT) through homework and follow-up (Hayes et al., 2012). Finally, acceptance is especially important in dialectical behavior therapy (DBT), which treats emotional dysregulation in individuals, common among those diagnosed with borderline personality disorder and others with suicidal ideation. Learning to increase distress tolerance for one's negative emotions by accepting them is a major attribute of DBT. It should be noted that problem severity should directly inform the appropriate level of care. Longstanding problems such as personality disorders or acute crises involving suicidal ideation may necessitate a treatment approach that combines behavior approaches, with other treatment modalities, and / or pharmacological interventions.

### **Motivation of Human Existence**

The core motivation of human existence is freedom, from a behaviorist perspective. This motivation is expressed in a healthy way through the reduction of restrictive behaviors or other undesirable behaviors that stop us from pursuing activities of one's choice. Perhaps this motivation may be expressed in its most healthy form through third-wave behavior therapy. Third-wave behavior therapy has five themes: “(1) an expanded view of psychological health; (2) a broad view of acceptable outcomes in therapy, (3) acceptance, (4) mindfulness, and (5) creating a life worth living (Spiegler, 2019)” (Corey, 2023, p. 251). Through mindfulness and acceptance approaches, the client is free from negative thoughts and behaviors so that they can exist freely.

### **Views of Personality and Development**

Unlike psychoanalytic approaches, behavior therapy is not concerned with personality development. Likewise, behavior therapy does not directly address development in the same ways that stage theories do. One stage is not deemed more important than another. Clients can change at any time, if they desire. From a cognitive behavioral perspective, an individual's cognitive processes, like beliefs and schemas, are what

shape an individual's personality. Those with a positive and flexible schema may experience a higher level of autonomy and freedom. Healthy personalities may be considered those that are open and ready to change and accept themselves. However, little research has been conducted to explore the role of personality in CBT (Merrill & Strauman, 2004).

### **Putting Behavior Therapy into Practice**

Counselors may integrate mindfulness and yoga to varying degrees within the counseling process, depending on their level of comfort and training. Counselors may vary in their comfort level when taking the role of teacher, coach, and trainer, but within behavior therapy, the counselor is generally an active and direct participant in the counseling process. Additionally, counselors may vary in their level of training and competencies in leading their clients in mindfulness and yoga exercises and techniques. For example, some counselors may choose to incorporate the mindfulness exercise of belly breathing into therapy sessions to ground emotionally dysregulated clients. Others may choose to lead the client through chair yoga exercises. Adding elements of mindfulness and yoga to therapy may only necessitate basic training in how to model and instruct the client. However, leading more intensive mindfulness and yoga exercises may necessitate additional training such as becoming a certified yoga instructor to deliver services to clients competently and safely.

Therefore, the more training the better. Hence, this type of active behavior therapy may be a good match for therapists who prefer being more directive and who have experience in yoga and mindfulness.

### **Therapeutic Goals**

The overall goal of behavior therapy is to increase personal freedom through learning. However, the specific goal-setting process is at the crux of behavior therapy. In contemporary behavior therapy the client has most of the say in creating the goal, but the therapist helps operationalize the goal to make it as concrete as possible. The therapist may also help the client create subgoals to make the goal more manageable. Change should be measurable over time and assessed periodically. Change takes place through learning and practicing new skills. These skills are acquired and practiced during sessions and applied outside of sessions as homework. Motivation for change and a commitment to put new skills into practice are the critical elements for change to take place, using behavior therapy. Insight into the underlying causes of a problem is not necessary, according to this approach (Corey, 2023). In order to know if a client is making progress, these interventions provide an observable change in behavior in the form of practicing new mindfulness and yoga skills and reflecting on their practices.

### **Client-Therapist Relationship**

Both the therapist and client are active participants, with the therapist acting as the teacher of new skills. For this reason, it is important that the two work well together. However, even if the therapist has the ability to teach the client new skills, the client must still be willing to put in the work. For example, the therapist conducts a functional assessment or behavioral assessment interview using the ABC model to determine relevant antecedents, problematic behavior, and consequences of the issue. The client has to be willing to describe the problem and provide the data. This data serves as the baseline for further evaluation and the development of an individualized treatment plan. Treatments include evidence-based strategies that are directed by the therapist, who monitors the client's progress through continual assessment. The client has to complete the homework and practice in order to see results. Self-disclosure is part of multimodal therapy, in which the therapist acts as a coach, trainer, and teacher who provides lots of feedback (Corey, 2023; Henretty et al., 2014).

## Research Support

Many research studies on behavior therapy have been conducted over the years across contexts. Although specific behavior therapy techniques include “applied behavioral analysis, relaxation training, systematic desensitization, exposure therapies, eye movement desensitization and reprocessing, social skills training, self-management programs, multimodal therapy, and mindfulness and acceptance-based approaches,” we have reviewed research concerning mindfulness and yoga specifically (Corey, 2023, p. 241). The research reviewed has been conducted with both adults and children and with a variety of psychological, physical, and educational concerns. Research implications are salient for both prevention and intervention and across both community and educational settings.

### Research with Adult Populations

Interest in mindfulness-based interventions for the treatment of adult psychological disorders has increased significantly over the past two decades (Goldberg et al., 2018). Mindfulness and yoga interventions have been shown to be effective with both clinical and non-clinical concerns including depressive symptoms, anxiety, dysphoria, burnout, rumination, pain conditions, smoking and addictive disorders, and overall quality of life (Brooks et al., 2021; Goldberg et al., 2018; Grensman et al., 2018; Hunt et al., 2018; Liu et al., 2022; Schuver & Lewis, 2016). We summarized the results of select research studies with adult populations below.

In response to questions being raised regarding the evidence base for such interventions, Goldberg et al (2018) conducted a meta-analysis of 142 non-overlapping samples and 12, 005 participants. Post-treatment results indicated that mindfulness-based interventions were superior to no treatment, minimal treatment, non-specific active controls, and specific active controls. Mindfulness-based interventions did not differ from evidence-based treatments. Evidence was strongest in support of mindfulness for depression, pain conditions, smoking, and addictive disorders.

Similarly, Brooks et al. (2021) conducted a meta-analysis to determine the effectiveness of adjunct interventions, such as yoga, in the management of substance use disorders in women. Of the 10 randomized controlled trials included in the analysis, eight suggested that various forms of yoga have minimal to moderate significance for the treatment of addictions to alcohol, opioids, tobacco/nicotine, and mixed substances. Two of the randomized controlled trials found no significant differences in treatment, but yoga may contribute to positive, sustainable change at follow-up. Research studies support the potential benefits of adjunctive yoga for women receiving treatment for substance use disorders in both inpatient and community-based settings (Galantino et al., 2021; Petker et al., 2021).

Finally, the effects of mindfulness yoga treatment on emotional disorders, fatigue, pain, and health-related quality of life among patients with breast cancer was explored by Liu, Liu, and Chen (2022). The participants ( $n = 136$ ) were randomly assigned 1:1 to either an experimental group that included mindfulness yoga and conventional care, or the control group that included only conventional care. While fatigue and pain were similar between both groups, participants whose treatment included mindfulness yoga experienced significant improvement in anxiety and depression symptoms, as well as overall health-related quality of life.

But is it yoga or mindfulness that works? Hunt et al. (2018) explored the multiple facets of the MBSR technique of behavioral therapy. They did so by randomly assigning college students to yoga ( $n = 24$ ), mindfulness meditation ( $n = 23$ ), a combination of both ( $n = 22$ ), an active placebo (study breaks, games, a therapy dog, and snacks;  $n = 26$ ), or the control group of no treatment ( $n = 24$ ) for 4 weeks. All active treatments helped, but by the last week, only the yoga and combined yoga with mindfulness meditation groups were significantly different from the control in terms of decreased anxiety and dysphoria. This

research suggests that the physical activity part of the treatment may be just as effective as the cognitive-behavioral part of the treatment. Furthermore, these benefits were found even among a group of college students using a web-based program during the COVID-19 pandemic (Murray et al., 2022).

Therefore, is physical movement itself therapeutic? Schuver and Lewis (2016) compared a home-based mindfulness yoga treatment to a walking treatment in a randomly controlled trial for 12 weeks (about three months). All the participants were depressed women. Participants in the yoga group ( $n = 20$ ) received mindfulness training over the phone, and the participants in walking group ( $n = 20$ ) received health education over the phone. Although both treatments were effective in reducing depressive symptoms, the mindfulness treatment was significantly more effective in reducing ruminations.

Finally, in adults experiencing burnout at work, yoga ( $n = 26$ ) has been compared to MBCT ( $n = 27$ ) and CBT ( $n = 27$ ) in a randomized clinical trial (Grensman et al., 2018). No significant differences were found across treatments in terms of improving life satisfaction. However, all three treatments significantly improved the patients' well-being after 20 weeks (about four and a half months) of intensive treatment (three hours in the office and four hours of homework). Grensman et al. recommend using any of the three forms of intervention to reduce burnout or prevent burnout in employees.

### **Research with Child and Adolescent Populations**

Research focusing on the use of mindfulness and yoga with children has expanded in recent years but is still limited (Ziomek-Daigle & Oliphant, 2017). Research conducted over the last decade has explored the impact of mindfulness training on children and adolescents diagnosed with a variety of mental health conditions, including anxiety, Attention Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder, and Autism Spectrum Disorder, all of which share the characteristic of emotional dysregulation (Adams & Branscome, 2020; Chimiklis et al., 2018; Semple et al., 2017; Ziomek-Daigle & Oliphant, 2017). In addition to clinical settings, the available research on the use of mindfulness and yoga in school-based settings also shows considerable promise for enhancing student mental health (Adams & Branscome, 2020; Khunti et al., 2023; Semple et al., 2017; Semple, 2019). We summarized the results of select research studies with child and adolescent populations below.

Bazzano et al. (2018) found that third graders reported less frequent emotional and psychosocial problems after being introduced to mindfulness and yoga at school. Using a randomized controlled trial, a treatment group of 20 students received mindfulness and yoga exercises over eight weeks (about two months) provided by a yoga instructor. Teachers were provided with two professional development sessions and reported incorporating yoga into class more often after the second session. However, teachers still cited academic demands as being the primary barrier to using yoga in class. The most common benefit perceived by teachers was that yoga and mindfulness helped with self-regulation.

This perception is confirmed by a small meta-analysis conducted by Chimiklis and colleagues (2018) of 11 studies. The researchers concluded that overall “yoga, mindfulness-based interventions, and/or meditation had a statistically significant effect on the outcomes of ADHD symptoms, hyperactivity, and inattention (parent and teacher report), as well as parent-child relationship, executive functioning, on-task behavior, parent stress, and parent trait-mindfulness” (p. 3155). However, even though these interventions were beneficial, Chimiklis et al. do not recommend them as a primary treatment for ADHD. Instead, it could be used as a complementary intervention (Ramos et al., 2022).

Research results are also inconclusive in the few studies ( $n = 8$ ) conducted with children and adolescents with Autism Spectrum Disorder (Semple, 2019). However, these interventions are practical and result in improved social, emotional, and behavioral outcomes for those on the Autism spectrum. Not notably, mindfulness meditation is an effective tool for relaxation for Autistic children (Laxman, 2022).

A school-based yoga and mindfulness intervention, called Community Approach to Learning Mindfully (CALM) was implemented with teachers from a randomly assigned middle school (Harris et al., 2016). Teachers from the control school were waitlisted and offered the 16-week program later. Yoga and mindfulness practice were available for the 64 teachers in the group four days a week. Although no significant effects on stress, perceived trust, or sleep were found as a result of the intervention, significant effects on “mindfulness, positive affect, classroom management, distress tolerance, physical symptoms, blood pressure, and cortisol awakening response” were found (p. 143). This study was interesting because it did not just rely on self-reported measures.

A more recent quasi-experimental study by Sanches, Allen, and Delgado (2023) explored adolescent psychological well-being during the COVID-19 pandemic. At-risk Hispanic youth participated in either a 60-minute mind and body yoga practice or a 60-minute physical education class that included aerobic and muscular endurance. Both interventions were delivered virtually. Researchers found that school-based yoga participants exhibited significantly higher levels of improved mood and affect than those enrolled in a traditional physical education class during the 12-weeks of intervention.

Finally, a systematic and narrative review conducted by Khunti et al., (2023) discusses the research evidence supporting the effect of yoga intervention on children and adolescent mental health. At the college level, a research synthesis suggests that mindfulness interventions even help college students reduce stress and improve their academic performance (Bamber & Schneider, 2022). Authors concluded that the evidence regarding yoga interventions in school settings shows considerable promise for enhancing mental health; but due to the methodological limitations present in the existing literature, additional research is warranted.

### **Limitations**

Although behavior therapy works for many different types of issues and populations of clients, there is one major limitation. According to Corey (2023), “This approach assumes that change can take place without insight into underlying dynamics and without understanding the origins of a psychological problem” (p. 237). This therapy does not require the person to understand why they had a problem in the first place. It is assumed that changes in behavior can precede or coincide with the understanding of the problem. However, prerequisite self-awareness probably increases the success of this therapy (Clarke & Hartley, 2023). Because contemporary behavior therapy includes working on negative thinking that results in undesirable behavior, it is more effective long-term than purely behavioral interventions. Of course, if the negative thoughts and feelings lead to severe self-harm and suicidality, the client may need to consult their mental health provider to consider other complimentary interventions, such as medication.

### **Appropriateness, Ethics, and Multicultural Considerations**

Behavior therapy is most appropriate for those who are comfortable with the educational style of behavior therapy, which involves external regulation (e.g., feedback, praise, homework, instruction, etc.). Ethical practices of getting to know the client’s culture and adapting treatment and assessment strategies are part of functional assessment within behavior therapy. Because clients get to create goals, contemporary behavior therapy can be consistent with the client’s cultural definition of health and wellbeing. Corey (2023) contends that behavior therapy works well for individuals from any background because of its “specificity, task orientation, focus on objectivity, focus on cognition and behavior, action orientation, dealing with the present more than the past, emphasis on brief interventions, teaching coping strategies, and problem-solving orientation” (p. 258). Therapists need to take cultural factors into account when setting the client up for success instead of only focusing on the individual in an environment that may be oppressive (Corey, 2023; Sue et al., 2022). Future research needs to continue to test the efficacy of these interventions on diverse populations. For example, randomized controlled trials are currently ongoing with elderly populations who experience mild cognitive impairment in Chile (Farhang et al., 2022).

### **Conclusion**

In this article, theoretical orientation with a substantial focus on behavior therapy has been discussed to offer a strong foundation and a clear understanding of the effectiveness of mindfulness meditation and yoga



practices in counseling. Yoga and physical activity seem to be useful complements to MBSR and MBCT as well. Research findings clearly state that mindfulness-based approaches are beneficial in treating a variety of physical and mental health concerns for both adults and children, across educational and community-based settings. Mindfulness and yoga interventions have been used with adults for quite some time and have been shown to be effective with both clinical and non-clinical concerns including depressive symptoms, anxiety, dysphoria, burnout, rumination, pain conditions, smoking and addictive disorders, and overall quality of life (Brooks et al., 2021; Goldberg et al., 2018; Grensman et al., 2018; Hunt et al., 2018; Liu et al., 2022; Schuver & Lewis, 2016).

Of course, the therapy chosen depends on the individual client's goals and the therapist's training and experience. If the client desires these outcomes and is open to meditation and yoga, a counselor trained in these modalities should not hesitate to implement this more contemporary facet of behavior therapy. Counselors may integrate mindfulness and yoga to varying degrees within the counseling process. Adding elements of mindfulness and yoga to therapy may only necessitate basic training, but leading more intensive mindfulness and yoga exercises may necessitate additional training such as becoming a certified yoga instructor.

In addition to clinical settings, the available research on the use of mindfulness and yoga in school-based settings shows considerable promise for enhancing student mental health (Adams & Branscome, 2020; Bazzano et al., 2018; Khunti et al., 2023; Sanches et al., 2023; Semple, Drouman, & Reid, 2017; Semple, 2019). The implementation of mindfulness and yoga in school-based settings is salient not only for providing interventions to students with identified concerns but also for strengthening protective factors among all students as a means of prevention. Schools should consider how implementing mindfulness and yoga can align with a multi-tiered system of behavioral support. Depending on student need and context, mindfulness practices may be incorporated into schools as a school wide mindfulness curriculum (e.g., daily mindfulness practices and rituals in the classroom), targeted classroom interventions (e.g., group mindfulness with students of similar needs), or individualized mindfulness interventions. For a review of mindfulness-based programs that have been implemented in K-12 schools (see Semple et al., 2017).

In conclusion, diverse client populations require a whole-client approach or holistic view of health. Modern life forces people to live at a rapid pace with full schedules leaving little time for self-exploration and reflection. Yoga and mindfulness meditation practices are available anywhere at any time, and can help clients slow down, focus on themselves, and explore different ways to improve their quality of life. Through behavior therapy, mindfulness meditation, and yoga practices can be used in both the treatment and prevention of a variety. Of course, there is no one-size-fits-all approach to mental health, and practitioners and consumers should consider the limitations aforementioned. There is also room for more research in the area to determine the preventative and supportive nature of both mindfulness and yoga together and independently across settings.

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